



Comprehensive Workplace Health Promotion: Recommended and Promising Practices for Situational Assessment Tools

Version 1.02 March 6, 2006

This resource contains:

- information about 29 recommended and promising situational assessment tools
- a conceptual look at CWHP, situational assessment tools and best practice
- guidelines and principles related to situational assessment tools
- methodological information
- tips on how to select a situational assessment tool

RESOURCE

THE HEALTH COMMUNICATION UNIT
T H C U

at the Centre for Health Promotion
University of Toronto

COMPREHENSIVE WORKPLACE HEALTH PROMOTION: RECOMMENDED AND PROMISING PRACTICES FOR SITUATIONAL ASSESSMENT TOOLS

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This resource is also available on our Web site at www.thcu.ca/workplace.

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1. EXECUTIVE SUMMARY

The Health Communication Unit (THCU) at the Centre for Health Promotion, University of Toronto, has been supporting professionals working in the field of comprehensive workplace health promotion since 1999. A number of sources identified the need to collect recommended practices for undertaking situational assessments in a workplace, as part of a planning and monitoring process. This resource provides the results of a detailed review process in the form of 29 situational assessment tools, 21 of which are recommended and 8 of which are promising. These tools fall into six types: needs assessments, health risk appraisals, workplace audits, employee interest surveys, current practice surveys, and organizational culture surveys.

The resource provides guidelines and principles related to situational assessment tools, extensive implementation details on the 29 tools, and methodological information for practitioners interested in conducting their own reviews. The information presented in the resource is meant to increase the likelihood that practitioners will use effective situational assessment tools in their work.

Eighteen review panel members were recruited, trained and provided with a web-based application to examine, in pairs, 35 situational assessment tools (3 – 5 tools each). The resource provides details on the methodology used, as well as future recommendations for the project.

2. BACKGROUND

THCU is one of 22 members of the Ontario Health Promotion Resource System, funded by the Ontario Ministry of Health and Long-Term Care. Begun in 1993, it was developed to provide training and support in health communication. In 1997/98, the mandate was expanded to include health promotion planning, evaluation, and policy change. In 2000, it was again expanded to include sustainability.

Comprehensive Workplace Health Promotion: Recommended and Promising Practices for Situational Assessment Tools is one part of THCU's larger Supporting Comprehensive Workplace Health Promotion (CWHP) in Ontario Project that began in 2001. The purpose of this project has been to contribute to, support and otherwise improve health promotion activities that assist adults in Ontario's workplaces in leading healthy lives, through the provision of services and materials to intermediaries, or those who, in turn, provide support to workplace health practitioners. The Ontario Ministry of Health and Long-Term Care has supported this project since its inception, as part of the Ontario Stroke Strategy.

Based on the recommendations of the Workplace Project Advisory Committee, THCU elected to focus on the review of situational assessment tools in 2004/05.

3. INTRODUCTION

3.1 The Purpose of the Resource

The purpose of this resource is to:

- Provide guidelines and principles related to situational assessment tools.
- Provide a variety of situational assessment tools that have been deemed recommended or promising by an expert review panel.
- Provide methodological information for practitioners interested in conducting their own best practice reviews.
- Otherwise assist intermediaries in choosing situational assessment tools for use in Ontario workplaces.

3.2 The Rationale for Developing this Resource

Situational assessment tools are often an integral part of the early process of health promotion in the workplace. There are many types and multiple versions of tools available in the field, but practitioners often do not have the time or skills to use them.

THCU designed this resource as a direct response to the significant need to increase the number of workplace health promotion intermediaries who are aware of and use recommended practices for undertaking situational assessments. This need was identified by:

- conference delegates at THCU's Workplace Project Conference in June 2004
- regional networks representing most of the public health agencies in Ontario
- THCU Workplace Project Advisory Committee.

Steps Leading up to the Situational Assessment Project

THCU's CWHP project has developed a number of resources (these are available for review and downloading on our project web site at www.thcu.ca/workplace)

- Workplace Virtual Community (current)
- Evaluating Comprehensive Workplace Health Promotion Info-pack (2005)
- Introduction to Comprehensive Workplace Health Promotion Info-pack (2004)
- Influencing the Organizational Environment to Create Healthy Workplaces Info-pack (2004)
- Workplace Health Promotion Resources Database (2004)
- The Case for Comprehensive Workplace Health Promotion: Making "Cents" of a Good Idea (2003)
- Well Regarded Initiatives for Workplace Health Promotion (2003)
- Conditions for Successful Workplace Health Promotion Initiatives (2003)
- Healthy Workplaces: Tips and Tools for a Comprehensive Approach (2003)

3.3 Intended Users of the Resource

Although workplace health promotion intermediaries in Ontario are the primary users of this resource, other workplace health promotion stakeholders may also find this resource helpful in assisting them with either:

- selecting and implementing a situational assessment tool in an Ontario workplace
- replicating and adapting the best practice process and methodology used to generate the tools.

These stakeholders may include:

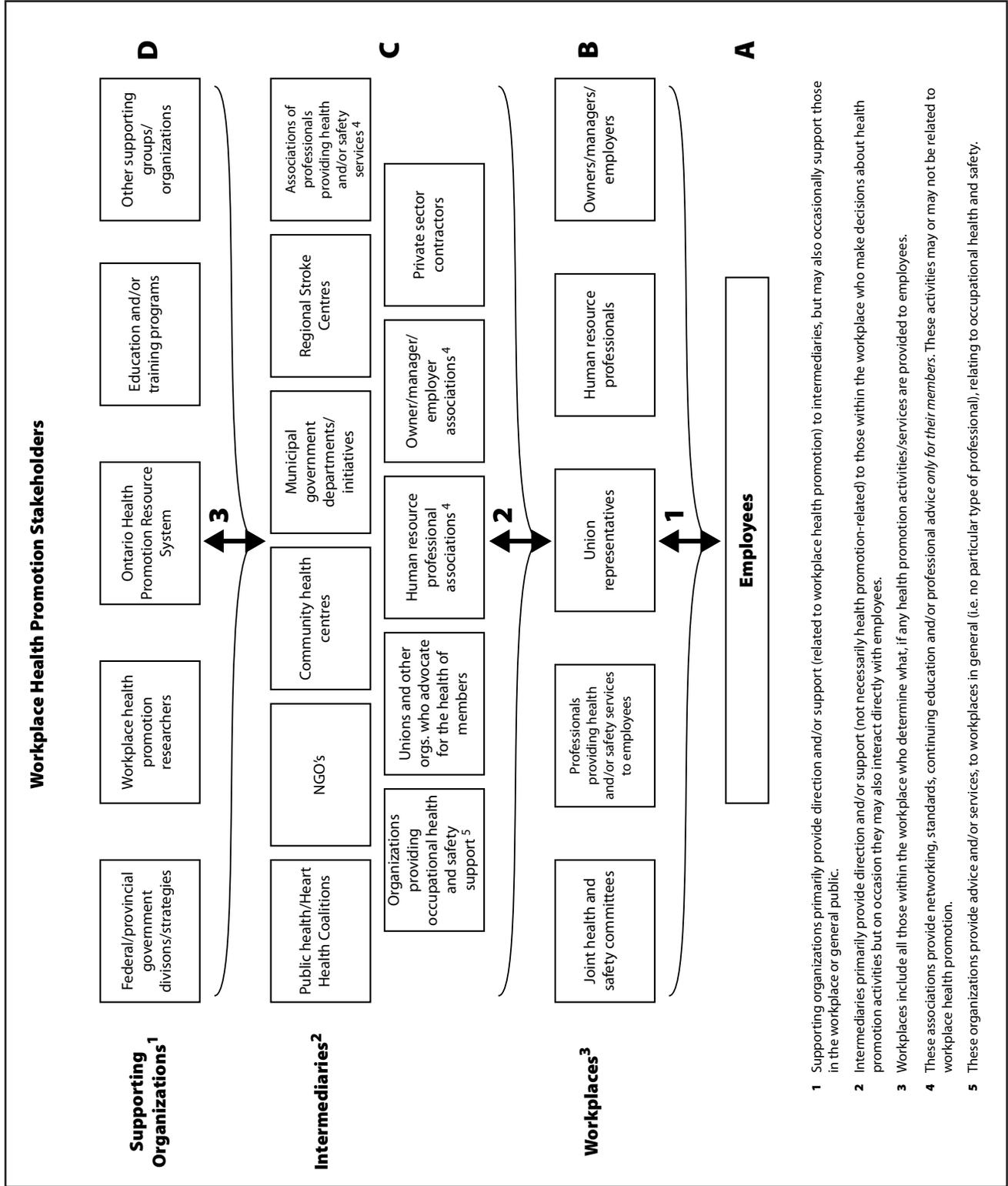
- workplace health practitioners
- occupational health nurses
- workplace wellness committees
- workplace wellness coordinators
- human resource managers
- union representatives.

This resource is intended for Ontario practitioners, but other practitioners in North America and internationally may also find it useful.

What is an Intermediary?

Intermediaries are those who provide (or have the potential to provide) direction and support to people in workplaces around employee workplace health promotion. Intermediaries may include those in public health departments, municipal governments, unions, human resource associations, private sector organizations (for profit), employer organizations, organizations that provide health and/or safety services to workplaces, and non-governmental organizations such as community health centres.¹

Figure 1: Workplace Health Promotion Stakeholders



4. WHAT'S INSIDE?

This resource has three parts:

- Part I offers a *conceptual* look at CWHP, situational assessment tools and best practice, along with principles and guidelines for using situational assessment tools in Ontario.
- Part II explains the *methodology* used to determine the tools for the catalogue, and discusses future recommendations.
- Part III contains information on how to use the catalogue and the actual *catalogue* of 29 situational assessment tools, along with implementation information related to each tool.

Part I – What's Inside?

Concepts

This resource brings together three important aspects of health promotion – comprehensive workplace health promotion (CWHP), situational assessments and best practice. It is important for practitioners to understand how these three concepts fit together to form the basis of this resource. CWHP, situational assessments and best practice are explained, respectively, in sections 5.1, 5.2, and 5.3.

Figure 2: Conceptual Look



Principles of Good Practice

The principles of good practice for using situational assessment tools outlined in section 6 include key aspects to keep in mind when developing, planning, implementing and evaluating situational assessment tools. Some of these were identified in the literature, while others were generated by the expert review panel.

Selecting a Situational Assessment

The guidelines described in section 7 discuss six important considerations to keep in mind when selecting a situational assessment.

Part II – What’s Inside?

The Methodology

The methodology offers a detailed look at the process (both theoretical and logistical) that was followed in order to generate the catalogue.

Future Recommendations

These recommendations offer perspectives on the review process, situational assessments, and how this resource should be used in the future.

Part III – What’s Inside?

The Catalogue

The catalogue identifies 29 situational assessment tools that have been identified as “recommended” (21) or “promising” (8). The 29 tools in this package fall into one of six categories: needs assessments, health risk appraisals, workplace environmental audits, employee interest surveys, current practices, and organizational culture. The tools have been summarized to provide the relevant information needed to select a situational assessment tool.

Tool Comparisons

The catalogue summarizes information and ratings about each tool. A number of charts present the tools collectively in two ways. Table 2 includes a summary of characteristics of recommended and promising tools. This “cabin guide” illustrates each tool’s unique and similar functions by using icons. Table 3 is a summary of the effective, plausible and practical ratings of the recommended and promising tools. This “star chart” provides a quick comparison of the tools reviewed.

Tool Summaries

For each tool listed in the catalogue there is a brief summary of its uses, the details of the development process, and how it has been used. Icons provide helpful identifiers for the characteristics of each tool. The summaries provide the information needed to decide whether or not to use the tool, and implementation details that are relevant to potential users.

Selected Reviewer Comments

Each tool was reviewed by two expert reviewers. The 18-member review panel is described in more detail in the methodology section in Part II. Comments from the reviewers have been included with each tool, in the form of strengths, limitations and general feedback. It should be noted that the type and length of comments for each tool varies. This is *not* a reflection on the tool itself, but a difference in the reviewing style of each panel member.

Actual Tools

In some cases, when the tool is in the public domain, and therefore not protected by proprietary rights, the tool itself can be accessed through this catalogue using the online Resource Listing. In other cases, the source of the tool must be contacted to gain access, and this contact information has been provided. When a tool is accessed through the catalogue and used or adapted, keep in mind that it is important to identify this and acknowledge the source organization.

Supporting Documents

Some tool summaries provide further information about the tool in the form of supporting documents. These documents can be accessed using the online Resource Listing. These documents include such things as PowerPoint presentations, sample final reports, journal articles related to the tool, analysis documents, and other relevant materials. The variation in what is available across the tools reflects what the source organization was willing or able to share with THCU for this project.

Part I

5. CONCEPTS

5.1 Comprehensive Workplace Health Promotion (CWHP)

There are three dimensions of comprehensive workplace health promotion (CWHP):

- lifestyle practices (also called voluntary health practices)
- organizational culture (also called organizational change)
- occupational health and safety.

The terminology, as well as the importance that various organizations and workplaces place on each of the three dimensions, may vary between workplaces. For instance, in recent years, organizational culture is being recognized as an increasingly important piece of the workplace wellness puzzle. This understanding is reflected in many of the situational assessments presented in this resource.

Figure 3: CWHP Triangle



Aspects of the Comprehensive Workplace Health Promotion Triangle

- 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.
- Lifestyle practices (voluntary health practices) – reducing the risk or incidence of worker illness by addressing individuals’ lifestyle behaviours through awareness raising, 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 (organizational culture) – 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.² These factors are also referred to as psychosocial factors or as part of the psychosocial work environment.³

More details on CWHP can be found in THCU’s *Introduction to Comprehensive Workplace Health Promotion Info-pack*.

5.2 Situational Assessments

It is important in any planning process to:

- understand the current situation from a number of perspectives
- analyze this information
- plan accordingly.

Conducting a situational assessment is part of that plan. As outlined in THCU’s *Introduction to Health Promotion Planning* workbook:

“A situational assessment influences planning in significant ways – by examining the legal and political environment, the stakeholders, the health needs of the population, the literature and previous evaluations, and the overall vision for the project. The phrase “situational assessment” is intentional – this terminology is used as a way to avoid the common pitfall of only looking at problems and difficulties and a way to consider the strengths and assets of individuals and communities. In a health promotion context, this also means looking at socioenvironmental conditions and broader determinants of health.

This critical and often time-consuming part of getting started on the plan for your health promotion project involves various forms of data gathering. In this part of the planning process, we use data to provide answers to a number of questions we are concerned about. And in doing so, we need to determine the best ways to find out the answers.”

Approaches to Consider When Conducting a Situational Assessment

1. Gather the perspectives of key stakeholders

- Identify individuals and organizations with an interest in this type of project or area of concern.
- Describe the views of stakeholders around the intended project (who supports it, who is opposed, and who has clear ideas for it?)

2. Examine the literature and previous experience

Specifically, consider the following:

- Identify what your own or others' previous experience has revealed.
- Examine the literature for research about projects, communities, and issues related to your priority issue.
- Examine previous evaluation findings of similar projects.
- Review the literature regarding similar types of projects and recommendations for designs.

3. Collect health-related data about the priority issue

Consider collecting the following:

- demographic data
- morbidity and mortality rates
- health behaviour and practices (if available)
- health status data (including social, economic, and environmental indicators)

4. Review existing mandates

As part of any situational assessment, it is both necessary and important to review existing mandates, to ensure that the proposed project fits well with these. Specifically, consider reviewing:

- the mandate of your own organization
- other legislation and regulations
- policies and guidelines
- professional standards and ethical guidelines
- political agendas
- mandates of potential partners and/or competitors
- budgets for implementation.

5. Assess vision and mission statements

In addition to examining existing mandates, it is also important to look at the following:

- the vision of others involved in the planning process
- the vision of your organization
- desired directions by managers, politicians, community leaders
- relevant strategic plans.

6. Complete a PEEST analysis

Identify the factors that could potentially affect your project:

- political
- economic
- environmental
- social
- technological.

Demographic and legal factors might also be considered here.

7. Identify information gaps

Examine all of the information. Are there any gaps, particularly related to an issue addressed by the project? Identify where additional information can be obtained.⁴

Situational Assessments in the Workplace

Planning in the workplace is similar to planning in other health promotion settings, such as schools and communities. Implementing a situational assessment is the third step in the Comprehensive Workplace Health Promotion Planning Framework (as outlined in Figure 4.) More information about this framework can be found in THCU's Introduction to Comprehensive Workplace Health Promotion Info-pack. This element is a vital part of most workplace wellness initiatives.

In most cases it is necessary to carry out two other preliminary steps before undertaking a situational assessment:

1. Create and work with an internal workplace wellness committee that includes representation from as many areas of the organization as possible.
2. Secure support from management to proceed with a situational assessment, ideally with some commitment to consider the results and take related action.

Situational assessments can focus on any aspect of the workplace that affects health, including on the employees themselves. Consequently, situational assessment tools relate well to the three aspects of CWHP, and this is reflected in the tool characteristics listed in the catalogue.

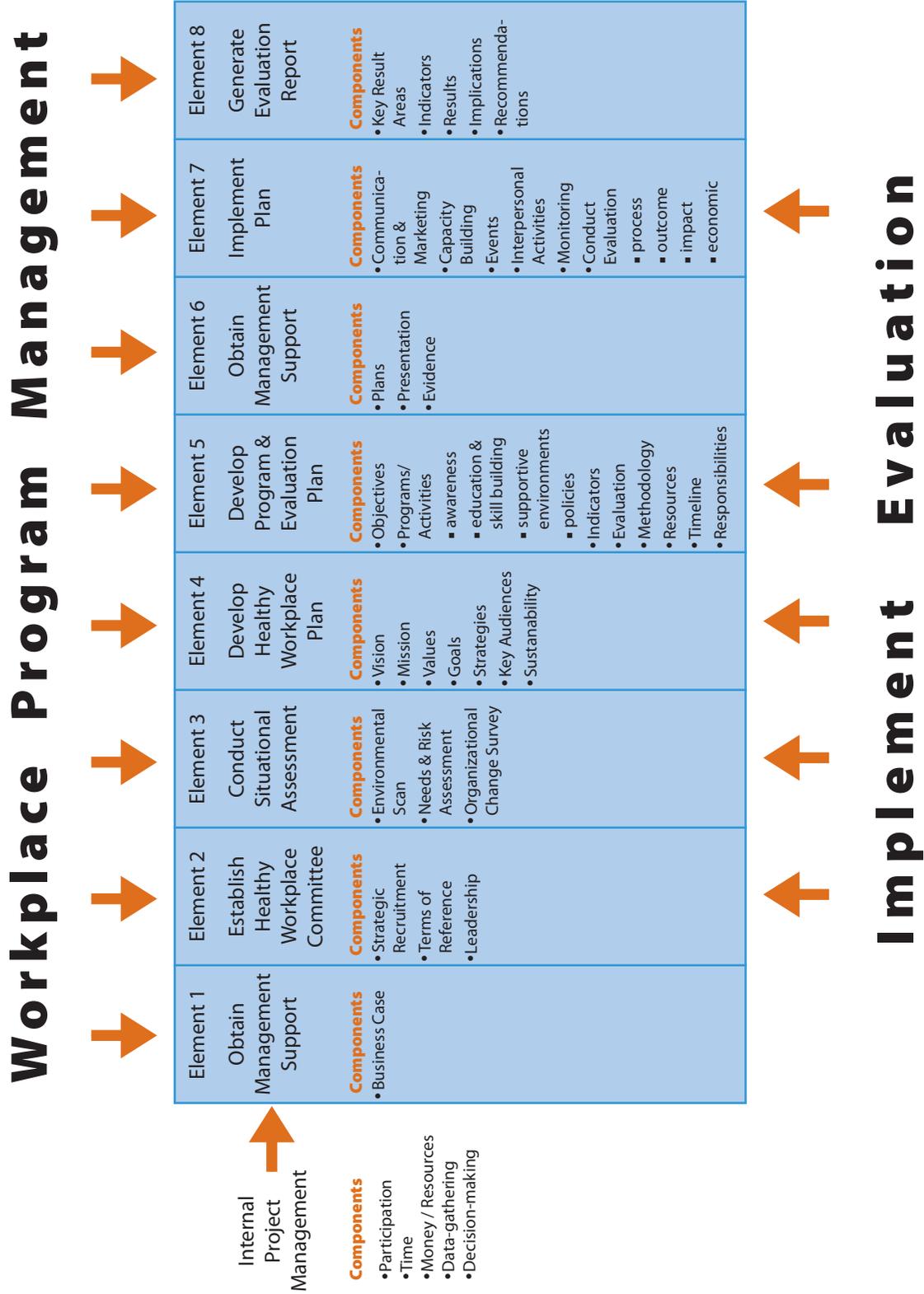
Audience – Who Is Being Assessed?

Basically, there are two audiences involved when conducting a situational assessment in a workplace:

1. All employees (including management) are assessed to get a thorough and broad understanding of the overall population.
2. An employer or a committee provides information to get an understanding of the overall environmental or organizational aspects of the workplace.

It is not unusual for a workplace to undertake both of these approaches.

Figure 4: CWHP Planning Framework



Types of Situational Assessment Tools

In this resource, six different types of situational assessment tools are identified. Each type is distinct, but there are also many similarities across the six. The terminology for types of situational assessment tools varies from workplace to workplace as well as geographically, e.g., in Europe, what this resource refers to as a “workplace audit” is known as a “self-assessment”.

This resource does not represent an exhaustive listing of all types of tools. Tools that focus on occupational health and safety were omitted because these are readily available to professionals working in this area.

- **Current practice survey** – A type of situational assessment tool that collects individual responses from employees about their current behaviours (e.g., how much they eat/sleep, current levels of physical activity). Employees self-report their behaviours. Current practice is often combined with other types of situational assessment tools.
- **Health risk assessment** – A type of situational assessment tool that collects clinical measures of health status (e.g., BMI, cholesterol, nutritional analysis, heart rate response to exercise). The assessment of risk is based on clinical report/measures (i.e., it is not self-reported). In most cases, a health risk assessment requires a professional to administer the assessment to all employees. The health risk assessment usually results in individualized results and an aggregate report for the workplace.
- **Interest survey** – A type of situational assessment tool that collects the information from individual employees about the types of programs and services they are interested in. An interest survey usually results in an aggregate report for the workplace.
- **Needs assessment** – A type of situational assessment tool that collects the self-reported needs of individual employees. Individual employees fill out a needs assessment and identify areas they would like to focus on. A needs assessment asks for employee opinion and usually results in individualized results and an aggregate report for the workplace.
- **Organizational culture survey** – A type of situational assessment tool that collects information from employees or employers about the organizational working environment. Elements of the organizational environment include leadership style, management practices, the way in which work is organized, employee autonomy and control, and social support.
- **Workplace audit** – A type of situational assessment tool that provides a snapshot in time of what’s happening in the workplace. The workplace audit collects information about what the workplace offers employees (e.g., showers, flextime.) One or a small group of individuals from the workplace provide the information for the workplace audit. The information collected from the workplace audit could be specific to one or more aspects of comprehensive workplace health promotion (i.e., organizational change, occupational health and safety, lifestyle practices.)

Table 1: Characteristics of the Types of Situational Assessment Tools

	Current Practices Survey	Health Risk Assessment	Interest Survey	Needs Assessment	Organizational Culture Survey	Workplace Audit
Aspects of CWHP						
Lifestyle Practice	★	★	★	★		
Health and Safety			★	★		★
Organizational Culture		★	★	★	★	★
Who fills it out						
Employees	★	★	★	★	★	
Employer or Committee					★	★
What the tool might contain						
Asks for employees' opinions (e.g., how do you feel about your workplace?)			★	★	★	
Takes clinical measures of employees' health status (e.g., BMI, heart rate response)		★				
Has a checklist of workplace policies (e.g., nutrition program)						★
Has questions on self-reported current health behaviours of employees (e.g., how much do you sleep?)	★					
Asks for employees' interest in specific areas of self/workplace improvement (e.g., do you want to eat better?)				★	★	
Focuses on work-life balance, mental health and stress (e.g., how often do you feel anxiety?)					★	
Gives options for wellness practices (e.g., would you like a walking program?)			★			

5.3 The Link to Best Practice

The Need for Identifying Best Practice

Increasingly, health promotion practitioners are challenged to select approaches that have evidence of relevant impact and a high likelihood of success. To identify these approaches many planners will undertake a review of the literature, both published (often peer-reviewed) and unpublished. This process is not only time consuming, it is also often duplicated across communities. Catalogues of best practice and systematic reviews have become popular resources to find this information.

Practitioners are able to make better informed decisions when the tools they use have been reviewed for quality and evidence base. Initiatives such as this catalogue of situational assessment tools, which provide this evidence base, are often referred to as “best practices.” Hence, this resource and catalogue has been created.

This Catalogue in Relation to Other Best Practice Resources

Although there are best practice collections on specific topics (such as nutrition programs for the workplace), there does not appear to be any other Canadian resources that address one of the major tasks of intermediaries in supporting CWHP – selecting and implementing a situational assessment tool.

THCU intentionally chose an approach to identifying best practices that was consistent with other approaches, especially in Ontario, specifically, the Program Training and Consultation Centre (PTCC) and the Heart Health Resource Centre. For example, the labels of “recommended” and “promising” in THCU’s review results are consistent with those of PTCC’s.

Variations in Terms

Although best practice initiatives are needed and helpful, there are tremendous variations in what the term best practice means among those who identify and promote them, as well as the practitioners considering using them. There are no widely accepted cross-organizational standards or guidelines about:

- *what* constitutes a best practice
- *how* an intervention or process should be assessed to determine whether or not it qualifies
- the *terms* that are used to indicate a best practice.

These terms include “gold standard,” “good,” “better,” “best,” “recommended,” “model,” and “promising.”

The term originated in the medical/clinical setting where “best practice” was applied to practice guidelines for medical procedures. In order to be assessed as “best,” there are requirements for generally rigorous scientific testing protocols such as randomized control trials (RCT). By design, these experiments occur in very clinical, controlled environments and the results are often definitive “cause and effect” statements. However, this methodology is less common and does not work as well in the ecological world of health promotion where there are many more variables to consider.

The methodology section (Part II) of this resource provides more detail on the specifics of THCU’s review process.

Limitations of a Best Practice Approach

Because of the ecological nature of health promotion, it is also difficult, if not impossible, to assume that when an initiative has the desired effect in one setting, the same effect will be seen in another setting, however similar (be it a school, a workplace, a home, or a municipality.) Also, the process of delivering the best practice in another setting will likely be altered, so it is difficult to ensure that the elements that made it “best” (often

referred to as the “integrity” of an initiative) are preserved. These limitations should be taken into account when using recommended or promising tools in this catalogue, or any other best practice.

For this catalogue, THCU conducted a substantial but not exhaustive search for potential tools, so it would be misleading to suggest that all the “best” tools have been compiled.

How the Concept of Best Practice Worked for this Project

Each situational assessment tool in this catalogue has been reviewed for its value and appropriateness to Ontario workplace health promotion intermediaries and practitioners. Two expert reviewers considered each tool using criteria that assessed effectiveness (validity and reliability testing), plausibility, and practicality for use in Ontario workplaces (see Appendix A). Using the criteria, the reviewers identified each tool as a recommended, promising or not recommended practice. These identifiers have the following implications:

Recommended: The tool is recommended for use in Ontario workplaces. It is seen as being plausible and practical for implementation and may or may not have been evaluated (i.e., reliability and validity testing may or may not have taken place) in Ontario workplaces.

Promising: The tool is identified as a promising practice for use in Ontario workplaces. It has highly promising aspects of plausibility and practicality and may or may not have been evaluated (i.e., reliability and validity testing may or may not have taken place). Because of certain limitations of the tool, reviewers could not “recommend” it; however, it is seen as a valuable tool to be included in the catalogue – a tool that has “promise.”

Not recommended: The tool is not recommended for use in Ontario workplaces. Due to both general and specific limitations, the tool is not plausible, practical and may not have been evaluated. Although the tool may have particular strengths, it was not seen as appropriate for use in Ontario workplaces. Review panel members assessed and identified five tools as not recommended practices. Due to confidentiality issues, the results of these five tools will not be shared.

It is important to note, however, *why* these five tools were not recommended. Each of the five tools were not recommended for one or more of the following reasons:

- The tool had limited reference or relevance to CWHP.
- The tool had a limited focus.
- The tool was not easily accessible to Ontario workplaces.
- The survey structure was poor.
- The quality of the questions was poor.
- The analysis/reporting was poor.
- Ease of implementation was poor.

Many of the recommended and promising tools included in this catalogue have the attributes of the principles of good practice, as outlined below.

6. PRINCIPLES OF GOOD PRACTICE IN CWHP SITUATIONAL ASSESSMENTS

6.1 Introduction

The following principles have been generated by the review panel as part of the larger review process. These principles reflect aspects that are important to take into account when using *any* situational assessment tool in Ontario; they go beyond the type, rating or characteristic of each individual tool. In addition to the ideas generated by the review panel, some other principles have been added from relevant literature. In many cases, the principles capture a “philosophy” of how to use a situational assessment tool.

6.2 Using the Principles

1. When a tool has *not* been part of this review, apply the principles to an assessment process to determine whether or not to use it.
2. When a tool is being developed or adapted, use the principles to guide the process in order to increase the likelihood of success.
3. When a tool is currently in use, review the principles and keep them in mind to identify possible improvements in a situational assessment process.

6.3 The Principles

It is recommended that the following principles be considered when **designing, planning, implementing** and/or **evaluating** situational assessment tools.

Designing

- Complement the situational assessment using other sources of data, such as records of on-the-job accidents or injuries. When other sources of data exist, researchers can decide whether those sources should be used instead of a situational assessment or whether there is value in collecting both sources in order to validate the report.⁵
- Prior to selecting the tool, provide training to the committee on CWHP as needed.
- Even if the tool addresses only one of the three aspects of CWHP, acknowledge all three at the outset.
- Ensure survey questions and instructions are clear and the question format is consistent.
- State the literacy level of the tools.
- In large workplaces, ensure the analysis process for the results allow for sophisticated cross tabulations.

Planning

- Secure the commitment of senior management within the workplace as early as possible.
- The implementation process of a situational assessment should be driven by a workplace committee.⁶ This committee should have representation from all employee groups (e.g., in a complex organization like a hospital, there should be nursing/physician/housekeeping/other representation) and union buy-in, in relevant workplaces.
- Ensure appropriate policies and procedures are in place to deal with sensitive issues.⁷
- When using surveys for the purposes of establishing a wellness program, consult with legal counsel well versed in labour, privacy and employment law.⁸
- Once the tool has been identified, decide on the report format and audience (e.g., one report for all employees, an individual report for each employee, one report for the committee, one report for management).
- To improve the response rate, tell employees about the survey at least twice before it is distributed.⁹
- Ensure effective communication throughout the process. A commitment to action based on the results should be made up front.
- Clearly outline the full process and purpose of the assessment process, including what will happen before and after the survey. Follow-up after the survey is critical – respondents need to know what happened to the data and what will happen next.

Implementing

- Voluntary participation is essential for ethical use of health risk appraisals and for accuracy in self-reported data.¹⁰
- Tools should be easy to implement and still meet the intended objectives. Cost and the necessary time for completion are aspects to consider when selecting a tool. Employers should provide the required time.

Evaluating

- The assessment should be part of a systematic approach to health promotion that is followed by implementation and evaluation.

In addition to the principles above, consult *The Effectiveness of Workplace-based Health Risk Appraisal in Improving Knowledge, Attitudes or Behaviours* produced by the Effective Public Health Practice Project for implications specific to health risk assessments.

Critical Success Factors for CWHP

1. Senior management involvement
2. Participatory planning
3. Primary focus on employees' needs
4. Optimal use of on-site resources
5. Integration
6. Recognition that a person's health is determined by an interdependent set of factors
7. Tailoring to the special features of each workplace environment
8. Evaluation
9. Long-term commitment.

For more information, refer to THCU's *Case for Comprehensive Workplace Health Promotion: Making Cents of a Good Idea*

7. SELECTING A SITUATIONAL ASSESSMENT TOOL

Nine critical success factors when undertaking CWHP, are outlined in THCU's *Case for Comprehensive Workplace Health Promotion: Making Cents of a Good Idea*. One factor specifically relates to strategically selecting an appropriate situational assessment tool: "Tailor the program to the special features of each workplace environment as there is a need to respond to the unique needs of each workplace's procedure, organization and culture." It is important to keep in mind that because different workplaces have different cultures, their experiences with the same situational assessment tool will also differ. For instance, if a large workplace is planning to conduct a nation-wide situational assessment of its company, each workplace location will most likely have different results.

The considerations presented below are to help workplaces select the best situational assessment tool for their situations. In many cases, several tools may be used in a given setting, especially if a long-term, complex workplace health promotion program is being undertaken, or if very little work in this area has been done in the past.

7.1 Consideration #1: Identify the Purpose

It is critical to *identify the purpose* of the situational assessment before selecting the type of tool to use. Most commonly, a situational assessment tool would be used for one or more of the following:

- As a method of engagement for employees so that they are active participants in the planning of their own wellness programs.
- As a starting point for creating a healthier workplace.
- As part of something larger, such as a continuous improvement strategy or a workplace strategic plan.
- To collect baseline data to be compared with any changes that may occur following the implementation of selected initiatives.
- As one of many kinds of input to the planning and implementation process of a workplace. Other inputs could include a review of "best practices" and an environmental scan for locally available services to workplaces.
- As a source of workplace-specific data to "make the case" with internal decision-makers, such as a senior management team or a board of directors. The data may also be included in a funding or sponsorship proposal.

HELPFUL HINT

In the catalogue, refer to the following sections of each tool summary for information related to the *purpose*:

- description
- type of tool
- tool construction

7.2 Consideration #2: Know your Audience

As with any health promotion initiative, *knowing your audience* is a key success factor. Different types of situational assessment tools will provide different types of information about the employees and their workplace, and perhaps even their home environments. Compile a list of what information is needed about the audience before selecting a particular tool. For instance, it may be important to determine:

- demographic information
- behavioural information (about specific health behaviours or in general)
- psychographic information (about attitudes, beliefs, values).

In addition to information related to individual employees, it is also useful to understand the workplace environment in which the audience exists. A workplace audit could be done to determine that environment.

HELPFUL HINT

In the catalogue, refer to the following sections of each tool summary for information related to knowing your *audience*:

- type of tool
- tool construction

7.3 Consideration #3: Who Provides the Information?

Who is best to provide the information needed? Determine whether the respondents to the tool should be:

- all employees in a workplace
- one person or a committee with insight into the practices of the workplace
- a sub-set of employees (such as representatives from the union, support staff, various departments, management, etc.)

HELPFUL HINT

In the catalogue, refer to the following sections of each tool summary for information on *who* should complete the tool:

- intended sectors/sizes of workplace
- intended users

7.4 Consideration #4: Level of Evidence

What *level of evidence* is acceptable? There may be expectations in a workplace regarding the thoroughness with which a situational assessment has been developed. These expectations are usually found in the values or principles of a workplace program. If a workplace requires that a thorough evaluation be completed (i.e., reliability and validity measured), the tools labeled in this catalogue as “recommended” and identified as having been evaluated will be the ones of most interest. However, if other forms of evaluation are acceptable (e.g., process), then tools labeled as “promising” or tools with no evaluation may suffice.

It is also important to understand that if a situational assessment tool is to be adapted (e.g., the questions or methodology changed), then the reliability and validity measures will likely no longer apply, and the tool may not be considered as having had an evaluation completed.

HELPFUL HINT

In the catalogue, refer to the following sections of each tool summary for information related to the *level of evidence* for the tool:

- effectiveness elements

7.5 Consideration #5: Adoption or Adaptation

Adoption or adaptation? Depending on the situation, a workplace may want to either adopt or adapt a situational assessment tool from this catalogue. If adoption is preferred, it may be a matter of looking through the catalogue and selecting which tool has the best “fit” for a particular workplace (taking into account the purpose, audience, resources, etc.)

HELPFUL HINT

In the catalogue, refer to the following sections of each tool summary for information related to *adopting or adapting* a tool:

- adapted from/built on
- restrictions or conditions of access or use
- customization

If adaptation of an existing tool is required, then a review of several tools may be necessary in order to identify the elements that could be integrated into a new tool. It should be noted that most of the tools in the catalogue do not allow adaptation (most have proprietary and copyright issues.) If a tool *is* adapted, it is important to acknowledge the original source. Also, similar to the issues of reliability and validity outlined above, because each

tool in the catalogue has been reviewed as a whole, the virtues that made it “recommended” or “promising” may no longer be intact if the tool is disassembled.

7.6 Consideration #6: Resources

What *resources* are available? Realistic and practical considerations will be important factors in selecting the best situational assessment tool. These factors may include:

- the costs associated with the distribution, analysis and sharing of results
- whether or not the instrument can be completed electronically, online or on paper
- how much time is required for employees to complete the assessment.

HELPFUL HINT

In the catalogue, refer to the following sections of each tool summary for information related to the *resources* needed to use a tool:

- practicality elements (process, economics, other considerations)

These resource considerations may depend on whether the situational assessment is conducted internally within a workplace or externally by contractors. Either way, the practical considerations that work best for one workplace may not work well for another.

With these six considerations in mind, proceed to the catalogue of practices to search for and select the tool(s) best suited to your needs.

For more information on considerations for situational assessments, refer to:

- THCU's *Introduction to Health Promotion Program Planning* workbook (specifically Step 3: Identifying Goals, Audiences and Objectives) for more information on establishing goals and objectives.
- THCU's *Overview of Health Communication Campaign* workbook (specifically Step 3: Get to Know Your Audience) for more information on audiences.
- THCU's *Introduction to Evaluating Health Promotion Programs* workbook and *Evaluating Comprehensive Workplace Health Promotion Info-pack* for more information on evaluation.

Part II

8. METHODOLOGY

8.1 Introduction

By presenting the methodology, users of these situational assessment tools should be able to see the integrity of the process and thus, value the results. Other users may want to use the review process in their own best practice work and would find the details regarding the overall methodology useful.

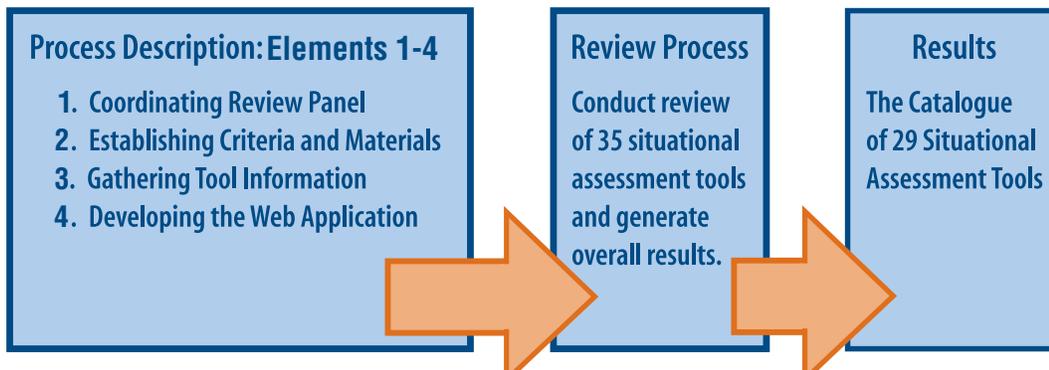
What Was Involved?

There were four elements of work involved in preparing for the review:

1. coordinating the review panel
2. establishing criteria and materials
3. gathering tool information
4. developing the web application.

These four elements were required to implement the overall review process, which in turn generated the results of the catalogue.

Figure 5: What was Involved?



It should be noted that although these four elements are presented separately, in most cases, these processes took place concurrently over approximately seven months.

Who was Involved? (See the Acknowledgments for a complete list of contributors)

- The Comprehensive Workplace Health Promotion Project Team – three core team members implemented and coordinated the review of situational assessment tools, with consultation and support from other team members.
- The Recommended Practices Review Panel – A team of 18 experts in workplace health promotion, situational assessments, and best practice reviewed the 35 situational assessment tools.
- Source organizations/companies – Over 30 organizations and companies provided permission and the information needed to include their situational assessment tools in the review process (these will now be referred to as “sources.”)
- Workplace Project Advisory Committee – Ten members provided guidance and insight throughout the review process.

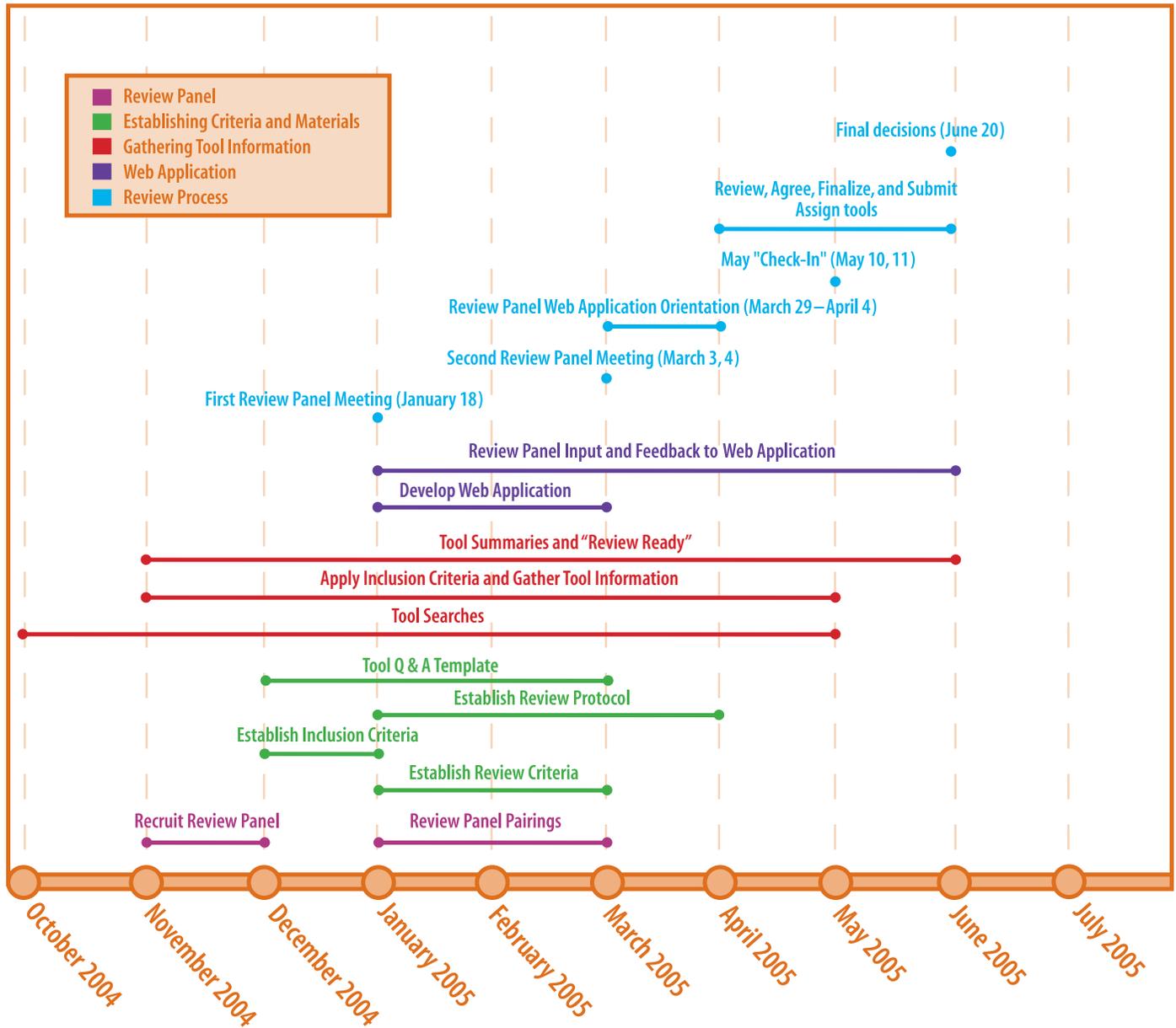
How Is the Process Described?

The methodology of this project is illustrated in two ways.

- The timeline (8.2) visually illustrates the major elements that occurred during the seven-month project, to form a representation of the overall process.
- The process description provides a detailed account of the elements needed to conduct the review (elements 1 – 4.) An explanation of the review process follows and then the results of the review are discussed. The lessons learned noted throughout the methodology are practical insights gained throughout the review process. They illustrate particular problems or hurdles that the project team and review panel encountered. Finally, future recommendations are offered.

8.2 Timeline

Figure 6: Visual Timeline



8.3 Process Description

1. Review Panel

Review Panel Recruitment

The project team and the project advisory committee identified a list of potential review panel members. Out of these potential members, a review panel of 18 members was formed, and almost all members remained committed to the process until the end.

Lessons Learned: Review Panel Recruitment

The original timeline for the project identified most of the work to take place between January and May. This timeframe presented an obstacle to many academics and prevented them from participating.

The review panel included a variety of experts, including:

- academics
- health promotion practitioners in public health and workplaces
- workplace health consultants who have developed tools
- experts in best practice
- workplace representatives.

Nine partnerships were created. These teams worked together throughout most of the review process. In only three circumstances were the pairings altered – these were due to time constraints and the need to complete three reviews before the deadline.

Confidentiality and Non-Disclosure

Each review panel member signed a confidentiality agreement, which guaranteed that the information provided as part of the review process would be treated as confidential and therefore not shared in any way or used for any other purpose. This was particularly important because of the propriety nature of some of the tools and in some cases, guaranteeing confidentiality was fundamental to gaining access to particular tools.

Non-disclosure agreements were also signed at the request of some of the source organizations that had particular propriety concerns. These agreements outlined that THCU would only use the source's situational assessment information for the purposes of the review.

Lessons Learned: Confidentiality and Non-Disclosure

Signing confidentiality and non-disclosure agreements was fundamental to gaining access to some tools. Several lessons were learned around the process involved in conducting a recommended practices review within a university setting. Non-disclosure agreements had to be approved by the Research Services Department at the University of Toronto, which added time to the project.

Conflict of Interest and Proprietary Information

Roughly half of the review panel members were developers of situational assessment tools and/or members of private companies that implemented situational assessments. This raised a number of issues around safeguarding the source's propriety information from a potential competitor. There was also potential conflict of interest for some review panel members who could have been reviewing their own tools.

Although all review panel members signed confidentiality agreements, extra steps were taken to maintain the integrity of the review process. These issues were dealt with in the following ways:

- Review panel members who were tool developers working for private companies that implement tools were not assigned proprietary tools to review. They were instead assigned “public domain” tools (from sources such as Ontario public health agencies and Health Canada). Only those working in the public domain reviewed proprietary tools.
- If a review panel member was also the source of a tool to be reviewed, he/she was not assigned that tool to review.

Tele-web Meetings

One of the instruments used throughout the review process to facilitate the review panel was the tele-web meeting function from Bell Conferencing. This function allowed the review panel members to connect with one another by phone and Internet at the same time. The tele-web meetings were invaluable to the process because they allowed the review panel members across the province to meet together online and provide input to project materials, review protocol and perform the actual reviews.

A number of specific functions of the tele-web meeting were particularly effective at the review panel meetings. These included:

- An online function, which allows the “moderator” (the facilitator of the tele-web session) to walk “participants” (review panel members) through different web pages online. This allowed the reviewers to see exactly what the review tool they would be using looked like.
- A polling function, which allows participants to vote on yes/no and multiple choice questions anonymously. This was particularly helpful during the “practice review,” when the review panel reviewed a tool as a group. The facilitator could identify any discrepancies in how the reviewers were judging each criterion and conduct a discussion accordingly.

The web conferencing function was extremely valuable to the review process. The facilitation and anonymous polling functions were especially useful for reaching consensus and making decisions. Tele-web conferencing was used more than ten times throughout the process. Overall, all the tele-web conferences were well received, with collaborative input from all reviewers.

Five review panel meetings were held throughout the seven-month process. An average of 14 members attended each meeting. Members who were not able to attend a meeting were addressed individually afterwards.

2. Establishing Criteria and Materials

Establishing Review Criteria

Review criteria (see Appendix A) were established by the project team, adapted from the best practices assessment criteria used by the Heart Health Resource Centre and the Program Training and Consultation Centre for assessing program interventions.

Foreseeing that many of the tools collected would not have undergone formal evaluation, most of the review focused on assessing suitability and feasibility. The criteria focused on the same three categories used in the previously mentioned reviews: effectiveness (measuring reliability and validity), plausibility, and practicality.

Lessons Learned: Review Criteria

Multiple meetings were needed to establish, revise, and clarify the review criteria. The reviewers each had many different perspectives and this was quite valuable in creating discussion and consensus for each criterion. The amount of time required and the number of revisions necessary was not originally anticipated; this should be taken into account in future review processes.

Establishing Inclusion Criteria

The inclusion criteria (see Appendix B) were established to determine each tool's appropriateness for review. All of these criteria needed to be met before a tool could be considered for the more in-depth review. The criteria were initially drafted by the project team, and incorporated the "must have" characteristics for a tool to be included in the review process. Review panel members suggested changes. For example, the review panel decided to discard the requirement that a situational assessment tool must be available electronically. Some review panel members argued that for some workplaces, paper copies were preferable, and that tools should not be discarded based on that element of accessibility alone.

Although the three criteria headings remained intact, the specific criteria under each heading were significantly altered to reflect situational assessment tools.

Particular criteria were included or discarded to fit with what review panel members felt were important elements of a strong situational assessment tool. Extensive changes were also made to the wording, meaning and nuances of particular criteria. These changes ensured that review panel members understood and were interpreting the review criteria clearly and consistently.

Establishing Review Protocol

The review panel established the protocol for the review process and the project team developed the formal guidelines for the review (see Appendix C), which were then posted online. The project team developed a decision tree (Figure 8) for the review panel. This decision tree marked the path that tools would take as they went through the review process, tracking the results for each section and ultimately leading to the final rating for each tool.

3. Gathering Tools and Tool Information

Tool Searches

Situational assessment tools were identified through three primary avenues:

1. literature search
2. Internet search
3. nominations from the field.

1. Literature search

A research consultant for THCU conducted an initial literature search to identify workplace situational assessment tools. To read more about the methods used in the literature search, see Appendix D.

2. Internet search

The project team conducted an additional Internet search, using search terms such as “situational assessment,” “needs assessment,” “health risk appraisal,” and “workplace audit.”

The Review Criteria (Appendix A)

The review criteria are comprised of 29 criteria under three main headings: effectiveness, plausibility and practicality.

- Effectiveness is comprised of one criterion (whether or not validity and reliability has been measured.)
- Plausibility is comprised of nine criteria, under the headings: evaluation attributes and content attributes.
- Practicality is comprised of nineteen criteria, under the headings: process attributes, longevity, availability and fit.

The rating options for each criterion are either “good”, “fair”, “poor”, “info not available”; or in some cases, “yes” or “no” (e.g., is the tool available online?)

3. Nominations from the field

Nominations from the field came from a number of sources, including:

- Recommended Practices Review Panel
- Comprehensive Workplace Health Promotion Project Team
- Workplace Project Advisory Committee
- CLICK4HP list serv
- Ontario public health regional networks.

The search results were vetted and organized to create a search list of over 125 possible leads to situational assessment tools.

The results of the tool searches provided a helpful starting point from which to gather situational assessments for the review. However, many of the results from the literature search led to dead ends, (e.g., sample assessments in “how-to” workplace health books, or articles about situational assessments but not the assessments themselves.)

New tools were found through leads and on-going nominations, even as other parts of the review preparation continued.

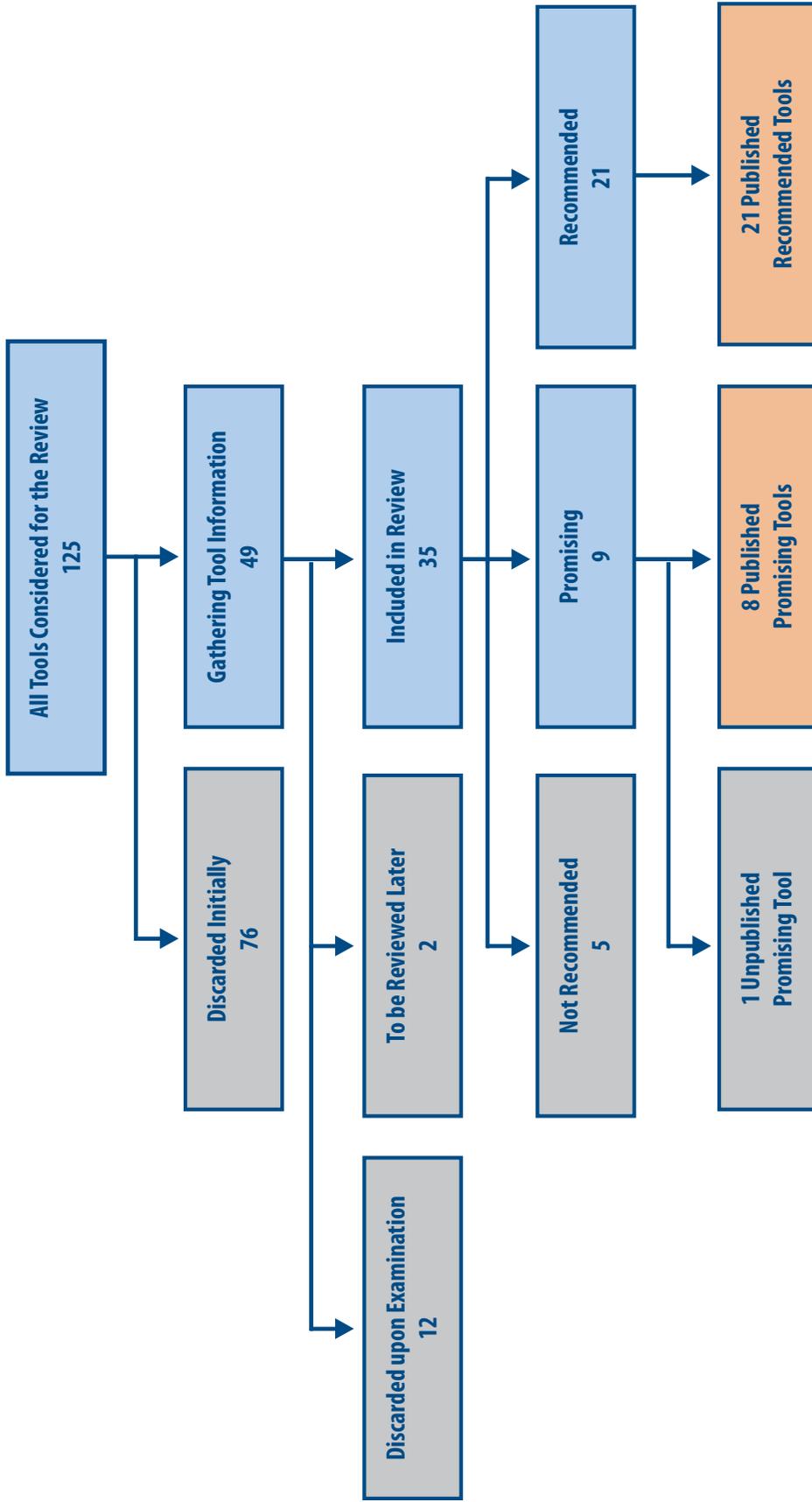
Applying the Inclusion Criteria Filter

Many of the 125 search leads were discarded (using the inclusion criteria) for various reasons, including:

- insufficient contact information regarding the source to access the information
- time constraints at the source organizations to provide even the minimal information necessary.

Seventy-six tool leads were discarded at first glance. From the remaining list, 49 were actively pursued. Twelve tools were discarded upon further examination. Two tools were designated to review at a later date because of lack of time to review them. Of the original 125 tools identified, 35 tools were reviewed. See the tool map (Figure 7) for a visual representation of this sequence.

Figure 7: Tool Map



Gathering Tool Information

A number of tasks were concurrently completed in order to prepare each situational assessment tool for the review. These tasks included:

- Confirming the source's involvement in the review and attaining direct access for each tool, using a customized letter for each source.
- Gathering additional information and supporting documents about each tool as per the Q&A template (explained below.)
- Signing the appropriate non-disclosure agreements with various organizations/companies in order to include their tool in the review was necessary in some cases.
- Conducting phone interviews with a source representative or in some cases relying on web/hardcopy information (if a contact person was not available).

Q&A Template

Once a tool passed through the inclusion criteria, the project team contacted the tool source for more detailed information about the tool. To facilitate the gathering of this information, the project team created a Q&A template document. The structure of this template mirrored the review criteria as much as possible, by providing the review panel members with the appropriate information needed to review each situational assessment tool.

The Q&A template document went through a number of revisions based on input from the review panel during the practice review. As the template was revised, the project team had to go back to the sources for additional information, which required more time.

Tool Summaries

Once a source had committed to the review, a tool summary was developed for each tool by gathering enough additional information and supporting documents from the source (via the Q&A template). The supporting documents (which included letters of communication, sample reports, cost charts, and PowerPoint presentations) provided by the sources varied greatly across the tools – some provided between 5 and 10 documents, and others provided none. Thus, it is important to note that although extensive efforts were made to ensure that the summaries and supporting documents provided the same type of information between tools, this was not always possible.

Variations between each tool's summaries and supporting documents were often due to the following:

- Propriety concerns – Some sources were hesitant to share some aspects of their product.

- Customization issues – Some sources found it difficult to provide the appropriate answers to various questions in the Q&A template. Sources explained that this was because each tool was customized to a particular workplace, and therefore the answers varied greatly depending on the workplace site using the tool. As a solution, sources were asked to provide answers based on what was “typical.”
- Difficulty in finding “old” information – In a few cases where tools had been created over 10 years ago, but since revised, sources were not able to locate the original information or documentation (e.g., evaluation results.)
- Lack of time and motivation on the part of the source to collect the appropriate documentation.

All of these situations translated into “information not available” to the review panel. During the information collection process, on the rare occasion that a tool summary had too many “information not available” fields, the project team discarded the tool because it didn’t meet the inclusion criteria (i.e., there was not sufficient information available for the review).

“Review Ready”

The project team ensured that each tool was “review ready” before it was assigned for review and distributed with the tool summary and any supporting documents. Preparing each tool to be “review ready” consisted of:

- Ensuring tool summary information was as complete as possible.
- Making each tool summary as clear and easy to read as possible.
- Collecting all supporting documents for that tool.

Lessons Learned: Tool Summaries

Building the summaries for each situational assessment tool was the most labour intensive part of preparing each tool for the review. There were several factors for this, including:

- The nature of the questions asked – almost all were in-depth questions requiring detailed information regarding issues such as testing, implementation, analysis, etc.)
- The length of the Q&A document – it took a long time for companies to complete.
- The lack of time sources were able to spend answering the questions – in some cases, multiple people from a company/organization had to contribute to the Q&A document, which meant weeks before it was completed.
- Coordinating times to connect with individuals from each source was often difficult and time-consuming – follow-up interviews via phone with each company/organization to clarify answers to some questions were almost always necessary.

In the future, the tool summary template should be finalized and most importantly, tested, before collecting all the information from companies/organizations.

4. Web Application

Development of the Web Application

At the outset of the project, the project team suggested a web application as a method of managing the large amount of information collected for the review process.

The web application has three parts, each of which is described in Appendix E:

1. Online database – an information management system that holds all the tool information and supporting documents. This is a system organized primarily by tools. It formed the base for the “external” system database that now holds the 29 recommended and promising tools.
2. Online review system – the system used by the review panel to assess each tool assigned to them online.
3. Administrative management – allowed the project team to assign tools, input information, monitor progress of reviews, and create reports.

Review Panel Input and Feedback to the Web Application

Web orientations were set up to explain the web application and explicitly outline the review instructions. At these web orientations reviewers were able to individually practice using the web application with immediate support from the project team. Each orientation took approximately one hour.

Review panel input to the web application was an integral part of the development process. This was a role that extended beyond the commitment of the panelists in reviewing tools – that of helping to shape the system. This input occurred through tele-web meetings and on-going questions that reviewers brought to the THCU team. Subsequent revisions occurred throughout the review process as review panel members became better acquainted with the application or encountered occasional “bugs” within the system.

Lessons Learned: Web Application

As a whole, the web application was very well received by all review panel members and there were only a few instances where the system created significant errors. The project team found the web application to be a time-saving and helpful way of organizing and managing information.

The development of the web application would have been easier if all materials were finalized before development of the system began. Due to time constraints, however, these processes overlapped, and therefore caused more revisions than would have otherwise been necessary.

8.4 The Review Process

Practice Review

The review panel engaged in a group practice review to ensure that all reviewers were assessing the tools with clarity and consistency. A sample tool from a public health unit in Ontario was used for the practice review. This particular tool was chosen because:

- It was in the public domain, resulting in no conflict of interest with any review panel members.
- More information had been collected about this tool than any others.

The project team distributed the tool, as well as a draft tool summary to reviewers ahead of time. During two tele-web meetings, the review panel assessed the tool as a group, using the draft review criteria and the draft tool summary.

Tool Assignments and Reviewer Partnerships

Tools were assigned to particular reviewer partnerships with several factors in mind: propriety concerns, conflict of interest, length of tool and tool information, scheduling issues, and the types of tools reviewers had reviewed in the past. In all cases, the project team attempted to be consistent, fair, and unbiased in their tool assignments.

Review panel members were informed of their tool assignment via email and an announcement was posted on their web application homepage, which outlined any specific information needed for the review.

Review, Agree, Finalize, Submit

All information needed for the review was housed in the web application (except in some particular cases where only hardcopies were available; if this was the case, hardcopies were couriered to the reviewers) and all reviews were completed online. Reminder announcements were posted in advance of the submission dates to prompt review partnerships to finalize and submit their reviews. The review panel members followed the guidelines for review (see Appendix C) and the instructions for review (see Appendix F) posted in the web application.

Each review partnership was given a two week timeline for each tool review in which each was to:

- Read the relevant information for the review.
- Assess the tool individually without their partners.
- Connect with their partners to discuss their review, either electronically or via phone.
- Come to an agreement for the overall review of the tool.
- Submit the final review.

Lessons Learned: Review, Agree, Finalize, Submit

The average length of time to review each tool took longer than anticipated. Some of the challenges that review panelists encountered were:

- scheduling conflicts
- minor technical difficulties with the web application
- amount of information required to review.

While the review panel partnerships did not have to agree on each individual criterion, they had to agree on the overall review of the tool (as recommended, promising, or not recommended), as well as the “on the record” comments for each criterion. If the review partnership did not agree on the overall review, an impartial third party would have been brought in to review the tool and break the tie. The third party reviewer would have been a member of the project team, experienced in workplace health promotion and best practice; however, a third party was never needed.

Each review panel member reviewed at least three, and up to a maximum of five tools over a three-month period.

Check-In

About midway through the review process tele-web meetings were scheduled to allow the project team and review panel members to check-in with each other. The project team provided an update of overall work completed. Helpful hints regarding the review process, logistics between partners, and web application solutions were shared between all review panel members.

Final Decisions

When all the reviews were completed, the project team prepared the results of the review process. This included:

- Summarizing the results of the 35 completed reviews.
- Identifying review trends.
- Flagging “problematic” reviews.

Lessons Learned: Final Decisions

The decision tree (Figure 8) was useful in ensuring that the assessment results of effectiveness, plausibility and practicality corresponded with the resulting final label (recommended, promising or not recommended.)

The final face-to-face meeting with the review panel was invaluable in establishing consistency and consensus about the review process and the review of each tool.

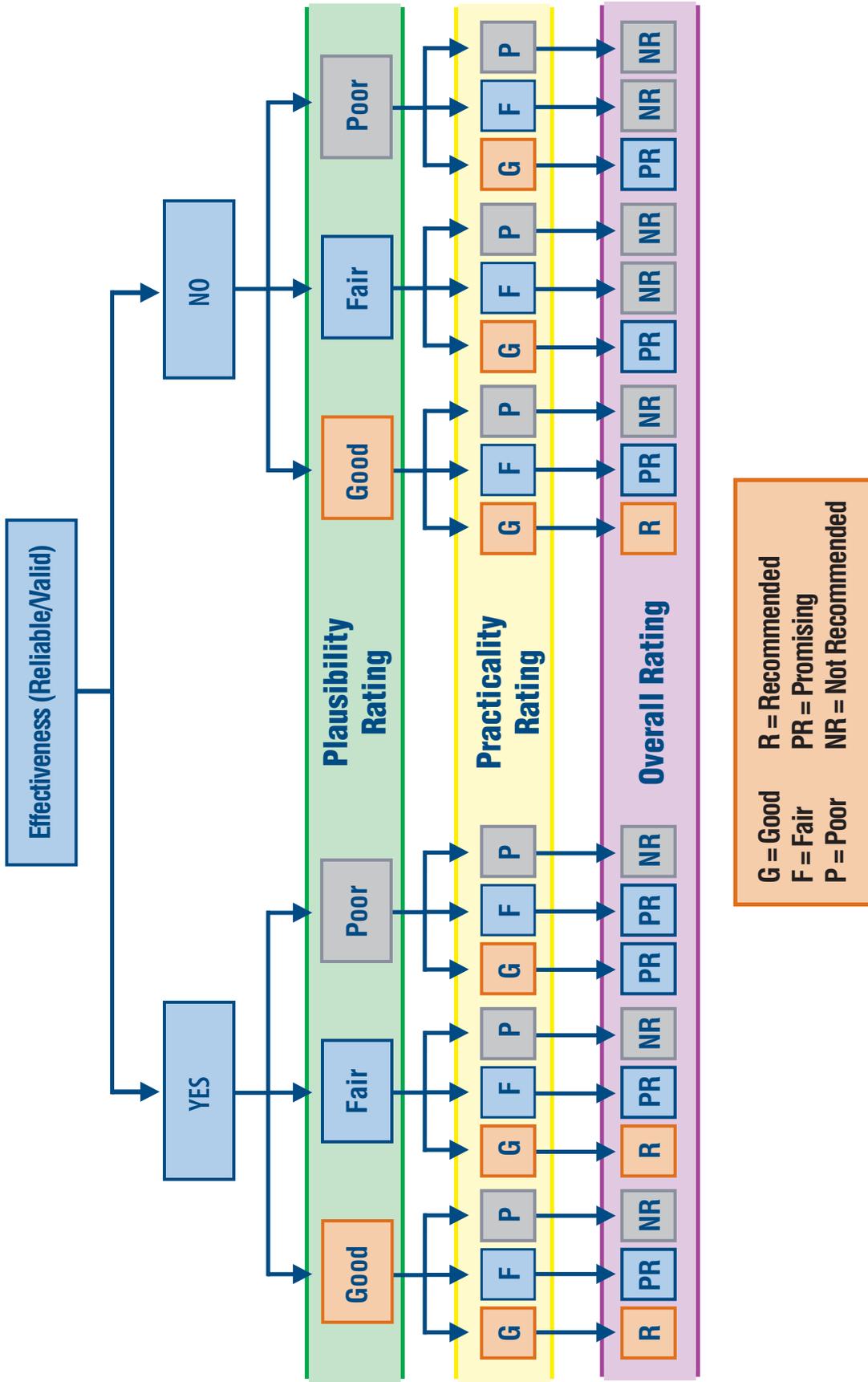
The Decision Tree – (Figure 8)

Figure 8 illustrates all 18 possible combinations of Effectiveness, Plausibility and Practicality. In each case, the overall rating predicted by the decision tree is indicated. For example, the three routes to recommended are as follows:

1. If a tool is rated “yes” for effectiveness, “good” for plausibility, and “good” for practicality, the review path moves along the far left side of the decision tree and is recommended.
2. If a tool is rated “yes” for effectiveness, “fair” for plausibility, and “good” for practicality, the review path moves along the middle-left side of the decision tree and is rated recommended.
3. If a tool is rated “no” for effectiveness, “good” for plausibility, and “good” for practicality, the review path moves along the middle-right side of the decision tree and is rated recommended.

In addition to predicting specific ratings, the decision tree reveals the underlying logic of best practice ratings. For instance, one can note that if a tool is rated “poor” for practicality, it is always not recommended.

Figure 8: Decision Tree



Problematic Reviews

Seven “problematic” reviews were identified as requiring further discussion at the final review panel meeting. The decision tree (Figure 8) was used to help identify problematic reviews. The review was considered problematic if the overall rating predicted by the decision tree on the basis of the three major criteria headings (effectiveness, plausibility, practicality) did not align with the overall rating agreed upon by the reviewers. Many of these discrepancies seemed to stem from a difference of opinion reviewers had in weighing some criteria.

The problematic reviews were discussed at the final meeting under categories, which included, but were not limited to:

Issues of cost – Some review panel members felt that a high cost situational assessment tool inhibited access. Others felt that a high cost tool might ensure quality. The review panel decided that cost alone not determine a tool as recommended, promising, or not recommended.

Evaluation

Review panel members were also asked for their feedback on the overall process at the final meeting. Informal discussion of the process occurred, which generated positive feedback, citing interesting learning opportunities, networking, and a well organized process as some of the highlights of the project. After the meeting, the project team posted an evaluation form on the web application and panel members had the opportunity to give anonymous feedback.

A formal process evaluation of the project resulted in extremely positive feedback and helpful insights.

Lack of comprehensive approach (all three components of CWHP, see Figure 3) – Although a comprehensive approach was outlined for specific criterion, a lack of a comprehensive approach alone could not determine a tool as recommended, promising, or not recommended.

Lack of evaluation – The review panel decided at the onset of the project that lack of an extensive evaluation alone could not determine a tool as recommended, promising, or not recommended.

The seven problematic reviews were discussed and consensus reached regarding each tool. As a result of the review panel discussion, six tools were shifted from promising to recommended and one tool was shifted from promising to not recommended.

8.5 Results of the Review

Thirty-five tools were reviewed and 29 of the 30 that were identified as recommended or promising are included in this catalogue.

Recommended Tools

The 21 recommended tools represented in this catalogue were identified as such based on positive ratings for practicality and plausibility. Overall features for the recommended tools were:

- rating of “good” for majority of criteria
- two-thirds had gone through validity and reliability testing
- overall practicality was rated “good” by at least one reviewer
- the majority had “good” overall plausibility.

Promising Tools

The eight promising tools represented in this catalogue were identified as such primarily based on fairly positive ratings for practicality and plausibility. This meant that reviewers felt that the tool had promise, but could not be identified as recommended, usually for one of several specific reasons. In most cases, a formal evaluation had not been completed for the promising tools. Overall features for the promising tools were:

- lack of comprehensive approach
- weak theoretical underpinnings
- limited scope
- generic questions/intellectual accessibility
- European context/language issues
- fair ease of implementation.

See Table 8.5, a Summary of Effective, Plausible and Practical Ratings of Recommended and Promising Tools for a comparative look at the ratings of effectiveness, plausibility and practicality for the 29 tools in the catalogue.

Permission to Publish

Thirty tools were rated as recommended or promising; however, one source organization did not feel comfortable giving THCU permission to publish its promising tool.

Not Recommended Tools

Five tools were identified as not recommended practices. Due to confidentiality issues, the results of these five tools will not be shared, nor will the larger list of tools initially found through the literature search and nomination process. However, the overall features for the not recommended tools were:

- limited reference to CWHP
- not easily accessible to Ontario workplaces
- poor structure of survey
- poor quality of questions
- poor analysis/reporting
- limited/not well-rounded focus
- poor ease of implementation.

9. FUTURE RECOMMENDATIONS

These recommendations are grouped into the following three categories: review process, situational assessments, and this resource.

Review Process

- In order to gather the relevant details for each tool included in the review process, considerable “digging” and dialogue with the source was necessary. Adequate time and human resources should be set aside for this task.
- In the future, the tool summary template should be finalized and most importantly, tested, before the information from sources is collected.
- In terms of establishing the review criteria, practicality issues seem to be largely for the user to decide. As much information should be provided around issues such as cost, access, or implementation details, but these factors should not be reviewed and therefore should not determine the overall rating.
- Tele-web meetings were very effective in working through the adaptation of the review process. This technology should be pursued for other advisory group input processes.
- Having a diverse group of reviewers representing the perspectives of public health, the private sector, academia and workplaces themselves was beneficial. Each member brought unique values and insights to the review process. A review panel is critical to the methodology.
- Training for the review panelists was critical. This step should not be compromised in reviews of this nature.
- The review process appears to have worked well to identify the recommended practices. Once adapted to reflect these recommendations, it should be promoted to others for use elsewhere through a published article(s) and/or field dissemination (e.g., OHPE, Click4HP.)

Situational Assessments

- The value of conducting a situational assessment as an important and early step in the process of starting a workplace wellness program was reinforced in this exercise. Furthermore, situational assessment tools were identified as a sound means of regularly “checking-in” with the workplace once a workplace initiative is in place. Efforts to support workplace programs should include this element.
- The tools which were most highly valued were those that had been developed with user input, tested for validity and reliability, and contextualized for Ontario. Practitioners developing or adapting situational assessments should consider these elements in their approach.

This Resource

- The catalogue of recommended and promising practices should be updated regularly as additional tools are identified.
- The recommended practices generated in this resource should be integrated into the workplace health management systems within organizations.

GLOSSARY

Algorithms – Formulas of instructions and directions as to how the information gathered by the tool is to be used.

Best practices – Those practices that have been evaluated under controlled conditions (with or without randomization) and found to be effective. In addition, the practices also meet the practicality criteria (such as cost effectiveness, availability and fit.)¹¹

BETA testing – The process of testing and improving unfinished software. Beta testing is most useful when the testers aren't the original programmers and can provide specific, meaningful feedback.¹²

Comprehensive workplace health promotion – 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.¹³

Cost – The tool is available with a cost or fee.

Cultural appropriateness – The delivery of programs and services so that they are consistent with the communication styles, meaning systems and social networks of clients, or program participants, and other stakeholders.¹⁴

Current practice survey – A type of situational assessment tool that collects individual responses from employees about their current behaviours (e.g., how much they eat/sleep, current levels of physical activity.) Employees self-report their behaviours. Current practice is often combined with other types of situational assessment tools.

Determinants of health – Conditions in the psychosocial, socioeconomic, and physical environments which create conditions for ill health or wellness (i.e., housing, peace and security, belonging to a community, adequate income, food, clean air, water and soil, safe working conditions.)¹⁵

Effectiveness – This criterion refers to whether the intervention had a positive outcome or impact evaluation using a good quality research design.¹⁶

Electronic access – The tool is available in an electronic version from the contact.

Employee completion – The tool is completed individually by the employee.

Employer/committee completion – The tool is completed by the employer and/or a workplace committee.

Employment equity – Equality in the workplace so that no person shall be denied employment opportunities or benefits for reasons unrelated to ability and, in the fulfillment of that goal, to correct the conditions of disadvantage in employment experienced by women, aboriginal peoples, persons with disabilities and members of visible minori-

ties by giving effect to the principle that employment equity means more than treating persons in the same way but also requires special measures and the accommodation of differences.¹⁷

Epidemiology – The study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems.¹⁸

Evaluation – 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 comprehensive workplace health promotion initiatives.¹⁹

External implementation – The tool is implemented by someone outside the workplace (e.g., consultant, company, etc.) The term “external” refers to accessing resources for the process from outside the workplace. For example, the analysis of a situational assessment tool is done externally.

French – A French version of the tool is available.

Health risk assessment – A type of situational assessment tool that collects clinical measures of health status (e.g., BMI, cholesterol, nutritional analysis, heart rate response to exercise.) The assessment of risk is based on clinical report/measures (i.e., it is not self-reported.) In most cases, a health risk assessment requires a professional to administer the assessment to all employees. The health risk assessment usually results in individualized results and an aggregate report for the workplace.

Heart Health Resource Centre – The Heart Health Resource Centre (HHRC) provides support to the 37 community partnerships of the Ontario Heart Health Program – Taking Action for Healthy Living in Ontario, that plan, deliver and/or evaluate comprehensive community-based heart health strategies. The HHRC fosters networking and communication between peers through the Ontario Heart Health Network as well as its newsletter and e-mail discussion lists (www.hhrc.net)

Implementation cycle – The process of preparing to distribute the tool to employees, distributing the tool for data collection, analyzing the results, and working with a wellness committee to make decisions about programming.

Incentives – Benefits that motivate an individual or organizational decision maker in favour of a particular choice.

Intellectual property – The group of legal rights to things people create or invent. Intellectual property rights typically include patent, copyright, trademark and trade secret rights.²⁰

Interest survey – A type of situational assessment tool that collects the information from individual employees about the types of programs and services they are interested in. An interest survey usually results in an aggregate report for the workplace.

Intermediary – Those who provide (or have the potential to provide) direction and support to people in workplaces about how to provide employee workplace health promotion. Intermediaries may include those in public health departments, municipal governments, unions, human resource associations, private sector organizations (for profit), employer organizations, organizations that provide health and/or safety services to workplaces, and non-governmental organizations such as community health centres.²¹

Internal implementation – The tool is implemented by the workplace. The term “internal” refers to resources or processes that are rallied from within the existing resource of the workplace. For example, the analysis of a situational assessment tool is done in-house by in-house staff.

Knowledge transfer – Collaborative problem-solving between various groups (e.g., between researchers and decision makers, between intermediaries and decision makers, between intermediaries and practitioners.) Effective knowledge exchange involves interaction between the groups and results in mutual learning through the process of planning, disseminating, and applying existing or new research in decision-making.²²

Language+ – The tool is available in languages other than English and French.

Large workplaces – Workplaces with more than 200 employees.

Lifestyle practices – One of three aspects of comprehensive workplace health promotion, which generally refers to efforts to change the employees’ behaviour. Examples of issues to encourage employees to act upon may include tobacco use, alcohol and drug use, nutrition, immunization and physical activity.²³

Long completion time – Tools that take over 30 minutes to complete.

Medium completion time – Tools that take between 10 to 30 minutes to complete.

Medium sized workplaces – Workplaces with between 51 and 200 employees.

Needs assessment – A type of situational assessment tool that collects the self-reported needs of individual employees. Individual employees fill out the needs assessment and assess areas they would like to focus on. A needs assessment asks for employee opinion and usually results in individualized results and an aggregate report for the workplace.

No cost – The tool is available for use free of charge.

Not recommended – A level assigned to tools that received low ratings on effectiveness, plausibility, and practicality.

Occupational health and safety (OHS) – One of three aspects of comprehensive workplace health promotion, which generally refers to efforts to reduce the physical and chemical hazards in a work environment with the goal of reducing work-related injury, illness and disability. Many activities fall under the category of occupational health and safety, including ergonomics, injury prevention, hazard identification and control, emergency response problems, disability case management, and medical services.²⁴

Occupational medicine stations – European organizations responsible for planning and delivering health services to workplaces. Many have worked extensively with their local workplaces to implement comprehensive workplace health promotion programs. The most successful ones formed regional coalitions with Labour and Safety Inspections, local authorities, media, employers and companies, and even with social insurance offices or private insurance companies.²⁵

Online access – The tool is available online (on the Internet) from the web site provided in the contact information.

Organizational culture (organizational change) – One of three aspects of comprehensive workplace health promotion, which generally refers to efforts to change or improve the organizational working environment. Elements of the organizational environment include leadership style, management practices, the way in which work is organized, employee autonomy and control, and social support.²⁶

Organizational culture survey – A type of situational assessment that collects information from employees or employers about the organizational working environment. Elements of the organizational environment include leadership style, management practices, the way in which work is organized, employee autonomy and control, and social support.²⁷

Packaged, ready-to-use – The tool is ready for you to use as it is. It does not require any adjustments or changes to the tool materials.

Paper access – Paper copies of the tool are available from the contact.

Plausibility – This criterion refers to the extent the intervention is likely to be effective based on formative/process evaluations and content and process attributes.²⁸

Practicality – This criterion refers to the extent the intervention is likely to be effective in the context of the adopting community. Practicality addresses issues such as cost effectiveness, availability and fit.²⁹

Program Training and Consultation Centre – The Program Training and Consultation Centre (PTCC) provides training, consultation, information, networking opportunities, and referral services related to tobacco control to Ontario health promoters. PTCC is a resource centre of the Ontario Tobacco Strategy (www.ptcc-cfc.on.ca.)

Promising – A level assigned to tools that received a medium to high rating on plausibility and practicality. These tools may or may not have been evaluated (i.e., reliability and validity testing may or may not have taken place).

Proprietary – The tool is owned by the developer and as such the developer has implemented restrictions on the tool. The tool cannot be implemented or reproduced without the consent of the tool developers.

Psychographic – Information about target audiences such as:

- their fundamental values and beliefs

- what is most important to them
- some of their key personal characteristics
- where they get their health-related information – which media, interpersonal channels, and events are they exposed to
- the organizations and social networks they belong to
- how they spend their time and dollars – what they are interested in and their lifestyle.³⁰

Psychometric – Properties of the tool such as the distribution of item difficulty and discrimination indices.³¹

Public domain – The tool is not owned by any company or person. The tool can be used without the previous written consent from the developers and may be reproduced.

Public health unit – An organization responsible for the delivery of public health information and programs in a defined geographic community. There are currently 36 public health units across Ontario (for more information visit www.opha.on.ca.)

Quality of life – An evaluation of health status relative to the patient’s age, expectations, and physical and mental capabilities.³²

Randomized control trials (RCT) – An experiment in which investigators randomly assign eligible subjects (or other units of study, e.g., classrooms, clinics, playgrounds) into groups to receive or not receive one or more interventions that are being compared. The results are analysed by comparing outcomes in the groups.³³

Recommended – A level assigned to tools that received high ratings on plausibility, and practicality. These tools may or may not have been evaluated (i.e., reliability and validity testing may or may not have taken place).³⁴

Reliability – The extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability. In other words, if the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable.³⁵

Short completion time – Tools that take between 5 and 10 minutes to complete.

Situational assessment – A situational assessment influences planning in significant ways by examining the legal and political environment, stakeholders, the health needs of the population, the literature and previous evaluations, as well as the overall vision for the project. The phrase “situational assessment” is now used rather than the previous term “needs assessment”. This is intentional. The new terminology is used as a way to avoid the common pitfall of only looking at problems and difficulties. Instead it encourages considering the strengths of and opportunities for individuals and communities. In a health promotion context, this also means looking at socio-environmental conditions and broader determinants of health.³⁶

Small workplaces – Workplaces with fewer than 50 employees.

Socio-environmental – Factors such as housing, transport, safety and the work environment. It is argued that the contexts influence health more so than do the characteristics of the people in those communities. The context in which people live and work produces factors that interact in a range of different ways and these local differences should influence the selection of health promotion strategies.³⁷

Validity – Validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are. In other words, does the research instrument allow you to hit “the bull’s eye” of your research object? Researchers generally determine validity by asking a series of questions, and will often look for the answers in the research of others.³⁸

Web application – A web application is software that runs on the Internet. There are several applications called web browsers that make it easy to access the Internet; two of the most popular being Netscape Navigator and Microsoft’s Internet Explorer.³⁹

Wellness committee – The formation of a workplace wellness committee is an important step in building a healthy work environment. This group should be responsible for planning and steering appropriate activities. All key decision makers, representatives of interests groups, and experts should belong to the group.⁴⁰

Workplace audit – A type of situational assessment tool that provides a snapshot in time of what’s happening in the workplace. The workplace audit collects information about what the workplace offers employees (e.g., showers, flextime.) One person or a small group of individuals from the workplace provide the information for the workplace audit. The information collected could be specific to only one aspect of comprehensive workplace health promotion (i.e., organizational culture, occupational health and safety, lifestyle practices) or two or three of these categories.

ENDNOTES

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- ⁵ C. Grant and R. Brisbin, *Workplace Wellness: The Key to Higher Productivity and Lower Health Costs*, (1992), John Riley & Sons Inc.
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- ¹⁴ D. R. Thomas, *Evaluating the Cultural Appropriateness of Service Delivery in Multi-ethnic Communities*, (2002), retrieved from www.evaluationcanada.ca/distribution/20021030_thomas_david.pdf.
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- ¹⁷ Department of Justice Canada, *Employment Equity Act*, (1995), retrieved from laws.justice.gc.ca/en/E-5.401/50293.html.
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- ¹⁹ THCU, *Evaluating Comprehensive Workplace Health Promotion*, (March 2005), p.5.
- ²⁰ Definition retrieved from www.sitepoint.com/glossary.php.
- ²¹ THCU, *An Introduction to Comprehensive Workplace Health Promotion*, Version 1.1, (July 2004), p.19. For further discussion on intermediaries, see THCU, *Supporting Comprehensive Workplaces Health Promotion Literature Review*, (April 2002), pp. 28-31.
- ²² Canadian Health Services Research Foundation, *Knowledge Transfer and Exchange*, (n.d.), retrieved from www.chsrf.ca/knowledge_transfer/index_e.php.
- ²³ THCU, *An Introduction to Comprehensive Workplace Health Promotion*, Version 1.1, (July 2004), p.4.
- ²⁴ THCU, *An Introduction to Comprehensive Workplace Health Promotion*, Version 1.1, (July 2004), p.4.
- ²⁵ The Global Occupational Health Network, *GOHNET Newsletter*, Issue 6, (Winter 2003), retrieved from www.who.int/occupational_health/publications/newsletter/en/gohnet6e.pdf.
- ²⁶ THCU, *An Introduction to Comprehensive Workplace Health Promotion*, Version 1.1, (July 2004), p.4.
- ²⁷ Ibid.
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Appendices

APPENDIX A: REVIEW CRITERIA FOR SITUATIONAL ASSESSMENT TOOLS



at the Centre for Health Promotion
University of Toronto

Name of SA Tool Reviewed: _____

Internal Coding: _____

Date Reviewed: _____

Reviewers: _____

Type:

NA = Needs Assessment WA = Workplace Audit IS = Interest Survey OC = Organizational Culture

HRA = Health Risk Appraisal CP = Current Practices (behavioural, no direct msmt like HRA)

Stage 1 Criteria: Reliability & Validity

Criterion	Yes / No	Comments
The assessment tool has been tested for reliability AND validity ¹ in a workplace setting (not necessarily in Ontario) and BOTH are found to be sound.		

Reliability & Validity Rating: YES or NO

¹ *Reliability* is defined as "an indication of the consistency of scores across evaluators or over time." There should be compelling evidence to show that results are consistent across raters and across scoring occasions. *Validity* is defined as "an indication of how well an assessment actually measures what it is supposed to measure." All valid tools are reliable but not all reliable tools are valid.

Stage 2 Criteria: Plausibility²

Criterion	Good	Fair	Poor	Info N/A	Comments
Evaluation Attributes					
Pilot Testing / Formative Evaluation					
<ul style="list-style-type: none"> Consultations, focus groups or other valid methods have been used to assess relevance, comprehension and acceptability of the approach, material, methods etc. with representatives of prospective users 					
Impacts					
<ul style="list-style-type: none"> Evidence of workplaces in which the tool has been used where there has been commitment to change as a result of the survey 					
Process Evaluation					
<ul style="list-style-type: none"> Feedback has been gathered and integrated following some degree of implementation (e.g. employer response, participant response, practitioner response and/or provider competency in delivering the assessment) 					
Meets Expressed Purpose					
<ul style="list-style-type: none"> The purpose of the tool is clearly stated on the tool AND the tool appropriately meets this purpose. The uses to which the information gained via the tool are clearly stated. 					
Content Attributes					
Theoretical Underpinnings					
<ul style="list-style-type: none"> The tool is positioned within an overall CWHP approach. Good = explicitly referenced in tool; Fair = a CWHP connection is seen within the tool; Poor = neither. 					
Relevance					

² Something is considered plausible if it is conceptually supported by previous knowledge.

Criterion	Good	Fair	Poor	Info N/A	Comments
<ul style="list-style-type: none"> ○ Questions included in the tool are relevant to planning a CWHP initiative 					
<p>Quality of Questions Asked</p> <ul style="list-style-type: none"> ○ The questions are appropriate for discovering the answers that are needed for the intended purpose. 					
<p>Structure / Construction</p> <ul style="list-style-type: none"> ○ Degree of complexity (e.g. similar questions batched together with headings; skip patterns are clear; changes to the formats of response categories are minimal; flow of questions is appropriate) ○ Easy to follow for those completing the tool (clear, simple instructions have been provided) ○ Consistent sentence structure used 					
<p>Confidentiality Addressed</p> <ul style="list-style-type: none"> ○ Issues such as confidentiality, anonymity and privacy have been addressed explicitly in the tool. 					
<p>Plausibility Rating:</p>	GOOD	FAIR	POOR		

Stage 3 Criteria: Practicality

Criterion	Good	Fair	Poor	Info N/A	Comments
Process Attributes					
Ease of Implementation for the Respondent					
<ul style="list-style-type: none"> o Time required for the individual to complete 					
Ease of Implementation					
<ul style="list-style-type: none"> o Distribution (available electronically; pre-survey communication done) 					
Ease of Implementation					
<ul style="list-style-type: none"> o Data Collection – electronic, clear 					
Ease of Implementation					
<ul style="list-style-type: none"> o Analysis – tabulation, ability to correlate information, electronic vs. manual, individual and aggregate, scanning of results 					
Ease of Implementation					
<ul style="list-style-type: none"> o Reporting – individual and aggregate summaries; ease of interpretation; use of visuals (e.g. graphs) 					
Overall Timeline for full cycle of implementation (distribution through reporting)					
Participation Rates for Completion are strong.					
Collaborative Approach					
<ul style="list-style-type: none"> o A participatory approach is possible such that workplace personnel can help shape implementation, thus developing ownership of the process (such as utilizing on-site print shops, communication channels) 					
Supportive Materials					
<ul style="list-style-type: none"> o Good quality materials are available, in addition to the assessment tool, include such things as pre-survey communication messages, a recommended process for analysis and reporting, a “how-to” manual 					
Longevity					
Sustainability					
<ul style="list-style-type: none"> o The tool is one that appears to have longevity in its use over time within a given workplace, without the need for 					

Criterion	Good	Fair	Poor	Info N/A	Comments
on-going significant investment					
Future Relevance					
<ul style="list-style-type: none"> The content of the tool can be expected to maintain relevance over time within a given workplace 					
Availability					
The tool is ready to use.	Y		N		
Easily accessible to Ontario workplaces					
Available entirely on-line or electronically.	Y		N		
Could be posted on or linked from THCU Web site.	Y		N		
Fit					
Support					
<ul style="list-style-type: none"> Necessary resources/supports for implementation are available to most Ontario workplaces (consider rural, northern, isolated contexts as well as large urban environments) 					
Generalizability/External Reach					
<ul style="list-style-type: none"> Even though created with a certain group or workplace in mind, the tool can be used in a variety of contexts (e.g. different sizes of workplaces). The tool is potentially applicable to a wide range/number of workplaces and organizations 					
Expertise					
<ul style="list-style-type: none"> The level of expertise required for implementation is not a barrier to participation and/or can be implemented by workplace personnel with minimal training. 					
Accessibility					
<ul style="list-style-type: none"> Linguistically & culturally appropriate* 					
Practicality Rating:	GOOD	FAIR	POOR		
Overall Assessment: Recommended Promising Not Recommended					
COMMENTS / RATIONALE:					
* Ability to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.					

APPENDIX B: INCLUSION CRITERIA

CWHP Situational Assessment

“Recommended Practices” Project Inclusion Criteria

In order to be included in the detailed review process, each situational assessment tool will need to meet all of the following:

Criteria Met?	Criteria	Comments
<input type="checkbox"/> yes <input type="checkbox"/> no	1. It is available to workplace practitioners in Ontario, either electronically or on paper, either directly from the source or via THCU.	
<input type="checkbox"/> yes <input type="checkbox"/> no	2. Available in English.	
<input type="checkbox"/> yes <input type="checkbox"/> no	3. Is workplace-related and falls within the scope of CWHP.	
<input type="checkbox"/> yes <input type="checkbox"/> no	4. Addresses at least one of the identified purposes for a SA tool: NA = Needs Assessment WA = Workplace Audit IS = Interest Survey OC = Organizational Culture HRA = Health risk Assessment CP = Current Practices F = Feedback Form	
<input type="checkbox"/> yes <input type="checkbox"/> no	5. There is sufficient, relevant information available to accompany the tool itself (person, report, Web site etc.).	
<input type="checkbox"/> yes <input type="checkbox"/> no	6. As the number of tools accessed grows, those that address a gap in a type of tool will be preferred. We are aiming for a balance across the types of tools to the degree possible.	

Overall Recommendation:

0 Review

0 Discard

Name: _____

Date: _____

APPENDIX C: GUIDELINES FOR THE REVIEW PROCESS

As the revisions were made to the assessment process, guidelines or principles emerged that helped to keep the process on track. These guidelines were posted online to assist review panel members in the review process.

1. Keep in mind the main objective of the review process: to provide workplace intermediaries in Ontario with a list of recommended practices to help them perform situational assessments. This will also help in deciding the final label attached to each tool.
2. Reviewers are asked to assess the tools based on a minimum rating of 75% (generally positive, on the border between fair and good).
3. There should be no value placed on internal versus external supports for implementing a tool; the understanding should be that internal mechanisms can enhance ownership, and external sources can bring expertise.
4. The tool itself is often “not enough.” The practices and process surrounding the tool is often key to the implementation and value of the tool. Reviewers are encouraged to look at the sample reports and other supporting documents in addition to the instrument.
5. Tools assessed as “not recommended” will not be identified.
6. The review panel members can contact THCU workplace staff for any assistance with the review process and its related methodologies and technology.

APPENDIX D: LITERATURE SEARCH

The following literature searches were conducted:

- The database created by THCU was searched for articles described by the terms “needs assessment” or “health risk assessment” or “case studies” or “comprehensive workplace health” or “evaluation” or “participatory planning.”
- Web sites for Global Medic Inc.; WELCOA; Healthy, Wealthy and Wise; National Resource Center on Worksite Health Promotion; National Heart, Lung and Blood Institute; Berkana Institute; European Network on Workplace Health Promotion were searched, as well as others.
- Google and Google Scholar were searched using the terms “workplace health” along with “assessment” or “preparation” or “screening” or “survey.”
- Bibliographic databases were searched, including PubMed, EMBASE, Conference Papers, Canadian Research Index, CINAHL, Web of Science, Health and Psychosocial Instruments, PsycINFO.
- Terms used included:
 - workplace health
 - needs assessment
 - population
 - planning
 - implementing
 - mass screening
 - multiphase screening
 - assess* workplace*
 - questionnaire*
 - environmental scan
 - audit
 - HRA
 - situational assessment.

APPENDIX E: WEB APPLICATION

The web application has three parts, each of which is described below:

1. Online database – an information management system that holds all the tool information and supporting documents. This is a system organized primarily by tools. It formed the base for the “external” system database that now holds the 29 recommended and promising tools.
2. Online review system – the system used by the review panel to assess each tool assigned to them online.
3. Administrative management – allowed the project team to assign tools, input information, monitor progress of reviews, and create reports.

1. Online database

The online database houses:

- the situational assessment tools
- the tool summary, using the Q&A template as the base
- supporting documents relevant to that tool

The project team and web designer developed the online database portion of the web application using the Q&A template and the tool summary document. Eighty fields were created to house the information needed for the review. The project team then transferred the information collected from each source Q&A document into the data fields in the online database. This process ultimately allowed each tool summary to be housed online.

Icons were developed in order to provide review panel members with quick memory cues for the components of each tool. The icons that are used in the catalogue are based on the icons that were used for the review process, such as evaluation, electronic access, short time completion, etc.

A resource library was also set up in the web application to house all the supporting documents for each tool. A special function of the resource library and particular fields in the online database was the ability to sort specific information into “special” categories (e.g., “Red Flag: Proprietary.”) This allowed the project team to manage proprietary information in an appropriate manner.

Development of the online database portion of the web application was time-consuming and detail-oriented. As revisions to the Q&A template and tool summaries were made, revisions also had to be made to the structure of the online database. During this process the web application was being continually refined.

2. Online review system

The online review system was developed based on the structure of the review criteria. Review panel members were able to view and review the tool and supporting documents wherever they had Internet access. Among other benefits, the online system meant that collaboration between review partners was easier to manage due to a number of unique system functions:

- Review panel members had their own “homepage” where they could gain access to project materials, instructions, their partners’ contact information, and their tool assignments.
- A “notes” function allowed review panel members to post reminder notes to themselves throughout the review process.
- A “help” function automatically sent an email to the project team members, asking for assistance.
- A “sharing” function enabled review panel members to review tools online at the same time.
- In addition to the ability to select a “good/fair/poor” or “yes/no” for each criterion, two comments functions were available to review panel members for each criterion rating:
 - “On the record” comments – These comments make up the key reviewer comments that are part of each tool summary. Review panel members were able to continuously post and edit these comments until a final decision was reached.
 - “Off the record” comments – These comments allowed review panel members to informally discuss specific criterion and to essentially “chat” about their final decisions (e.g., “This is how I rated accessibility, but I could be persuaded otherwise – what do you think?”).
- An automatic “save” function safeguarded the review panel members against losing valuable review information. (This was put into place after input from review panel members.)

Figure 9: Review Panel Homepage

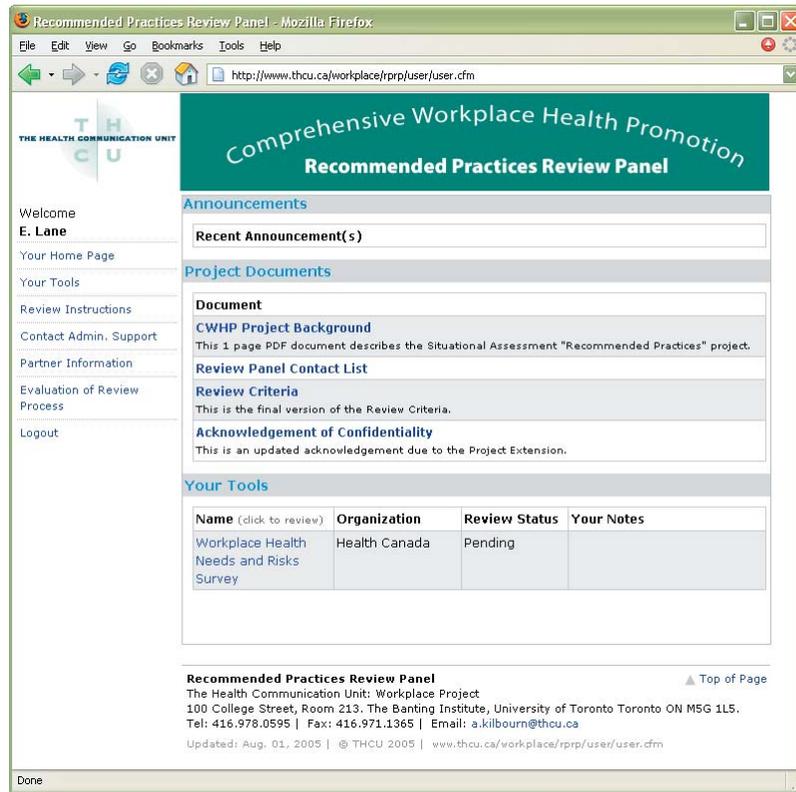
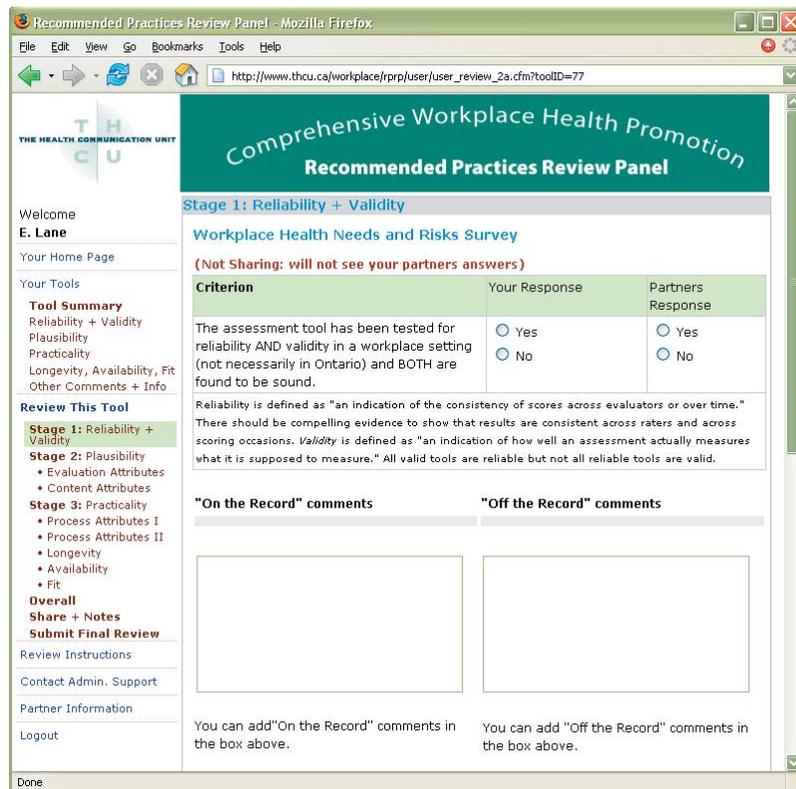


Figure 10: Online Review



The online review system was set up so that review panel members had to finish their own portion of the review before sharing with their partner, discussing and finalizing their review of the tool, and submitting a final review to the project team.

As with the online database, as revisions were made to the review criteria, changes also had to be made to the online review system. This required unanticipated but substantial time throughout the process for these adjustments.

3. Administrative management

The administrative management component of the web application was the base for the online database and review system. As the other two components were created, administrative options were added and customized. Some of these options included:

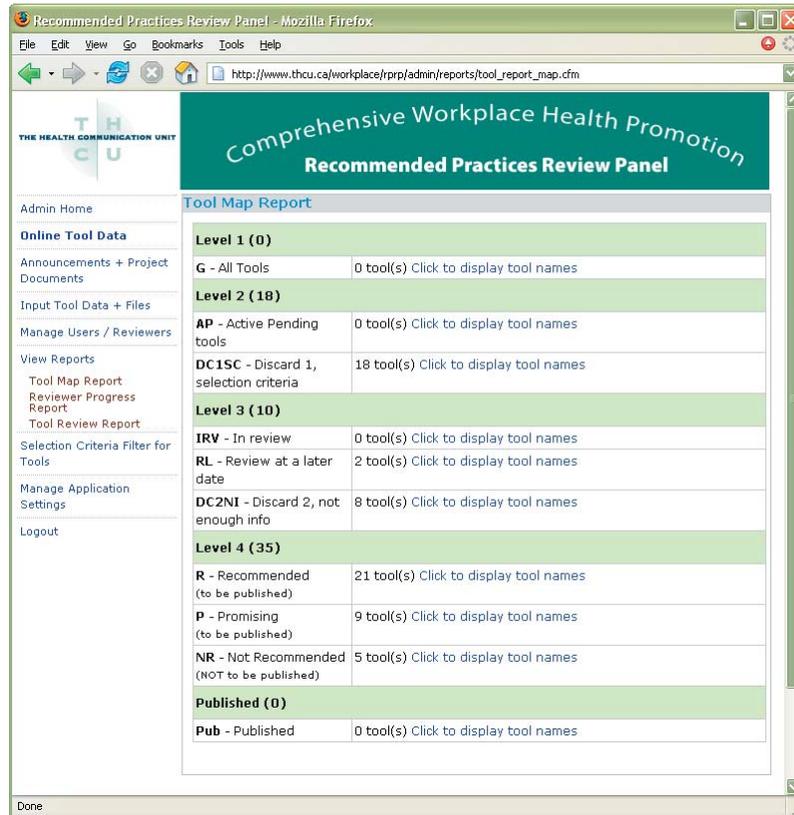
- Online inclusion criteria – The project team informally filtered each tool through the inclusion criteria by the vetting of the initial search lists. Each tool was then formally put through the online filter. If a tool did not meet the requirements, the system would not allow it to be reviewed.
- Review panel pairings – Review panel members were paired together using the online administrative system, making each partner’s contact information immediately available.
- Tool assignments – The project team assigned tools to review panel member pairings using the online administrative system ensuring that a tool could not be assigned twice. Once assigned a tool, the review team had access to the tool, the tool summary and any supporting documents in the resource library.
- Posting documents and announcements – The project team posted documents and announcements to all review panel members, to specific members and pairings, and to the internal project team.
- View reports – Reports were automatically created by the online system and allowed the project team to:
 - View the collected tools as a tool map report (this function was very helpful and outlined how many tools had been reviewed, discarded, and labeled.) (See Figure 11 below.)
 - View the outcome of submitted reviews.
 - Monitor the progress of all review panel members (e.g., last login date, review in progress.)

As more functions became needed, more administrative options were added. The development of the administrative portion was less of a revision process than it was an updating or expanding process.

The development of the web application resulted in an online information management system and online reviewing system that will most likely be re-used.

In addition, reports containing the completed reviews of all the situational assessment tools have been created by the web application. In fact, , most of the information in the web application used for the review process has been translated into the public online resource and catalogue of tools.

Figure 11: Tool Map Report



APPENDIX F: WEB INSTRUCTIONS FOR REVIEWING

The following outlines instructions for how to review a situational assessment tool using the web application. It is designed for the use of review panel members and to provide instructions and tips along the way. If you have any further questions that these points do not address, contact Admin Support for both technical and content related queries.

Getting Started

Note: Please keep in mind that you have signed a Confidentiality Agreement in relation to the Situational Assessment tools and the Review Process. After you have completed the review of a particular tool, especially proprietary tools, please delete it from your computer or destroy the paper copy.

1. Click on **Your Tools** (located at the left menu bar, or at the bottom of your screen).
2. This will show you which specific SA tool(s) you have been assigned to review (e.g., Tool X)
3. Click on the **Title** of the tool. This will open the Basic Information and Tool Resources related to Tool X.
4. Before you begin the review of Tool X, you should read through all the information related to the tool, contained in the **Tool Summary**, which is accessible on the left menu bar. You should also read through all the supporting documents related to that tool.
5. The **Tool Summary** contains: **Reliability & Validity, Plausibility, Practicality, Longevity, Availability, Fit, and Other Comments & Info**. To access each subsection, simply click on the title of that section in the toolbar to the left of the screen. The order of information in the tool summary follows that of the Review Criteria.

Tip: To manage the **Tool Summary and supporting documents**; the **online Review Criteria**; and the **tool itself**, it would probably be most simple to have the online Criteria as your main screen and the Tool Summary and supporting documents in a separate window. To do so, right click on the link to the Tool Summary file, and choose “Open Link in New Window.”

This will help you navigate through all the web pages and documents associated with the tool, while still reviewing the tool on your main internet page. In order that you don't have to open another browser window, it may be easiest to print off the tool itself.

Therefore, you are juggling at least 3 documents: the Online Review Criteria, the Tool Summary and supporting documents (in a separate window), and the tool itself - printed out in hardcopy.

6. On the right side of the screen, the **Tool Resources** will be listed (and this includes the tool itself). This includes such things as Evaluation results, Implementation Plans, Reports, etc. You should read through all supporting documents and resources related to the tool, before you begin your review. In some cases, only hardcopy materials will be available to you - in this case, the title will still appear in the list, but would not be “clickable”; instead, these documents will be sent to you by THCU Workplace Admin.
7. Before you begin the review of Tool X, you should have it available to you either electronically or on paper. If Tool X is available electronically, you can download it by clicking on the **Title** under **Tool Resources**.
8. When you click on Tool X, you can either save or open the file to your computer. You may want to print out a copy of the tool (and its supporting documents) so it is easier to read and review.
9. Once you have read through Tool X, the Tool Summary, and its Supporting documents, you are ready to review the tool!

Reviewing the Tool

Keep in mind that you are reviewing each tool with a partner. The Web application is set-up to accommodate both you and your partner’s answers and comments; however, you must come to agreement about the **Overall Assessment** of the review.

The process for reviewing a tool works like this: (more detailed instructions follow)

- *Read* SA tool & related resource materials assigned to you
 - *Review* SA tool individually according to the Review Criteria and using the Summary of information collected
 - *Share* review results with Partner
 - *Edit & discuss* results with Partner to, ideally, reach consensus on your overall recommendation
 - *Submit* Final Review
1. You and your partner review the tool separately. To begin the review of Tool X, click on **Review This Tool**. This page tells you who you will be reviewing the tool with. At this point, you cannot see what your partner’s responses are. There is also space here to add Notes to yourself regarding that particular tool (these notes will appear only to you on your **Home Page**, under **Your Tools**).
 2. Make sure to read the **Principles & Guidelines for Review** also located on the **Review This Tool** page. These guidelines are to help you review the tool fairly and to ensure (as much as possible) that all review panelists are reviewing tools according to the same principles.
 3. Before you begin to review any tool, make sure to read the **Review Criteria** all the way through. The **Review Criteria** can be downloaded off your main **Home Page**, under **Project Documents**.

Note: You can only “share” your tool review with your partner once your portion is complete. You cannot see your partner’s “shared” review if you have not completed and “shared” your own. Once you have “shared” your responses with your partner, they cannot be “un-shared.”

4. To begin the review of Tool X, click on **Stage 1: Reliability & Validity**, located on the left menu bar. As you work through the review, you will pass through **Stage 2: Plausibility**, **Stage 3: Practicality**, **Overall**, and finally, **Share & Notes**.
5. Read through each Criterion carefully and relate each question to the tool in review. You will also want to refer to the **Tool Summary** and any **supporting documents** that may accompany the tool.
6. Once you have made a decision about each criterion, input your answers directly into the Web application. Your answers will either be **Yes** or **No**, or **Good, Fair, Poor**, or **Info N/A**. You won’t see your partner’s responses for each criterion until you have “shared” your tool review.
7. There are two comments functions:
 - One comments box is the **On the Record** comments regarding you and your partner’s decision about each criterion. These comments must be agreed upon by both of you and finalized once the review of the tool is complete. You won’t see your partner’s responses in the comments box until you have “shared” your tool review. These comments will be very helpful in summarizing insights about the tool when it is written up for use by practitioners, should it end up in the “recommended” list.
 - The other comments box is the **Off the Record** comments, which you and your partner can use to discuss each criterion. These comments are only meant to be a dialogue between you and your partner, and will not be part of the final report. You won’t see your partner’s responses in the comments box until you have “shared” your tool review.

Note: You must press **SAVE** before you change your Web page (e.g., before you go “back” on your web browser). If you don’t press **SAVE**, the information you have entered into the Review will not be saved!

8. When you have completed your own review of the tool, you are then ready to “share” your responses with your partner (and vice versa). Even if you have “shared” your review, you will not be able to see your partner’s answers if they have not yet completed the review. To “share” your responses with your partner, go to **Share + Notes**, and check off “share.”
9. Now that you are both “sharing” the review of the tool, you have entered into the collaborative stage, where you can read each others **On the Record** and **Off the Record** comments, edit your answers, and discuss/argue your various points.

10. Although you and your partner might not (and don't have to) agree on each criterion, you must come to an agreement for the Overall Assessment of the tool.
11. If you and your partner cannot come to agreement regarding the Overall Assessment of the tool, contact Admin Support, and we will bring in a third party to review the tool and break the tie; they will do this prior to looking at your results and comments.
12. You don't have to review the tool all at once. If you make sure to **SAVE** all your information, you can come back to the tool and keep reviewing it at a later time.
13. Once you have completed the review of the tool, you can go back and edit your review over the next few days (whether or not it is in the "sharing" stage). After a set time (of which you will be notified), the review of the tool will be closed, and you can no longer make any changes. Admin Support will notify you if your deadline to finish is approaching.
14. Once both of you have decided on your final answers (**On the Record** comments included), you can now **Submit** the tool to THCU. Keep in mind that we will have the ability to go back to the tool and re-edit should there be problems that come up later on. All changes must be agreed upon by both partners. The final review version of the tool must be agreed upon by both partners, but just **SUBMITTED** by one.
15. If you have any problems, questions or comments, please direct them to Admin Support.

Part III

10. TOOL CATALOGUE

10.1 Using this Catalogue

General Advice for Using the Catalogue

There are various methods you can use to find the tools you are looking for in this catalogue. While you're looking for a tool, keep in mind the Principles of Good Practice in CWHP Situational Assessments (section 6) and Selecting a Situational Assessment Tool (section 7).

The tools in this catalogue are listed in alphabetical order, with a clearly marked recommended or promising label. Although the online resource has the capability to perform various searches (keyword and target), this print resource simply supplies the tool summaries in alphabetical order. In some cases, the tools themselves and additional resources are accessible free of charge and can be downloaded from the online resource, using the Resource Listing.

The icons in each tool summary represent the main characteristics and types that describe each tool. Use the icon legend to familiarize yourself with the meanings of each of the icons.

Advice for Specific Situations

I'm Not Sure What I'm Looking For

Simply browse the tool summaries, particularly the tool description and tool construction information.

I'm Looking for a Specific Type of Tool, or a Tool with Certain Characteristics

Find the icon(s) that represent your search (in the icon legend). Then, flip through the various tool summaries to find the tool(s) that are represented by your selected icon(s).

I Want to Compare Tools

Use Table 2: Summary of Characteristics of Recommended and Promising Tools. It illustrates the characteristics of each tool in relation to the other tools.

I Want to Compare the Effective, Plausible and Practical Rating of One Tool to Another

Use Table 3: Summary of the Effective, Plausible and Practical Ratings of the Recommended and Promising Tools. It illustrates how the Review Panel reviewed each tool in comparison to the other tools.

Information not Available

It should be noted that in a few instances, information is not available for particular tool characteristics (e.g., cost – many source organizations were wary to put a definitive “price tag” on their tool, as the cost can vary depending on many factors including the amount of customization required.) When information is not available in the catalogue, try contacting the developers or distributors of the tool to find out more (contact information is available in the tool summaries).

10.2 Icon Legend

Icons have been attached to particular tool characteristics to assist in identifying the attributes of each tool. The icons are used in Table 2: Summary of Characteristics of Recommended and Promising Tools, as well as in each tool summary. (See the glossary for definitions of these terms.)

Type of Tool			
	Current Practices Survey		Health Risk Assessment
	Interest Survey		Needs Assessment
	Organizational Culture Survey		
Rating			
	Recommended		Promising
Evaluation			
	Validity/Reliability evaluation conducted		
Access			
	Cost		No Cost
	Public Domain		Proprietary
	Made in Canada		
	Electronic Access		Paper Access
	Online Access		
	Language + (languages other than English and French)		French

Aspects of Comprehensive Workplace Health Promotion			
	Organizational Culture		Occupational Health and Safety
	Lifestyle Practices		
Implementation information			
	Employee Completion		Employer/Committee Completion
	Completion time over 30 minutes		Completion time of 10-30 minutes
	Completion time of 5-10 minutes		
	Internal Implementation (implemented by the workplace)		External Implementation (implemented by someone outside the workplace – e.g., consultant, company, etc.)

10.3 Summary of Characteristics of Recommended and Promising Tools

Table 2: Summary of Characteristics of Recommended and Promising Tools

Tool	Rating	Tool Available at THCU	Additional Resources	Current Practices Survey	Health Risk Assessment	Interest Survey	Needs Assessment	Organizational Culture Survey	Workplace Audit
BWell Employee Interest Survey									
Connex Health Risk and Productivity Assessment (CHRPAC®)									
Employee Engagement Survey									
Employee Feedback System (©EFS)									
Employee Health Survey									
Health at Work Needs Assessment Questionnaire									
HEALTH MONITOR™									
Healthy Hospital Employee Survey (©HHES)									
Heart Check									
HeartWorks Survey									
Improving Your Workplace Employee Survey									
NQI Employee Healthy Workplace Survey									
Organizational & Individual Health Survey									
Organizational Health Audit									
Organizational Health Survey									
Personal and Organizational Quality Assessment (POQA)									
Personal Wellness Profile™									

Tool	Rating	Tool Available at THCU	Additional Resources	Current Practices Survey	Health Risk Assessment	Interest Survey	Needs Assessment	Organizational Culture Survey	Workplace Audit
Questionnaire for Self-Assessment		★	★						
SF-36v.2									
STORM Index (Strategic Organizational Management Index)			★						
StressMap®									
TRALE Explorer (Online) & TRALE Backpack (Paper)									
Wellness Checkpoint			★						
Work Positive Risk Assessment Questionnaire			★						
Workplace Health Needs and Risks Survey			★						
Workplace Health Promotion Quality Assessment Questionnaire		★							
Workplace Overview Tool		★							
Workplace Physical Activity Framework (WPAF)		★	★						
Workplace Wellness Survey									

Table 2: Summary of Characteristics of Recommended and Promising Tools CONT'D

Tool	Evaluation Conducted	Cost	No Cost	Public Domain	Proprietary	Made in Canada	Electronic Access	Paper Access	Online Access
BWell Employee Interest Survey									
Connex Health Risk and Productivity Assessment (CHRPAC)									
Employee Engagement Survey									
Employee Feedback System (©EFS)									
Employee Health Survey									
Health at Work Needs Assessment Questionnaire									
HEALTH MONITOR™									
Healthy Hospital Employee Survey (©HHES)									
Heart Check									
HeartWorks Survey									
Improving Your Workplace Employee Survey									
NQI Employee Healthy Workplace Survey									
Organizational & Individual Health Survey									
Organizational Health Audit									
Organizational Health Survey									

Tool	Evaluation Conducted	Cost	No Cost	Public Domain	Proprietary	Made in Canada	Electronic Access	Paper Access	Online Access
Personal and Organizational Quality Assessment (POQA)									
Personal Wellness Profile™									
Questionnaire for Self-Assessment									
SF-36v.2									
STORM Index (Strategic Organizational Management Index)									
StressMap®									
TRALE Explorer (Online) & TRALE Backpack (Paper)									
Wellness Checkpoint									
Work Positive Risk Assessment Questionnaire									
Workplace Health Needs and Risks Survey									
Workplace Health Promotion Quality Assessment Questionnaire									
Workplace Overview Tool									
Workplace Physical Activity Framework (WPAF)									
Workplace Wellness Survey									

Table 2: Summary of Characteristics of Recommended and Promising Tools CONT'D

Tool	Language +	French	Organizational Culture	Occupational Health and Safety	Lifestyle Practices	Employee Completion	Employer/Committee Completion
							
BWell Employee Interest Survey							
Connex Health Risk and Productivity Assessment (CHRPAC®)							
Employee Engagement Survey							
Employee Feedback System (©EFS)							
Employee Health Survey							
Health at Work Needs Assessment Questionnaire							
HEALTH MONITOR™							
Healthy Hospital Employee Survey (©HHES)							
Heart Check							
HeartWorks Survey							
Improving Your Workplace Employee Survey							
NQI Employee Healthy Workplace Survey							
Organizational & Individual Health Survey							
Organizational Health Audit							
Organizational Health Survey							
Personal and Organizational Quality Assessment (POQA)							

Tool	Language +	French	Organizational Culture	Occupational Health and Safety	Lifestyle Practices	Employee Completion	Employer/Committee Completion
Personal Wellness Profile™	ENG+						
Questionnaire for Self-Assessment	ENG+						
SF-36v.2	ENG+						
STORM Index (Strategic Organizational Management Index)							
StressMap®	ENG+						
TRALE Explorer (Online) & TRALE Backpack (Paper)	ENG+						
Wellness Checkpoint	ENG+						
Work Positive Risk Assessment Questionnaire							
Workplace Health Needs and Risks Survey	ENG+						
Workplace Health Promotion Quality Assessment Questionnaire	ENG+						
Workplace Overview Tool							
Workplace Physical Activity Framework (WPAF)							
Workplace Wellness Survey							

Table 2: Summary of Characteristics of Recommended and Promising Tools CONT'D

Tool	Completion Time 30 + min.	Completion Time 10 - 30 min.	Completion Time 5 - 10 min.	Internal Implementation	External Implementation
BWell Employee Interest Survey					
Connex Health Risk and Productivity Assessment (CHRPAC®)					
Employee Engagement Survey					
Employee Feedback System (©EFS)					
Employee Health Survey					
Health at Work Needs Assessment Questionnaire					
HEALTH MONITOR™					
Healthy Hospital Employee Survey (©HHES)					
Heart Check					
HeartWorks Survey					
Improving Your Workplace Employee Survey					
NQI Employee Healthy Workplace Survey					
Organizational & Individual Health Survey					
Organizational Health Audit					
Organizational Health Survey					
Personal and Organizational Quality Assessment (POQA)					
Personal Wellness Profile™					

Tool	Completion Time 30 + min.	Completion Time 10 - 30 min.	Completion Time 5 - 10 min.	Internal Implementation	External Implementation
Questionnaire for Self-Assessment					
SF-36v.2					
STORM Index (Strategic Organizational Management Index)					
StressMap®					
TRALE Explorer (Online) & TRALE Backpack (Paper)					
Wellness Checkpoint					
Work Positive Risk Assessment Questionnaire					
Workplace Health Needs and Risks Survey					
Workplace Health Promotion Quality Assessment Questionnaire					
Workplace Overview Tool					
Workplace Physical Activity Framework (WPAF)					
Workplace Wellness Survey					

10.4 Summary of Effective, Plausible and Practical Ratings of Recommended and Promising Tools

The purpose of the Star Chart is to provide a summary of overall ratings (related to effectiveness, plausibility and practicality) for potential users that will help them to identify the situational assessment tools that may best meet their unique needs and requirements. Users are also encouraged to refer to the individual tool summaries for more specific information about each of the situational assessment tools rated below. The number of stars represents the total score of each reviewer for each major review criteria heading.

At the time of the review, a number of situational assessment tools either had not been evaluated, or did not provide enough information to allow the evaluations to be rated. Under the effectiveness rating (below) we have identified these tools by specifying “I.I.”, meaning “Insufficient Information” was available. Given that the majority of tools provided insufficient information, none of the overall ratings were impacted by this designation.

Summary Scale	
★★★★ Four stars - good from both reviewers	Therefore, the top score for any tool is four stars - a “good” rating from both reviewers. Three stars would equal a rating of “good” from one reviewer and “fair” from the other reviewer. Two stars would equal a rating of “fair” from both reviewers, and so on.
★★★ Three stars - good from one reviewer, fair from one reviewer	
★★ Two stars - good from one reviewer OR fair from both reviewers	
★ One star - fair from one reviewer AND poor from one reviewer	
No stars - poor from both reviewers	

Table 3: Effective, Plausible and Practical Ratings of Recommended and Promising Tools

Tool Name Organization	Effectiveness Rating	Plausibility Rating	Practicality Rating	Overall Rating
BWell Employee Interest Survey Buffett Taylor & Associates Ltd	★★★★	★★★★	★★★★	Recommended
Connex Health Risk and Productivity Assessment (CHRPAC®) Connex Health Consulting	★★★★	★★★★	★★★★	Recommended
Employee Engagement Survey Entec Corporation	I.I.	★★★★	★★★★	Recommended
Employee Feedback System (©EFS) Workplace Health Research Unit, Brock University	★★★★	★★★★	★★★★	Recommended
Employee Health Survey Simcoe Muskoka Health Unit	I.I.	★★★★	★★	Promising
Health at Work Needs Assessment Questionnaire Haldimand-Norfolk Health Unit	I.I.	★★★★	★★★★	Recommended
HEALTH MONITOR™ Summex Health Management	★★	★★★★	★★★★	Recommended
Healthy Hospital Employee Survey (©HHES) Ontario Hospital Association, in partnership with Workplace Health Research Unit, Brock University	★★★★	★★★★	★★★★	Recommended
Heart Check New York State Department of Public Health, Healthy Heart Program	★★★★	★★★★	★★★	Recommended
HeartWorks Survey Regional Niagara Public Health Department	I.I.	★★★★	★★★★	Recommended
Improving Your Workplace Employee Survey NRC + Picker Canada	★★★★	★★★	★★★★	Recommended

Table 3: Effective, Plausible and Practical Ratings of Recommended and Promising Tools
CONT'D

Tool Name Organization	Effectiveness Rating	Plausibility Rating	Practicality Rating	Overall Rating
NQI Employee Healthy Workplace Survey National Quality Institute	I.I.	★★★★★	★★★★★	Recommended
Organizational & Individual Health Survey Entec Corporation	I.I.	★★★★★	★★★★★	Recommended
Organizational Health Audit Tri Fit Inc.	I.I.	★★★★★	★★★	Promising
Organizational Health Survey Entec Corporation	I.I.	★★★★★	★★★	Recommended
Personal and Organizational Quality Assessment (POQA) HeartMath LLC	★★★★★	★★★★★	★★	Promising
Personal Wellness Profile TM Wellsorce, Inc.	★★★★★	★★★★★	★★★★★	Recommended
Questionnaire for Self-Assessment European Network for Workplace Health Promotion (ENWHP) ENWHP Secretariat	I.I.	★★	★★★★★	Promising
SF-36v.2 QualityMetric Incorporated	★★★★★	★★	★★	Promising
STORM Index (Strategic Organizational Management Index) Workplace Consultants Inc.	★★★★★	★★★★★	★★	Recommended
StressMap® Essi Systems Inc.	★★★★★	★★★★★	★★★★★	Recommended
TRALE Explorer (Online) & TRALE Backpack (Paper) TRALE, Inc.	★★★★★	★★★★★	★★★★★	Recommended
Wellness Checkpoint InfoTech Inc.	I.I.	★★★★★	★★★★★	Recommended
Work Positive Risk Assessment Questionnaire NHS Health Scotland	I.I.	★★★★★	★★★★★	Recommended
Workplace Health Needs and Risks Survey Health Canada	★★★★★	★★★★★	★★★★★	Recommended
Workplace Health Promotion Quality Assessment Questionnaire The National Centre for Workplace Health Promotion, The Nofer Institute of Occupational Medicine, Lodz, Poland	I.I.	★★★★★	★★	Promising
Workplace Overview Tool City of Hamilton, Public Health & Community Services Department	I.I.	★★	★★★★★	Promising
Workplace Physical Activity Framework (WPAF) The Alberta Centre for Active Living	★★★★★	★★★★★	★★★★★	Recommended
Workplace Wellness Survey Centre for Families, Work and Well-Being		★★	★★	Promising

TOOL LISTINGS

The 29 tools are presented below, in alphabetical order based on ORGANIZATION.

Workplace Physical Activity Framework (WPAF)	84
The Alberta Centre for Active Living	
BWell Employee Interest Survey	90
Buffett Taylor & Associates Ltd	
Workplace Wellness Survey	96
Centre for Families, Work and Well-Being	
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Connex Health Consulting	
Employee Engagement Survey	110
Entec Corporation	
Organizational Health Survey	116
Entec Corporation	
Organizational & Individual Health Survey	122
Entec Corporation	
Questionnaire for Self-Assessment	128
European Network for Workplace Health Promotion (ENWHP) ENWHP Secretariat	
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Essi Systems Inc.	
Health at Work Needs Assessment Questionnaire	140
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Health Canada	
Personal and Organizational Quality Assessment (POQA)	160
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New York State Department of Public Health, Healthy Heart Program	

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Workplace Health Promotion Quality Assessment Questionnaire	190
The National Centre for Workplace Health Promotion, The Nofer Institute of Occupational Medicine, Lodz, Poland	
NQI Employee Healthy Workplace Survey	196
National Quality Institute	
Improving Your Workplace Employee Survey	202
NRC + Picker Canada	
OHA Healthy Hospital Employee Survey (©HHES)	208
Ontario Hospital Association, in partnership with Workplace Health Research Unit, Brock University	
SF-36v.2	216
QualityMetric Incorporated	
Employee Health Survey	224
Simcoe Muskoka Health Unit	
HEALTH MONITOR™	230
Summex Health Management	
Employee Feedback System (©EFS)	236
Workplace Health Research Unit, Brock University	
TRALE Explorer (Online) & TRALE Backpack (Paper)	242
TRALE, Inc.	
Organizational Health Audit	248
Tri Fit Inc.	
Personal Wellness Profile™	254
Wellsource, Inc.	
STORM Index (Strategic Organizational Management Index)	260
Workplace Consultants Inc.	

Workplace Physical Activity Framework (WPAF)

Alberta Centre for Active Living



►► **RECOMMENDED**

Description

The Workplace Physical Activity Framework (WPAF) is for workplaces to assess their ability to promote and support physical activity to workplace employees. When used over time, the WPAF can show where resources can be best used for workplace physical activity promotion in order to create a cycle of continuous improvement.

Tool Construction

45 questions. Sections include:

Part 1. Groundwork: Management and Employee Commitment; Environment and Needs Assessment.

Part 2. Construction: The Individual Level: Knowledge, Attitude, and Skills; The Social Level: Enhancing Relationships; The Organizational Level: Leadership, Capacity, Will, and Infrastructure; The Community Level: Assets and Partnerships; The Policy Level: Current Physical Activity Policies and Drafting New Policies.

Part 3. Detailing: Program Administration; Safety and Risk Management.

Organizational Culture



Workplace Audit



Validity/Reliability Evaluation Conducted



No Cost



Public Domain



Made in Canada



Electronic Access



Online Access



Organizational Culture



Lifestyle Practices



Employer/Committee Completion



Completion Time over 30 minutes



Internal Implementation



Additional Resources

Development of an Ecological Assessment Tool for a Workplace Physical Activity Program Standard.

WPAF Program Standard (which contains the tool itself)

Contact Information

Education Coordinator
The Alberta Centre for Active Living
11759 Groat Road
Edmonton Alberta
T5M 3K6
www.centre4activeliving.ca

HISTORY

Current Status: Active

Developed: 2003

Adapted From/Built On

A literature search was done to compile best practices in workplace physical activity. The WPAF is modeled after the OHS (occupational health and safety) partnerships program audit. The Checklist of Health Promotion Environments at Worksites (CHEW) instrument (Oldenburg, Sallis, Harris, & Owen, 2002), was also consulted for guidance. For more information on the development of the WPAF, see the Development of an Ecological Assessment Tool for a Workplace Physical Activity Program Standard. This additional resource can be accessed through the online Resource Listing. Researched and developed by: Ron Plotnikoff, PhD, Associate Professor, University of Alberta; Allan Fein, MSc (PhD Cand.), University of Toronto; Leah Milton, BN, Workplace Health Consultant; Tricia Prodaniuk, BPE (Master's Cand.), University of Alberta; Val Mayes, HBOR (Master's Cand.), University of Alberta.

USERS

Intended Sectors/Sizes of Workplaces

Not size or sector specific.

Intended Users

The WPAF can be completed by a representative from HR, a wellness manager, a CEO, a representative from Occupational Health and Safety, a departmental manager, or a combination of people from these areas.

Known Users

Alberta Health and Wellness, Heart Health Coalitions in Southwestern Ontario, and the South Australian Physical Activity Strategy, Office for Recreation and Sport, South Australian Government.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace implements the tool on its own.

2. Workplace staff involvement

Individual employees may be asked for input in completing the tool to validate answers in the audit.

3. Workplace leader involvement

Whoever is completing the tool will require workplace leader support and input to complete the WPAF.

4. Collaborative aspects

No information available.

Time Involved

1. Time to complete tool

Approximately 30 minutes to complete the tool per person or in a group.

2. Time from distribution to presentation of results

Since only one copy of the tool is completed, the time varies based on how long it takes from completion of the tool to the presentation of results.

3. Recommended implementation cycle

Intended implementation cycle is annually.

Analysis Involved

1. Analysis completed by

In-house: Yes

External: No

The person or people who complete the audit also analyze or score it. This takes very little time, as it consists of simply tallying up the YES votes.

2. Process to analyze

Electronic: No

Manual: Yes

The audit has a very simple scoring system; the number of YES answers is tallied for each section.

3. Time to analyze

No information available.

4. Outcome of analysis

The outcome of analysis could be just the score sheet, but it is recommended that the person or people who complete and score the audit also write up a summary of the results.

B. Economics

Total Cost: \$0

Cost per unit/respondent: \$0

Workplace Resources Used

Time given to selected employees to complete survey.

C. Other Considerations

Supports for Implementation (materials and training)

The survey is contained within the WPAF Program Standard, which provides detailed instructions on how to complete and score the WPAF. This additional resource can be accessed through the online Resource Listing.

Customization

No customizations are offered.

Skills required to implement, and to analyze and report

The person or people who complete the WPAF must be familiar with the programs and policies of the workplace, or have that information easily accessible to them.

Languages: English

Tested for Cultural Appropriateness: No

Tested for literacy level: Yes

D. Access

Packaged, ready-to-use: Yes

How to access

The WPAF can be downloaded in PDF format from the Alberta Centre for Active Living Web site for free (www.centre4activeliving.ca). The WPAF can also be accessed through the online Resource Listing.

Restrictions or conditions of access or use

If the tool is used or adapted, please credit the Alberta Centre for Active Living.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: Yes

The results obtained through the various research and development components of the project strengthened content validity as key stakeholders, experts, and workplaces provided substantial guidance on the WPAAT and Program Standard.

Reliability: Yes

Inter-rater reliability was high, with the strongest agreement emanating from a large worksite department (50 employees) with a difference of 3 out of 45 points. A small worksite (8 employees) reported a difference of 6/45 points, a very large workplace (3800 employees) revealed a difference of 8/45 points, and a multi-site municipality (170 employees) had a difference of 17/45 points. The multi-site nature and diversity of workers in the municipality is likely the cause for the higher difference in scores for that workplace as the assessors worked in different departments. This further supports employing the Workplace Physical Activity Assessment Tool (WPAAT) for separate departments within large organizations. All WPAAT scores across all the worksites followed the same directional trend. For example, if one assessor provided a low rating at the individual level, the other paired assessor did as well, even if their scores differed by one or two points.

Formative Testing

Pilot testing: Yes

Consultations: Yes

Focus Groups: Yes

Process Evaluation

During development, feedback was given by reviewers (practitioners, stakeholders). Since development, however, the Alberta Centre for Active Living (who distributes the tool) has provided the tool for free and is available to all on their website. They have not been able to do any process evaluation because they have not received the funding to adequately track the tool. They have not, therefore, conducted any formal or informal process evaluation.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

The K.R. McLeroy et al. (1988) ecological model is mentioned as one of the theoretical underpinnings to the tool, as well Rogers' (1995) Diffusion Theory.

SELECTED REVIEW PANEL COMMENTS

Strengths

This is an excellent audit tool for workplaces to use to assess their ability to promote and support physical activity to workplace employees.

Questions follow a logical sequence that one would use in planning a comprehensive workplace health initiative.

Tool is readily accessible to workplaces from any location since the file is downloadable from the internet. Audit tool is available online for free and there is no cost to purchase, implement, or analyze it. It should be accessible to all large and small businesses, provided they have internet access.

The tool allows the workplace to complete the audit annually or whenever the organization goes through a significant transition. It can help an organization to develop and maintain a workplace physical activity program by creating a cycle of continuous improvement.

Limitations

The tool would be stronger if there was an explicit reference to a CWHP approach at the beginning of the program standard or audit tool.

Supporting documents indicate that the reading level is approximately grade 12, which may be a little high for some workplaces. The tool is not available in any languages other than English, and has not been reviewed for cultural appropriateness.

General Comments

The tool addresses two important components of a comprehensive workplace health approach; lifestyle practices (physical activity) and organizational culture. There is some reference to occupational health and safety under the section of the audit tool that deals with safety and risk management.

BWell Employee Interest Survey

Buffett Taylor & Associates Ltd.



►► **RECOMMENDED**

Description

This tool is used to gain insight into demographics and health interest areas of a particular employee group. It can also gauge barriers to participation and the varying employee perceptions of an organization's culture.

Tool Construction

1 section on over 30 topics of interest; 1 section on organizational culture; Logistics questions on time and program preferences.

Current Practices



Interest Survey



Organizational Culture



Validity/Reliability Evaluation Conducted



Cost



Proprietary



Made in Canada



Electronic Access



Paper Access



Online Access



French



Organizational Culture



Occupational Health and Safety



Lifestyle Practices



Employee Completion



Short Completion Time



Internal Implementation



Contact Information

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 Buffett Taylor & Associates Ltd.
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www.buffettaylor.com

HISTORY



Current Status: Active

Developed: 1998

Adapted From/Built On

None.

USERS



Intended Sectors/Sizes of Workplaces

Not size or sector specific.

Intended Users

All employees are encouraged to complete the survey.

Known Users

Buffett Taylor & Associates' 30+ client organizations, all Canadian.

PRACTICALITY ELEMENTS



A. Process

Who is Involved

1. Implemented by

The workplace implements the tool with Buffett Taylor's help and support.

2. Workplace staff involvement

A member of the workplace's staff would become the appointed head of the initiative. This might be a workplace wellness coordinator or manager, or someone from human resources, etc.

3. Workplace leader involvement

Workplace leaders are asked to market and support the initiative and to provide work time to employees for completion of the survey.

4. Collaborative aspects

Collaboration can happen with Public Health and with in-house experts in client organizations (i.e. Communications department, IT). For example, a Public Health unit can help with add-on HRA components. Public Health units are also given the opportunity to collaborate with Buffett Taylor. Buffett Taylor can and has worked some of the Public Health units' questions into the survey at the request of the workplace and Public Health unit. Other collaboration with Public Health can come in the form of a Public Health employee sitting on a workplace's Wellness Committee.

Time Involved

1. Time to complete tool

Approximately 10 minutes per employee.

2. Time from distribution to presentation of results

Typically takes 3 months. This includes a marketing period of 2 weeks that follows the development of the report and precedes the presentation of results.

3. Recommended implementation cycle

Annually. This allows the employer to re-assess the same areas in order to measure change in areas of interest and other measurable outcomes (like questions targeted to extract opinions in regards to organizational culture).

Analysis Involved

1. Analysis completed by

In-house: No

External: Yes

Buffett Taylor analyzes the data.

2. Process to Analyze

Electronic: Yes

Manual: Yes

The data is typically analyzed with Buffett Taylor's proprietary data collection tool. However, if a client has a specialized request that the data collection tool is not equipped to deal with Buffett Taylor does perform manual analysis.

3. Time to Analyze

Typically takes one week.

4. Outcome of Analysis

An aggregate report is prepared by Buffett Taylor and then subsequently presented to the workplace's Steering Committee and the Management team. The results are also kept on file to aid in programming and benchmarking exercises.

B. Economics

Total Cost: No information available.

Cost per unit/respondent: No information available.

Workplace Resources Used

Printing of survey when administered on paper and time given to employees to complete survey.

C. Other Considerations

Supports for Implementation (materials and training)

There are no supporting materials that accompany the tool, but Buffett Taylor provides consulting advice, marketing support, and IT support to the workplace.

Customization

Tool can be modified slightly to reflect nuances of the workplace.

Questions can be added or omitted.

Skills required to implement, and to analyze and report

For implementation, not applicable. Buffett Taylor completes the steps.

For analysis and reporting, not applicable. Buffett Taylor completes the steps.

Languages: English, French

Tested for Cultural Appropriateness: No

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

Contact Buffett Taylor and Associates Ltd. (See contact information above).

Restrictions or conditions of access or use

The tool is copyrighted.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: Yes

The survey was internally tested by Buffett Taylor, first in 1998 and then subsequently each year it has been re-tested. It was initially tested with a sample group of 30 respondents.

Reliability: Yes

The results indicate reliability. Buffett Taylor has found that they get the information they are looking for, but that it changes slightly as well – because it is interest that is being measured, and interests can shift or change.

Formative Testing

Pilot testing: Yes

The survey was pilot tested with Buffett Taylor's own staff in 1998.

Consultations: Yes

A committee of experts was informally consulted after original development.

Focus Groups: No

Process Evaluation

Buffett Taylor evaluates the following things each year:

- Year to year comparison (tracking of responses). This compares interest areas (have they changed and if so, why?) and compares areas of participation between departments or workplaces within one client organization.
- Barriers to completion.
- User satisfaction level with process.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

Employee interest, workplace theories, planning strategies, and general principles of health promotion.

SELECTED REVIEW PANEL COMMENTS

Strengths

Survey is easy to follow and has a consistent format.

Very practical tool though it is mainly an employee interest tool as opposed to a tool for assessing Health and Safety or organization climate/culture.

Broad scope of healthy life style related topics.

It is a very practical tool.

Report is succinct and good for program development.

Limitations

No comments provided.

General Comments

Includes employee health interests and health and lifestyle questions that are relevant to planning a wellness program. It contains a wide variety of questions related to CWHP.

Buffett does provide support for implementation and also encourages workplaces to contact local health unit for implementation.

Workplace Wellness Survey

Centre for Families, Work and Well-being



▶▶ **PROMISING**

Description

The Workplace Wellness Survey is designed to provide individuals and organizations with insight into their well-being and to facilitate and support a change process toward healthier individuals and organization.

Tool Construction

54 questions. Topics covered include: organizational values; questions about your job; health and safety concerns; work-life balance; personal life (care giving, nutrition, smoking, alcohol consumption, physical activity, sleep); and general information.

Current Practices



Organizational Culture



Validity/Reliability Evaluation Conducted



Cost



Proprietary



Made in Canada



Paper Access



Online Access



Organizational Culture



Lifestyle Practices



Employee Completion



Completion Time over 30 minutes



Internal Implementation



Contact Information

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Centre for Families, Work and Well-Being

<http://www.worklifecanada.ca/>

HISTORY

Current Status: Active

Developed: 2002

Adapted From/Built On

Developed through the Centre for Families, Work and Well-Being at the University of Guelph. Several tools are used including CARNET (support measures), Hoppock (for job satisfaction), SLOAN (WIL/LIW -- work life conflict measures).

USERS

Intended Sectors/Sizes of Workplaces

Not size or sector specific, though it has been used primarily in health care and municipal government environments.

Intended Users

All employees are encouraged to complete the survey.

Known Users

No information available.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace, with the help and support of the Centre for Families, Work and Well-Being (CFWW) and the Community Heart Health Network (HHN).

2. Workplace staff involvement

A staff member of the organization will act as “champion” for the survey. This person then organizes as necessary to advertise the survey in advance and act as a contact person for those who have questions about the survey, supported by the Heart Health Network. However, the survey is designed, posted, and data collected by the CFWW.

3. Workplace leader involvement

At least two meetings are held between organization representatives (usually managers), a representative of CFWW and a representative of HHN. At the first meeting, organization representatives are provided a precedent survey and asked to review it. A discussion then takes place as to what they would like to have included in the survey and what they would like to have removed. At the second meeting, the representatives are asked to confirm that the revised survey is appropriate. Again, discussions are held as to items they would like to have included or removed. The organization representatives must provide their approval on the final version of the survey before it will be administered.

4. Collaborative aspects

The survey is a joint effort between the CFWW and the HHN. The CFWW occasionally conducts organizational surveys using a version of the tool separately from the HHN.

Time Involved

1. Time to complete tool

Approximately 30 minutes per employee.

2. Time from distribution to presentation of results

Approximately 6 weeks.

3. Recommended implementation cycle

Every 3 years or after major changes in programming or structural changes in the workplace.

Analysis Involved

1. Analysis completed by

In-house: No

External: Yes

The survey is analyzed by CFWW grad students, staff and faculty.

2. Process to Analyze

Electronic: No

Manual: Yes

Manual analysis using SPSS.

3. Time to Analyze

Typically takes 2 weeks on a part-time basis.

4. Outcome of Analysis

Graduate students in Industrial/Organizational and/or Social Psychology create a report summarizing all of the questions included in the survey, which is then presented to a panel from the organization (managers, board of directors, union reps, etc.). The report includes findings from the survey and suggestions for actions to address any issues that arose. There is a standardized report and presentation format. For each client, a graduate student conducts the analysis (checks response rates, cleans the data, confirms reliabilities) and prepares the data files to be used for all reports (individual, unit, and organizational).

B. ECONOMICS

Total Cost: \$5,000 - \$10,000 (depending on number of reports).

Cost per unit/respondent: \$10 (plus a minimum survey set-up fee of \$2,000), employees usually complete the survey on work time.

Workplace Resources Used

Printing of survey when administered on paper and time given to employees to complete survey.

C. Other Considerations

Supports for Implementation (materials and training)

There is technical support available when placing the tool on the Web site and, in some cases, retrieving the data. No training is required; however, action planning concepts are discussed in the organizational presentation.

Customization

Tool can be modified slightly to reflect nuances of the workplace.

Skills required to implement, and to analyze and report

No information available on the skills required for implementation.

For analysis and reporting, the following skills are required:

- Data analytic skills;
- psychometric knowledge;
- statistical knowledge;
- knowledge of statistical software (typically SPSS);
- knowledge of WORD, EXCEL, POWERPOINT;
- attention to detail and ability to interpret and see patterns in data.

Languages: English

Tested for Cultural Appropriateness: No

Tested for literacy level: Yes. It is currently at a grade 12 reading level.

D. Access

Packaged, ready-to-use: Yes

How to access

Contact Dr. Peter Hausdorf (See contact information above).

Restrictions or conditions of access or use

Yes. The tool must be used through Dr. Peter Hausdorf.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: Yes

There has been some structural equation modeling conducted by Peter Hausdorf and an MA student, Melissa Warner, in 2003.

Reliability: Yes

Overall the results of reliability testing were good. The work demands scale, however, scored Cronbach alpha less than 0.7. This scale was developed with items drawn from a larger job stress measure but the reliabilities were low. To address this issue, they have since developed a new measure of workload because of its importance. It contains four items (1. I have too much work to do; 2. My job requires me to work very fast; 3. My job leaves me with little time to get everything done; 4. I don't have time to take an occasional break). Cronbach alpha is .76.

Formative Testing

Pilot testing: No

Consultations: Yes

Consultations were held with various faculty experts and extensive consultation with dietitians and others.

Focus Groups: Yes

Measures were developed or selected in the first two workplaces, with workplace focus groups.

Process Evaluation

Internal evaluation was conducted through the HHN with the help of graduate students at one of the sites. There are also periodic informal reviews with workplaces on implementation of plans developed through the survey process.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

Individual behavior change and healthy workplace theories.

SELECTED REVIEW PANEL COMMENTS

Strengths

The tool covers all of the domains of CWHP: health and safety, lifestyle practices and organizational culture. The good aspects are the articulation of how the employee perceives the workplace environment, managers, supervisors, and co-workers and identifies trouble spots for action. The Work-Life profile is quite good in focusing on both individual and general workplace needs.

The Work-Life profile is quite good. Individuals should find it useful - it provides a reason to make some positive health changes.

The highlights of the tool were the collaborative structure and way of reporting data that could lead to changes if everyone felt included.

Limitations

The reviewers had some concerns that questions about the employees' personal life might be considered intrusive, and not be answered.

Definitely cannot be used with low literacy employees or employees with limited English in its present form.

The chief drawback of the tool was the validity of the questions.

General Comments

It seems that the tool is a 'work in progress' that will continue to undergo modification as its application increases.

Connex Health Risk and Productivity Assessment (CHRNA[®])

Connex Health Consulting



►► **RECOMMENDED**

Description

The tool assesses individual and organizational health needs, interests, and preferences; identifies program priorities; and it provides a baseline for future measurement.

Tool Construction

Section 1: About You - 5 questions (age, sex, type of work, rate your health, barriers to improving health)

Section 2: About Your Lifestyle Habits – 40 questions (lifestyle habits, stage of change and interest in programs for BMI, nutrition, activity, sleep, work and home stress and coping, what could employer do to decrease stress social, shift work, smoking, alcohol)

Section 3: About Your Health – 46 questions (family history of diseases, current diagnosis of diseases, diseases requiring medication, self care practices for annual medical, dental, know your cholesterol and blood pressure, self examinations, risk factors for asthma, COPD, osteoporosis, and impact of disease on productivity and personal activity levels)

Section 4: About Your Work and Home Life – 12 questions (marital status, dependent children, Work interference with Family, Family interference with Work, impact of parenting/care giving on work and personal health)

Section 5: Mental Health – 5 questions (family history, symptoms, risk factors for anxiety/bipolar)

Section 6: Health in Your Workplace – 10 questions (air quality, business culture, job satisfaction, recommend workplace)

Section 7: About Your Interest in Workplace Health Programs – 11 questions (interest level, specific program interest, delivery format preference, time preference, barriers, willingness to volunteer, willingness to pay a fee, manager support for employee participation)

Contact Information

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 www.connexhc.com

Current Practices



Interest Survey



Needs Assessment



Organizational Culture



Validity/Reliability Evaluation Conducted



Cost



Proprietary



Made in Canada



Electronic Access



Paper Access



Online Access



French



Organizational Culture



Occupational Health and Safety



Lifestyle Practices



Employee Completion



Long Completion Time



External Implementation



HISTORY

Current Status: Active

Developed: 2002

Adapted From/Built On

Recognized tools and standards have been inserted in specific sections of the tool.

Below is a summary, but not complete list of those tools:

Health Canada -- Body Mass Index and Waist Circumference

Canada's Food Guide to Healthy Eating

Canada's Physical Activity Guide to Healthy Active Living

Dr. Martin Shain's Business Health Culture Index (BHCI)

Cage Questions from Pub Med for Alcohol

Work Productivity and Activity Impairment Questionnaire -- General Health (WPAI-GH) from the Gold Book (Mercer and IHPM)

Lung Association -- 30 Second Asthma Test

COPD Patient Administered Questionnaire Initial Assessment

The Osteoporosis Society of Canada -- questions on osteoporosis

Canadian Mental Health Association -- What's Your Stress Index

Canadian Mental Health Association -- What are the signs of Depressive Illness?

USERS

Intended Sectors/Sizes of Workplaces

Medium to large workplaces (> 200+ employees)*

* A small group HRA is under development.

Intended Users

All employees are encouraged to complete the survey.

Known Users

Connex Health Consulting is the National Quality Institute's preferred provider.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

Connex Health Consulting, with the help and support of the workplace.

2. Workplace staff involvement

The workplace's healthy workplace committee or a core team of workplace representatives helps determine customizations, distribution logistics, promotional strategies, and incentives. Connex also encourages workplaces to involve their employees in a "Name our Healthy Workplace Program" contest, which offers a prize for the best suggested name. This is a promotional activity and gets the employees directly involved early on.

3. Workplace leaders involvement.

Leaders are to approve, encourage, and support the completion of the tool. As well, the CEO typically initiates the process with an introductory letter and would advise managers to support the initiative.

4. Collaborative aspects

Collaboration might include:

- NQI refers clients to Connex who are interested in an HRA.
- Public health materials are used in some cases for Connex's client launches.
- Service providers are used for some program delivery.
- Nurses (provided by Connex) are used for screening clinics.
- Pharmaceutical companies are used for disease management programs.

Time Involved

1. Time to complete tool

Approximately 40 minutes per employee.

2. Time from distribution to presentation of results

Typically between 2-3 months. This is affected by the number and location of workplace satellite locations, diversity of population, access to computers, the communication process (i.e. a workplace's ability to approve and produce communication) and the approval process.

3. Recommended implementation cycle

Every 2-5 years.

Analysis Involved

1. Analysis completed by

In-house: No

External: Yes

Connex analyzes the data.

2. Process to Analyze

Electronic: Yes

Manual: Yes

The data is analyzed electronically with Connex's custom software, but commentary and final recommendations are provided manually. As well, if the tool has been completed in hardcopy format, Connex has to enter in the data manually for the workplace at a cost of \$25/hr.

3. Time to Analyze

Typically takes 3 weeks.

4. Outcome of Analysis

Both aggregate and individual reports are available. The aggregate report is presented to the Wellness Committee or whatever team Connex has been in contact with at the workplace. The results are presented via power point with recommendations for programming to core team and Wellness Committee based on identified needs, interests, and stages of readiness. After results are provided the client typically receives a proposal for programming and they sign a contract to provide the priority programs that satisfy their needs and budget. It includes aggregate data per question and graphs. For the online version, individual reports are available immediately after the tool has been completed.

B. Economics

Total Cost: No information available.

Cost per unit/respondent: No information available.

Workplace Resources Used

Printing of survey when administered on paper and time given to employees to complete survey.

C. Other Considerations

Supports for Implementation (materials and training)

If a workplace is implementing the survey with Connex's support, no supporting materials are needed. Connex is involved in every aspect of the implementation process and they also provide the orientation of stakeholders, training of wellness committee, and consultation with senior executives. If someone wants to use the tool without Connex's support, however, the wholesaling of Connex's products/service process would have to be negotiated.

Customization

Tool can be modified slightly to reflect nuances of the workplace.

Skills required to implement, and to analyze and report

For implementation, not applicable. Connex completes all of the steps.

For analysis and reporting, not applicable. Connex completes all of the steps.

Languages: English (French can be made available)

Tested for Cultural Appropriateness: Yes

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

Contact Connex Health Consulting (See contact information above).

Restrictions or conditions of access or use

The tool is copyrighted.

EFFECTIVENESS ELEMENTS



Evaluation

Reliability and Validity

Validity: Yes

Reliability: Yes

Each tool that Connex selected (to be part of the Connex Health Risk Assessment) was previously validated. Other measures were often based on Canadian National Standards. For instance, sections like blood pressure and cholesterol are based on standards published by the Canadian Medical Association, Health Canada, etc.

Formative Testing

Pilot testing: Yes

The tool was piloted in two workplaces. The pilot test was conducted by Connex and Connex has worked extensively with these workplaces prior to implementation and after.

Consultations: Yes

Medical and consultative advisory panel assisted in selecting the survey questions, overall review of survey, question standards and final consensus of approval.

Focus Groups: Yes

Process Evaluation

Survey responses are evaluated by Connex for each employer. There is also feedback on the survey from users (employer and employee) that provides data for ongoing evaluation of tool. Initial employee feedback deemed it satisfactory. There is also annual process evaluation that is conducted by Connex's ongoing advisory panel.

PLAUSIBILITY ELEMENTS



Theoretical Underpinnings

Philosophy of a healthy workplace (healthy lifestyles and job satisfaction improve health, reduce chronic disease, absenteeism and improve productivity), James Prochaska's Stages of Change, and Health Belief Theory.

SELECTED REVIEW PANEL COMMENTS

Strengths

Well-researched tool with many valid methods.

18 evidence-based survey tools are referenced in the CHRPHA - all have been tested for reliability and validity.

Layered pre-survey communication promotes survey in a positive manner.

Well-defined analysis done by Connex.

Limitations

There are many very specific questions - some participants may be intimidated by the complexity of information asked.

May be a limited tool in workplaces with limited access to online resources.

General Comments

Provides combined picture of employee and organizational health with recommendations for workplace health programming (includes budget projections).

Employee Engagement Survey

Entec Corporation

►► **RECOMMENDED**



Description

The Employee Engagement Survey is used to improve employees' working experiences and thereby increase their satisfaction, motivation, commitment and performance.

Tool Construction

5 sections, which include the following topics: My Department; My Manager; Corporate Practices and Policies; Mission and Values; and Personal Thoughts and Feelings. There are also 3 open-ended questions.

Organizational Culture



Needs Assessment



Validity/Reliability Evaluation Conducted



Cost



Proprietary



Made in Canada



Organizational Culture



Paper Access



Online Access



French



Medium Completion Time



Employee Completion



External Implementation



Contact Information

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www.EmployeeOnlineSurvey.com

HISTORY

Current Status: Active

Developed: 1999

Adapted From/Built On

The Emotional Engagement Survey was built on the Organizational Health Survey (Entec Corp). Through input from psychiatrists and other research, existing psychometric tools were added onto the Organizational Health Survey:

- Dr. Herbert J. Freudenberger's 15 point burnout scale. Dr. Freudenberger was a research psychologist who first coined the phrase "burnout" and wrote the book "Burnout: The High Cost Of High Achievement.
- Dr. Stephen Stahl's measurements for depression and substance abuse. Dr. Stahl is a psychiatrist from the University of Southern California who is credited for identifying neuro-chemicals that are associated with mood and behaviour.

USERS

Intended Sectors/Sizes of Workplaces

Not size or sector specific.

Intended Users

All employees are encouraged to complete the survey.

Known Users

Atlantic Blue Cross Care, Banana Republic, Enbridge Consumers Gas, Durham Region, Gap Inc. Canada, Georgian College, North York General Hospital, Old Navy, York University.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

Entec, with the help and support of the workplace.

2. Workplace staff involvement

Individuals (everybody in the workplace, from top to bottom) are involved at the post survey action planning and implementation phases (such as implementation planning workshops).

3. Workplace leader involvement

Senior managers review the tool and provide minor amendments to the wording to ensure the tool reflects the nuances of their business. They are also involved in the pre-survey communication process through discussions with their staff to ensure that there is complete understanding and opportunity for questions to be answered regarding the survey, the process and the outcomes. Entec always obtains senior management commitment for follow up action. Commitment is secured in writing. Entec will not implement the survey if there is no commitment before starting.

4. Collaborative aspects

Outside of collaboration between Entec and the workplace, there is no other collaboration. If there is a union, the union is brought into the process at the very beginning to ensure that they are a partner in the project.

Time Involved

1. Time to complete tool

Approximately 10 minutes per employee.

2. Time from distribution to presentation of results

Varies between 8-10 weeks. This is dependent on the number of employees and whether a paper or an internet survey is used. This time includes the preparation of the final survey report including recommendation for follow up action.

3. Recommended implementation cycle

Every year or two.

Analysis Involved

1. Analysis completed by

In-house: No

External: Yes

Entec completes all aspects of the analysis.

2. Process to analyze

Electronic: Yes

Manual: Yes

Entec scans paper copies of the completed surveys using high speed scanners. For online copies, the internet survey data drops into the database automatically and all of the data is analyzed electronically. Both custom software and SPSS are used to prepare the statistical reports.

3. Time to analyze

Four weeks.

4. Outcome of analysis

Statistical reports are generated by a research analyst based on specific instructions for the project. A professional consultant with expertise in organizational development, strategic management and leadership prepares the survey report. Reports are prepared that provide results by job levels and job functions. For example, in a hospital, this type of analysis will provide data for different levels of managers, various union groups (Ontario Nurses Association - ONA, Services Employee International Union - SEIU) non-union positions, part-time, full-time etc., as well as by all the divisions and departments. This type of analysis is provided for every organization and it reflects their unique job level or job function structure. Reports are generated to provide data starting from the top and then layered down the organization to the individual work units. For example, a report will show the results for an individual Vice President (i.e. his or her total group) then for each Director in that group cascading down to Managers and Supervisors, while maintaining confidentiality.

B. Economics

Total Cost: No information available.

Cost per unit/respondent: No information available.

Workplace Resources Used

Time given to employees to complete survey.

C. Other Considerations

Supports for Implementation (materials and training)

No supports needed because the survey is implemented by Entec.

Customization

Tool can be slightly modified to reflect the nuances of the workplace.

Skills required to implement, and to analyze and report

For implementation, not applicable. Entec completes all steps.

For analysis and reporting, not applicable. Entec completes all steps.

Languages: English, French

Tested for Cultural Appropriateness: No

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

Contact Entec Corporation (See contact information above).

Restrictions or conditions of access or use

The tool is copyrighted. As well, senior management of a workplace must commit to follow up implementation.

EFFECTIVENESS ELEMENTS



Evaluation

Reliability and Validity

Validity: No

The psychometric portions of the tool were previously tested. For example, Dr. Freudenberger's scale had undergone comprehensive testing and was subsequently used in clinical practice with over 100,000 patients. The Employee Engagement Survey did not undergo formal validity testing. However, Entec conducted testing in concert with their clients, where they compared the survey results to the key business performance indicators used by the organization. There is a direct "link to business results and employee commitment" with all of the client organizations Entec has worked with.

Reliability: Yes

The reliability testing was conducted by the Research Services Unit at Georgian College. The questions in the survey had a reliability quotient that ranged from 0.88-0.96.

Formative Testing

Pilot testing: Yes

Consultations: Yes

Focus Groups: No

Formative testing comprised a rigorous process that included focus groups, modeling, followed by focus groups, testing, pilots, and then introduction into the market.

Process Evaluation

Response rates have been between 82%-95% and where the surveys were repeated in an organization in subsequent years the response rates were always higher than in the preceding years. Due to these very high response rates it was determined that process evaluation was not necessary.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

The tool references the role of emotional well-being within the context of the organizational practices and leadership behaviour.

SELECTED REVIEW PANEL COMMENTS

Strengths

Average 90% response rate, which is excellent.

Limitations

No comments provided.

General Comments

Entec conducted testing with clients - business performance indicators used by the organization. Vigorous testing done with focus groups.

No formal validity testing conducted. It was tested with clients. Reliability quotient was 0.88 to 0.96.

The tool references the role or link between emotional well-being and organizational practices and leadership behaviour.

Statistical reports are developed. A professional consultant with expertise in organizational development, strategic management and leadership prepares the survey report.

Organizational Health Survey

Entec Corporation

►► **RECOMMENDED**



Description

The Organizational Health Survey is used to improve employees' working experiencing and thereby increasing their satisfaction, motivation, commitment and performance.

Tool Construction

4 sections, which include the following topics: My Department; My Manager; Corporate Practices and Policies; and Mission and Values. There are also 3 open-ended questions.

Organizational Culture



Needs Assessment



Validity/Reliability Evaluation Conducted



Cost



Proprietary



Organizational Culture



Paper Access



Online Access



Made in Canada



French



Medium Completion Time



Employee Completion



External Implementation



Contact Information

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HISTORY

Current Status: Active

Developed: 1996

Adapted From/Built On:

None.

USERS

Intended Sectors/Sizes of Workplaces

Not size or sector specific.

Intended Users

All employees are encouraged to complete the survey.

Known Users

ACT Canada Inc.; Almag Aluminum; Atlantic Blue Cross Care; ATC Frost Magnetics; Guelph Hydro; Hamilton Community Care Access Centre; International SEMATECH (Austin Texas); Laser Networks; London Hydro; Novopharm; Scarborough Hydro (now part of Toronto Hydro); Soft Signs Inc.; The Hospital for Sick Kids Foundation.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

Entec, with the help and support of the workplace.

2. Workplace staff involvement

Individuals (everybody in the workplace, from top to bottom) are involved at the post-survey action planning and implementation phases (such as the implementation planning workshops).

3. Workplace leader involvement

Senior managers review the tool and provide minor amendments to the wording to ensure the tool reflects the nuances of their business. They are also involved in the pre-survey communication process through discussions with their staff to ensure that there is complete understanding and opportunity for questions to be answered regarding the survey, the process and the outcomes. Entec always obtains senior management commitment for follow up action. Commitment is secured in writing. Entec will not implement the survey if there is no commitment before starting.

4. Collaborative aspects

Only the client organization is involved. If there is a union, the union is brought into the process at the very beginning to ensure that they are a partner in the project.

Time Involved

1. Time to complete tool

Under 10 minutes per employee.

2. Time from distribution to presentation of results

Typically between 8-12 weeks.

3. Recommended implementation cycle

Either annually or every two years.

Analysis Involved

1. Analysis completed by

In-house: No

External: Yes

Entec completes all analysis.

2. Process to analyze

Electronic: Yes

Manual: Yes

Entec scans paper copies of the completed surveys using high speed scanners. For online copies, the internet survey data drops into the database automatically and all of the data is analyzed electronically. Both custom software and SPSS are used to prepare the statistical reports.

3. Time to analyze

Four weeks.

4. Outcome of analysis

Statistical reports are generated by a research analyst based on specific instructions for the project. A professional consultant with expertise in organizational development, strategic management and leadership prepares the survey report. Reports are prepared that provide results by job levels and job functions. For example, in a

hospital, this type of analysis will provide data for different levels of managers, various union groups (Ontario Nurses Association - ONA, Service Employee International Union - SEIU) non-union positions, part-time, full-time etc., as well as by all the divisions and departments. This type of analysis is provided for every organization and it reflects their unique job level or job function structure. Reports are generated to provide data starting from the top and then layered down the organization to the individual work units. For example, a report will show the results for an individual Vice President (i.e. his or her total group) than for each Director in that group cascading down to Managers and Supervisors, while maintaining confidentiality.

B. Economics

Total Cost: No information available.

Cost per unit/respondent: No information available.

Workplace Resources Used

Printing of survey when administered on paper and time given to employees to complete survey.

C. Other Considerations

Supports for Implementation (materials and training)

Not applicable. Entec implements all steps.

Customization

Tool can be slightly modified to reflect the nuances of the workplace.

Skills required to implement, and to analyze and report

For implementation, not applicable. Entec completes all steps.

For analysis and reporting, not applicable. Entec completes all steps.

Languages: English, French

Tested for Cultural Appropriateness: No

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

Contact Entec Corporation (See contact information above).

Restrictions or conditions of access or use

The tool is copyrighted. As well, senior management of a workplace must commit to follow up implementation.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: No

Entec conducted testing where the survey results were compared to the performance of the organization, however no formal validity testing was done. For example, Entec surveyed three electric utilities of similar size and similar customer profile (ratio of residential to business customers). There was a direct correlation between the survey results and the financial performance of each utility. It was evaluated as a whole, rather than question by question.

Reliability: Yes

The reliability testing was conducted by the Research Services Unit at Georgian College. Entec waited to conduct the reliability testing until they had a large employee number. This was done two years later by the Research Services Unit at Georgian College with a client of 3,500 employees. There was a paper written on three utilities and presented at the American Water Works Association (an association of water and electric utilities) Annual Conference in Chicago in 1998.

Formative Testing

Pilot testing: Yes

Consultations: No information available.

Focus Groups: Yes

All of the testing was conducted during the development stage. This comprised a rigorous process that included focus groups, modeling, followed by focus groups, testing, pilots and then introduction into the market.

Process Evaluation

Response rates have been between 82%-95% and where the surveys were repeated in an organization in subsequent years the response rates were always higher than in the preceding years. Due to these very high response rates it was determined that process evaluation was not necessary.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

The team of experts and academics came up with the model. The model initially started out as an organizational health model, based on leadership behavioural research and basic organizational development principles.

SELECTED REVIEW PANEL COMMENTS

Strengths

This is an excellent tool to assess organizational culture.

Questions are concise and straightforward.

There is evidence of a high response rate with this survey (averaging 82% to 95%).

There are several pre-scripted, pre-implementation communication messages that are available for organizations to use. Directions for implementation are easy to follow and self-explanatory.

There is also a requirement for commitment by senior administration to enter into an agreement with Entec that ensures follow-up mechanisms and strategies are part of the actual plan.

Limitations

The link to a comprehensive wellness strategy is not well defined.

There has been no formal review of the survey for literacy and cultural appropriateness.

General Comments

No comments provided.

Organizational & Individual Health Survey

Entec Corporation

▶▶ **RECOMMENDED**



Description

The Organizational & Individual Health Survey is used to improve employees' working experiencing and thereby increasing their satisfaction, motivation, commitment and performance. In order to meet this purpose, the tool uses the following methods to obtain specific data from employees:

- Establishes a benchmark of best practices in an organization
- Measures employee engagement
- Measures leadership capability
- Identifies the nature of workplace practices at the department level
- Identifies the nature of corporate practices that impact all employees equally
- Measures mission and organizational values
- Measures the emotional well-being of employees

Tool Construction

5 sections, which include the following topics: My Department; My Manager; Corporate Practices and Policies; Mission and Values; and Personal Thoughts and Feelings. There are also 3 open-ended questions.

Contact Information

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Current Practices



Organizational Culture



Validity/Reliability Evaluation Conducted



Cost



Proprietary



Made in Canada



Paper Access



Online Access



French



Organizational Culture



Employee Completion



Completion Time of 5 – 10 minutes



External Implementation



HISTORY

Current Status: Active

Developed: 2002

Adapted From/Built On:

The Organizational & Individual Health Survey emerged as a part of an evolutionary process that was designed to improve the Organizational Health Survey. Through input from psychiatrists and other research, existing psychometric tools were added onto the Organizational Health Survey, first Dr. Herbert J. Freudenberger's 15 point burnout scale. Dr. Freudenberger was a research psychologist who first coined the phrase "burnout" and wrote the book "Burnout: The High Cost Of High Achievement." A year later a measurement for depression and substance abuse were added. These were based on the work of Dr. Stephen Stahl a psychiatrist from the University of Southern California who is credited for identifying neuro-chemicals that are associated with mood and behaviour. This completed the tool so that four organizational factors: department/local practices, leadership behaviour, corporate practices and mission and values were measured together with depression, burnout and addiction, all in one integrated and seamless tool.

USERS

Intended Sectors/Sizes of Workplaces

Not size or sector specific.

Intended Users

All employees are encouraged to complete the survey.

Known Users

Atlantic Blue Cross Care, Banana Republic, Enbridge Consumers Gas, Gap Inc. Canada, Georgian College, Hamilton Community Care Access Centre, Old Navy, York University.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

Entec, with the help and support of the workplace.

2. Workplace staff involvement

Individuals (everybody in the workplace, from top to bottom) are involved at the post-survey action planning and implementation phases (such as the implementation planning workshops).

3. Workplace leader involvement

Senior managers review the tool and provide minor amendments to the wording to ensure the tool reflects the nuances of their business. They are also involved in the pre-survey communication process through discussions with their staff to ensure that there is complete understanding and opportunity for questions to be answered regarding the survey, the process and the outcomes. Entec always obtains senior management commitment for follow up action. Commitment is secured in writing. Entec will not implement the survey if there is no commitment before starting.

4. Collaborative aspects

Only Entec and the client organization are involved. If there is a union, the union is brought into the process at the very beginning to ensure that they are a partner in the project.

Time Involved

1. Time to complete tool

Approximately 10-15 minutes.

2. Time from distribution to presentation of results

Typically between 8-12 weeks.

3. Recommended implementation cycle

Either annually or every two years.

Analysis Involved

1. Analysis completed by

In-house: No

External: Yes

Entec completes all analysis.

2. Process to analyze

Electronic: Yes

Manual: Yes

Entec scans paper copies of the completed surveys using high speed scanners. For online copies, the internet survey data drops into the database automatically and all of the data is analyzed electronically. Both custom software and SPSS are used to prepare the statistical reports.

3. Time to analyze

Four weeks.

4. Outcome of analysis

Statistical reports are generated by a research analyst based on specific instructions for the project. A professional consultant with expertise in organizational development, strategic management and leadership prepares the survey report. Reports are prepared that provide results by job levels and job functions. For example, in a hospital, this type of analysis will provide data for different levels of managers, various union groups (Ontario Nurses Association - ONA, Service Employee International Union - SEIU) non-union positions, part-time, full-time etc., as well as by all the divisions and departments. This type of analysis is provided for every organization and it reflects their unique job level or job function structure. Reports are generated to provide data starting from the top and then layered down the organization to the individual work units. For example, a report will show the results for an individual Vice President (i.e. his or her total group) than for each Director in that group cascading down to Managers and Supervisors, while maintaining confidentiality.

B. Economics

Total Cost: No information available.

Cost per unit/respondent: No information available.

Workplace Resources Used

Printing of survey when administered on paper and time given to employees to complete survey.

C. Other Considerations

Supports for Implementation (materials and training)

Not applicable. Entec implements all steps.

Customization

Tool can be slightly modified to reflect the nuances of the workplace.

Skills required to implement, and to analyze and report

For implementation, not applicable. Entec completes all steps.

For analysis and reporting, not applicable. Entec completes all steps.

Languages: English, French

Tested for Cultural Appropriateness: No

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

Contact Entec Corporation (See contact information above).

Restrictions or conditions of access or use

The tool is copyrighted. As well, senior management of a workplace must commit to follow up implementation.

EFFECTIVENESS ELEMENTS



Evaluation

Reliability and Validity

Validity: No

The psychometric portions of the tool were previously tested. For example, Dr. Freudenberger's scale had undergone comprehensive testing and was subsequently used in clinical practice with over 100,000 patients. The Organizational & Individual Health Survey did not undergo formal validity testing. However, Entec conducted testing in concert with their clients, where they compared the survey results to the key business performance indicators used by the organization.

Reliability: Yes

The reliability testing was conducted by the Research Services Unit at Georgian College. The questions in the survey had a reliability quotient that ranged from 0.88-0.96.

Formative Testing

Pilot testing: Yes

Pilot testing was conducted during the development of the tool. The tool was tested in several organizations and assessed by the team and the senior management of these organizations.

Consultations: Yes

Consultations were conducted during the development of the tool. Entec assembled a team of professional representing a wide variety of disciplines.

Focus Groups: Yes

Process Evaluation

Response rates have been between 82%-95% and where the surveys were repeated in an organization in subsequent years the response rates were always higher than in the preceding years. Due to these very high response rates it was determined that process evaluation was not necessary.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

The tool references the role of emotional well-being within the context of the organizational practices and leadership behaviour.

SELECTED REVIEW PANEL COMMENTS

Strengths

Very good participation rates - anywhere from 82% to 95%.

Implementation seems very straightforward.

Limitations

Evaluation of this tool does not qualify a “yes” under the validity criteria [although reliability testing was conducted, formal validity testing was not done].

General Comments

Use of this tool would be the first step in any project that involved developing and introducing new training programs, health promotion programs or change programs.

The tool has not been formally tested for literacy levels but questions are short and simple. It has been used in organizations with multiple nationality companies with fairly low levels of education. The response rate has been very good despite these factors.

Questionnaire for Self-Assessment

European Network for Workplace Health Promotion (ENWHP)

▶▶ **PROMISING**



Description

The tool should be used to analyze the current status of workplace health promotion activities within an enterprise/organization with a view to start/improve workplace health promotion activities.

Tool Construction

27 questions. Sections include: Workplace Health Promotion and Corporate Policy; Enablers; Human Resources and Work Organization; Workplace Health Promotion Planning; Social Responsibilities; and Workplace Health Promotion Implementation.

Organizational Culture



Workplace Audit



No Cost



Public Domain



Paper Access



Online Access



Language + (other than English and French)



French



Organizational Culture



Employer/Committee Completion



Long Completion Time



Internal Implementation



External Implementation



Additional Resources

EFQM: Introducing Excellence

Questionnaire for Self-Assessment (tool itself)
[Access online tool at www.enwhp.org]

To access the tool from the ENWHP website click on “WHP in your Company! Questionnaire for Self Assessment. Put it to the test!”

Contact Information

Dr. Reinhold Sochert

European Network for Workplace Health Promotion (ENWHP)
ENWHP Secretariat
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www.enwhp.org

HISTORY

Current Status: Active

Developed: 1998

Adapted From/Built On:

The questionnaire for Self Assessment is based on the model of the European Foundation for Quality Management (EFQM: Introducing Excellence – this additional resource can be accessed through the online Resource Listing) and was especially adapted for the assessment of health promotion measures. It incorporates both scientific expertise on the effects of workplace health and practical experience of a wide variety of organizations that have already been successful implementing workplace health promotion.

USERS

Intended Sectors/Sizes of Workplaces

Medium to large sized workplaces (> 51+ employees).

Intended Users

Occupational Health and Safety experts, Human Resources experts and others who have minimal knowledge of workplace health promotion.

Known Users

No information available.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace implements the tool.

2. Workplace staff involvement

Occupational Health and Safety experts, Human Resources experts, and/or Wellness Committee complete the tool.

3. Workplace leader involvement

Workplace leaders may be involved in completing the tool or providing critical information for the tool's completion.

4. Collaborative aspects

The Self-Assessment often takes place together with service providers of workplace health promotion, such as Public Health Units or private consultants.

Time Involved

1. Time to complete tool

Approximately 30 minutes per group or person completion.

2. Time from distribution to presentation of results

Typically between 3-4 hours for an organization/unit/workplace.

3. Recommended implementation cycle

Before starting and after finishing at least mid-term activities, such as a 2-year workplace health promotion program.

Analysis Involved

1. Analysis completed by

In-house: Yes

External: No

2. Process to analyze

Electronic: Yes

Manual: Yes

Analysis of the data is automatically provided and integrated when using the online questionnaire. When a workplace is working with a hard copy, it can tabulate the numbers manually. There is a small introduction at the beginning of the hardcopy and there is a guide for assessing the results of analysis.

3. Time to analyze

Analysis is available immediately if tool is completed online. No information available on time to analyze paper version.

4. Outcome of analysis

The outcome of analysis is a score in the form of a percentage. It shows areas of organizational strengths and organizational weaknesses.

B. Economics

Total Cost: \$0

Cost per unit/respondent: \$0

Workplace Resources Used

Time given to employees to complete survey.

C. Other Considerations

Supports for Implementation (materials and training)

No supporting materials are necessary for the online version of the tool. The hardcopy version comes with instructions and a guide for analysis.

Customization

No customizations are offered.

Skills required to implement, and to analyze and report

For implementation and for analysis and reporting the following skills are needed:

- Quality management skills
- Project management skills
- Social competence
- Professional skills in occupational health & safety, workplace health promotion and human resources
- Experience in assessing strengths and weaknesses of a workplace
- One should be onsite and come in contact with workers and employees
- Organization skills
- Work science skills

Languages: English, French, Czech, Danish, Dutch, Finish, German, Greek, Icelandic, Italian, Norwegian Portuguese, Spanish, and Swedish.

Tested for Cultural Appropriateness: No

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

Available on ENWHP's website (www.enwhp.org) or in hardcopy upon request from ENWHP. To access the tool from the ENWHP website click on "WHP in your Company! Questionnaire for Self Assessment. Put it to the test!" The tool can also be accessed through the online Resource Listing.

Restrictions or conditions of access or use

None.

EFFECTIVENESS ELEMENTS



Evaluation

Reliability and Validity

Validity: No

Reliability: No

Formative Testing

Pilot testing: Yes

Tested in 3 companies in the metal and trade sector and the public administration sector. The aim was to test the acceptance of the instrument and the use as a starting point for internal discussions.

Consultations: Yes

3-4 hour meetings each, in which 2 occupational health and safety experts, 1 human resource manager and 1 European works council were represented besides 2 representatives of BKK* who were in the function as consultants.

* BKK stands for 'Betriebskrankenkasse', a German word that translates into Company Health Insurance Funds.

Focus Testing: No

Process Evaluation

No information available.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

The Excellence Model from the European Foundation of Quality Management.

SELECTED REVIEW PANEL COMMENTS

Strengths

The purpose of the tool as a means of analyzing the current status of workplace health promotion activities within an organization with a view to starting activities was very clear.

The questions are appropriate for an organizational culture audit. Very straightforward and to the point.

We found the questions to be logical, ordered and with a good flow.

This tool was created with the potential to reach and be used by a wide range of workplaces. This is a very strong point of this tool.

Limitations

As reviewers, we felt the uses of the information to be gained from the tool were not as explicit. Some additional direction at this stage would have been very helpful to the discussion it would or should have initiated.

Some of the terminology used is different from what might be used in a Canadian tool but those with any background in health promotion would not have difficulty understanding the meanings.

Our concern for potential Ontario users is that support for northern or isolated areas may be minimal or non-existent. However, with access to the internet and some guidance providing direction to useful supports, possible sources of help can be accessed.

General Comments

For widespread use in the Canadian context, it would need some minor revisions. It is possible that companies might use it as another measure to gauge their starting point and it might be an interesting exercise for Canadian companies whose parent company resides in Europe. This would allow for comparisons to be drawn with their counterparts.

Although we do not have much information on the impact that the tool has had, the fact that the Dutch NCO use it for their audits and over 1000 companies have logged on to use it speaks to the potential it might have. As reviewers with workplace health promotion experience, we intuitively feel that it is being used by large numbers because word has spread on its positive effect.

The tool clearly is aimed at the organizational culture part of the CWHP approach. It has very solid theoretical underpinnings being based on the Excellence Model of the EFQM. All potential users of the tool are encouraged to visit the EFQM website in order to better understand the origin or basis of the tool.

This tool is used for auditing purposes primarily and therefore, the person filling it in may be challenged depending on their level of expertise. It is recommended that the person having the task of completing the tool be familiar with health promotion terminology and concepts. The tool has not been formally tested for literacy levels but questions are short and simple. It has been used in organizations with multiple nationality companies with fairly low levels of education. The response rate has been very good despite these factors.

StressMap®

Essi Systems Inc.

▶▶ **RECOMMENDED**



Description

The StressMap® is designed to assess one's respective stress strengths and stress vulnerabilities by looking at 21 stress factors, or scales. In other words, it is to gain a personal snapshot, or profile of one's person at a particular point in time. Team Map® and Program Design Tool turn the individual StressMap® into a needs assessment.

Tool Construction

4 parts, with 21 stress points covered. Part 1: Your Environment/Pressures and Satisfactions; Part 2: Coping Responses/Assets and Liabilities; Part 3: Inner World/Thoughts and Feelings; Part 4: Signals of Distress.

Contact Information

Martha Evans

staff@essisystems.com

Essi Systems Inc.
70 Otis Street
San Francisco, CA
94103 USA

www.essisystems.com

Current Practices	
Needs Assessment	
Organizational Culture	
Workplace Audit	
Validity/Reliability Evaluation Conducted	
Cost	
Proprietary	
Paper Access	
Online Access	
Language + (other than English and French)	
French	
Organizational Culture	
Occupational Health and Safety	
Lifestyle Practices	
Employee Completion	
Employer/Committee Completion	
Medium Completion Time	
Internal Implementation	

HISTORY

Current Status: Active

Developed: 1985

Adapted From/Built On:

None.

USERS

Intended Sectors/Sizes of Workplaces

Not size or sector specific.

Intended Users

All employees are encouraged to complete the survey. It can also be completed by workplace teams, divisions, departments, management, etc.

Known Users

AT&T, Coca-Cola Company, Stanford University, Ontario Hydro, Dow Chemical Corp, BP Canada, Pfizer Pharmaceutical, Banff Management Centre, Hewlett Packard, and American Red Cross.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace. It can be implemented in a number of ways: as an individual assessment, as a workplace needs assessment on an individual basis, or with 1 trainer to every 3 participants.

2. Workplace staff involvement

Distribution can be by a department head, team leader, or other.

3. Workplace leader involvement

Distribution can be by a department head, team leader, and the tool should be completed by workplace leaders as well.

4. Collaborative aspects

Collaboration can come in the form of pairing StressMap® with other situational assessment tools for a more comprehensive look at the workplace (for example, an HRA). Also, StressMap® can be combined with “stress mastery” courses that focus on the cognitive psychosocial aspects of stress.

Time Involved

1. Time to complete tool

Approximately 30 minutes per employee.

2. Time from distribution to presentation of results

Time to complete the tool and have individual results is approximately 50 minutes - 30 minutes to complete the tool and 20 minutes for each respondent to complete his or her own analysis. No information available on how long it takes from distribution to presentation of aggregate results.

3. Recommended implementation cycle

For 3 months - 3 rounds of 21 days (implement tool, wait 21 days, implement tool, etc.). After 3 months, implement the tool 6-12 months later.

Analysis Involved

1. Analysis completed by

In-house: Yes

External: Yes

Respondents complete their own analysis, but if the workplace wants aggregate results, it can choose to analyze the data on its own or have Essi Systems complete it.

2. Process to analyze

Electronic: Yes

Manual: Yes

All analysis is completed manually. The outcomes of each Map are plotted on an 11 x 17 grid. The electronic version is completely printable.

3. Time to analyze

For individual results, approximately 50 minutes. For aggregate results, no information available.

4. Outcome of analysis

Individual and aggregate reports.

Individual:

The feedback to the employee is instant. No need to return any portion of the StressMap® to Essi or the sponsoring department. The instruments come with a complete interpretation guide that explains the definition for each scale, how it is related to the subject (stress, resiliency, EQ – emotional intelligence) and offers behaviorally written tips for improving their performance on each scale. The outcomes of each Map are plotted on an 11 x 17

grid that graphically represents one's performance strengths and vulnerabilities. Each scale is plotted according to four performance zones from Optimal, Balance, Strain and Burnout depending on one's scores for each scale.

This is completed by the employee in the form of "connect the dots" (i.e., creating a line through each plotted scores on the StressMap®).

Aggregate:

Aggregate analysis can only be completed if the workplace purchases the Program Design Tool at an additional charge. The analysis of the Program Design tool can be completed by Essi Systems or by the workplace. Employers can access composite data online.

B. Economics

Total Cost: No information available.

Cost per unit/respondent: ·

01-24	----	\$15.95 (per person, US)
25-99	----	\$13.95
100-299	----	\$12.95
300-499	----	\$11.95
500-999	----	\$10.95
1000+	----	\$9.70

Program Design Tool is an additional cost. Any analysis completed by Essi Systems is an additional cost.

Workplace Resources Used

Time given to complete survey.

C. Other Considerations

Supports for Implementation (materials and training)

Although they are a part of StressMap®, the Interpretation guide and the Grid Map could be considered supporting materials. On Essi Systems' website one can also find materials available on stress. As well, in some implementations, certified instructors are available to assist workplaces.

Customization

No customizations are offered.

Skills required to implement, and to analyze and report

8th grade reading level.

Languages: English, French, Spanish, Dutch, Clasic Arabic rtuguese, Spanish, and Swedish.

Tested for Cultural Appropriateness: Yes

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

Contact Essi Systems or one of its distributors/certified instructors. (See contact information above).

* Two distributors of the tool in Ontario are the Health Systems Group and Pathways Health Promotion.

Restrictions or conditions of access or use

The tool is copyrighted.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: Yes

Validity testing was conducted in 1998 by Essi Systems with the help of a grant from the National Institutes of Health in the United States. The StressMap® was cross validated with the Maslach Burnout Inventory (MBI), the US Government symptomology Checklist, and others.

Reliability: Yes

Extensive reliability testing and test-retest reliabilities have been done. This testing was conducted prior to publication of the instrument in 1985, again in 1992 when Essi Systems created a shortened version of the instrument for organizational profiling, and again in 1997 when the EQ Map® was created.

Formative Testing

Pilot testing: Yes

In 1984 StressMap® was pilot tested with 8 client companies. That group included Apple computers, Blue Cross Blue Shield, a local hospice, a local health club, and the school system in the Bay area (San Francisco). The tool was tested with a sample group from each organization. The individuals who completed the tool were then

debriefed so that Essi Systems could get direct feedback on the user friendliness, understandability, etc., of the tool. Two years later the same kind of testing was done with a client company in Canada, using representatives from both east and west coasts.

Consultations: Yes

Consultations were a part of the pilot testing that occurred in 1984.

Focus Testing: No

Focus groups were a part of the pilot testing that occurred in 1984.

Process Evaluation

The StressMap® was subjected to rigorous testing before publication, including satisfaction surveys, telephone follow-ups, etc. for the end users as well as with administrators and sponsors in both the US and Canada. Every two years the tools are reviewed for accuracy and to make sure that they can be statistically or scientifically substantiated through data. The process evaluations are completed by Essi Systems.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

Self care for self-empowerment and self-responsibility.

SELECTED REVIEW PANEL COMMENTS

Strengths

The tool is comprehensive in scope. Can be used as needs assessment, workplace audit, measure of organizational culture, and record of current practices.

Strong in the mental health area as it relates to strengths and weaknesses of individuals' stress skills.

The survey is well-structured and easy to follow and complete. Easy to do, interesting and engaging.

Limitations

The theoretical underpinnings of the tool are based on research conducted in the 1960s and 1970s, and, therefore, may not reflect current knowledge in the field.

It is not a sufficient tool for implementing a comprehensive workplace health promotion program.

Reading level may be a little high for respondents with low literacy skills/ESL.

General Comments

It is specifically for those workplaces that are focusing on stress/distress and want to empower employees to deal with their own issues.

Questions are geared to individual and not specifically to the workplace.

Linkage between external work stressors and possible changes in work environment could only be analyzed by purchasing the aggregate data option.

Health at Work Needs Assessment Questionnaire

Haldimand-Norfolk Health Unit



▶▶ **RECOMMENDED**

Description

With a comprehensive approach, it is intended to measure the workplace health, personal health, and organizational needs of a workplace.

Tool Construction

55 questions. Sections include: General Health; Nutrition; Physical Activity; Smoking and Alcohol; Social Work Environment; My Health and My Job; Physical Work Environment; Employee Interest; and Your Profile. There is also a 30 question version of only mandatory questions available.

Current Practices



Interest Survey



Needs Assessment



Organizational Culture



No Cost



Public Domain



Made in Canada



Paper Access



Electronic Access



Organizational Culture



Occupational Health and Safety



Lifestyle Practices



Employee Completion



Medium Completion Time



External Implementation



Additional Resources

Sample Profile Report

Health at Work Needs Assessment Questionnaire (tool itself)

Contact Information

Giovanna Ferrara
Workplace Health Promoter
Haldimand-Norfolk Health Unit
P. O. Box 247
12 Gilbertson Drive
Simcoe, Ontario
N3Y 4L1

Phone: 519 426-6170 Fax: 519 426 9974
www.haldimand-norfolk.org
giovanna.ferrara@haldimand-norfolk.org

HISTORY

Current Status: Active

Developed: 2000

Adapted From/Built On:

“Workplace Health Needs and Risk Inventory” from Health Canada and the Centre for Mental Health and Addiction.

USERS

Intended Sectors/Sizes of Workplaces

Not size or sector specific.

Intended Users

All employees are encouraged to complete the survey, but sometimes departments within an organization complete the tool, or random samples are completed in large workplaces.

Known Users

13 workplaces to date have used the survey.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The health unit, with the help and support of the workplace.

2. Workplace staff involvement

The workplace’s health committee is involved in helping to add/omit questions in the tool before implementation, formulating an implementation plan, and implementing the tool. They are the people that the results are presented to as well.

3. Workplace leader involvement

Workplace leaders and employee unions (if applicable) need to approve the tool and its use in their workplace. They are often given the option to add further questions that may pertain specifically to that workplace.

4. Collaborative aspects

If a workplace uses the survey outside of the Haldimand-Norfolk region, the workplace is advised to collaborate with another public health unit and with health unit staff that are knowledgeable in Workplace Lifestyle Programs.

Time Involved

1. Time to complete tool

Approximately 25 minutes per employee.

2. Time from distribution to presentation of results

Between 1 - 1½ months.

3. Recommended implementation cycle

Every 3-5 years.

Analysis Involved

1. Analysis completed by

In-house: No

External: Yes

2. Process to analyze

Electronic: No

Manual: Yes

3. Time to analyze

4-6 weeks.

4. Outcome of analysis

A profile report (this additional resource can be accessed through the online Resource Listing) is presented to the Workplace Health Committee. From there, the health unit staff assists the committee to use the data to help plan and implement a 3-5 year plan that will address the top 5 needs for that workplace, including BHCI. Individual employee reports are not provided.

B. Economics

Total Cost: \$0

Cost per unit/respondent: \$0 – no direct cost, however, employees usually complete the survey on work time.

Workplace Resources Used

Printing of survey when administered on paper and time given to employees to complete survey; workplace wellness committee member time to manage the process.

C. Other Considerations

Supports for Implementation (materials and training)

No supporting materials are available. The health unit staff is always available as a support to guide the workplace through the process. (The health unit provides promotion posters leading up to the implementation date and assists in a “kick off” event).

Customization

Questions can be added or omitted.

Tool can be slightly modified to reflect the nuances of the workplace.

Skills required to implement, and to analyze and report

For implementation, it is helpful to have some planning knowledge and knowledge about CWHP.

For analysis and reporting, one needs to be familiar with calculating Stress and Satisfaction Offset Scores (SSOS), Business Health Culture Index (BHCI) and also relating those figures to: Self-related Health; Absence from work; Fairness and Respect at work; Stress; and Trouble sleeping, through formulas designed for those specific questions.

Languages: English

Tested for Cultural Appropriateness: No

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

Contact the Haldimand-Norfolk Health Unit (See contact information above). The tool can also be accessed through the online Resource Listing.

Restrictions or conditions of access or use

It is recommended that the tool be implemented with the Haldimand-Norfolk Health Unit or a workplace’s local Public Health Unit.

If the tool is used or adapted, please credit the Haldimand-Norfolk Health Unit.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: No

Reliability: No

80-90% of the Health at Work Needs Assessment Questionnaire is adapted from Health Canada's survey, which has been tested for reliability and validity.

Formative Testing

Pilot testing: Yes

The tool was tested in three pilot workplaces in 2000. The testing was conducted by the Haldimand-Norfolk Health Unit staff.

Consultations: No

Focus Groups: No

Process Evaluation

Since the tool is customized to a degree, most feedback regarding the tool comes during the planning meeting held with the workplace, instead of after implementation. Workplaces have expressed satisfaction with this process. Workplaces do consider their response rate as part of the process evaluation.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

Comprehensive workplace health promotion, Behaviour change theory, Stress Satisfaction Offset Scores (SSOS), and the Business Health Culture Index (BHCI).

SELECTED REVIEW PANEL COMMENTS

Strengths

No comments provided.

Limitations

The tool is easily accessible, but not all workplaces can access the support of this health unit for implementation and analysis (if they are not in the health unit's region).

General Comments

The purpose and use of the info are expressed verbally, not explicitly on the tool.

The connection to CWHP is referenced in supporting documentation.

Workplace Overview Tool

City of Hamilton, Public Health & Community Services
Department



▶▶ **PROMISING**

Description

The Workplace Overview Tool is designed to help workplaces identify and keep track of existing supports and policies at their workplace. This information can be used to plan activities, programs and policies.

Tool Construction

53 questions. Sections include: Background Information; Psychosocial Environment; Physical Environment; and Health Practices (which includes Smoke-Free Living, Food Choices, Physical Activity, Alcohol and Other Drugs, Immunizations, and Other Health Topics).

Workplace Audit



No Cost



Public Domain



Made in Canada



Electronic Access



Organizational Culture



Occupational Health and Safety



Lifestyle Practices



Employer/Committee Completion



Long Completion Time s



Internal Implementation



Additional Resources

Workplace Overview Tool (tool itself)

Contact Information

Lisa Beaudoin
Workplace Health Promotion Specialist
City of Hamilton
Public Health & Community Services Department
71 Main St. West
Hamilton, ON
L8P 4Y5

Phone: 905-546-2424 ext. 3065

Fax: 905-546-3658

E-Mail: lbeaudoi@hamilton.ca

Website: www.hamilton.ca/phcs/Healthy-Workplace/default.asp

HISTORY

Current Status: Active

Developed: 2002

Adapted From/Built On

Regional Niagara Public Health Department's Environmental Scan.

USERS

Intended Sectors/Sizes of Workplaces

Medium to large workplaces (> 51+ employees).

Intended Users

The Workplace Overview Tool is completed by the Workplace Wellness Committee member(s). This team is typically made up of employees from the following categories: human resources, occupational health and safety, and departmental heads or representatives.

Known Users

No information available.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace, with the help and support of the public health unit.

2. Workplace staff involvement

A Workplace Wellness Committee or a single committee member complete(s) the tool.

3. Workplace leader involvement

Workplace leaders are informed of the results of the completed tool by the wellness committee member(s) that completed it. Typically this happens in a scheduled meeting between workplace leaders and the committee. As well, workplace leaders may sit in on the meetings with the public health unit that happen previous to the implementation of the tool, and after its completion.

4. Collaborative aspects

Collaboration typically happens when Public Health staff review and give feedback on the results of the tool to the workplace wellness committee and the workplace leaders.

Time Involved

1. Time to complete tool

Approximately 30 minutes for the Wellness Committee to complete the tool.

2. Time from distribution to presentation of results

From the time the wellness committee sits down to complete the tool to when the results are discussed it can take up to a couple of hours, depending on how familiar the members of the committee are with the information the tool asks for. It takes another couple of hours for communicating this information to the workplace leaders, and for the meeting with the public health unit.

3. Recommended implementation cycle

It is recommended that that workplace implement the tool again if it moves to a new location, or if there has been a lot of changes in the workplace (policies, internal structure, programs, etc.). It should be used again at these times because the tool is meant to provide an overview of the workplace and changes in geographic location or internal structure can affect the answers given on the tool

Analysis Involved

1. Analysis completed by

In-house: Yes

External: No

Analysis is performed by the workplace wellness committee member(s) who complete the tool.

2. Process to analyze

Electronic: No

Manual: Yes

Analysis simply requires reviewing the tool to see what exists and what does not exist in the workplace, what needs to be built on and what needs to be built.

3. Time to analyze

No information available.

4. Outcome of analysis

There is no formal report. In lieu of a report, the wellness committee discusses the completed survey and what should be done with its findings. As well, the City of Hamilton Public Health Department offers a free consultation on how to proceed based on the results of the Workplace Overview Tool if the workplace needs assistance.

B. Economics

Total Cost: \$0

Cost per unit/respondent: \$0

Workplace Resources Used

Printing of survey when administered on paper and time given to employees to complete survey; workplace wellness committee member time to manage the process.

C. Other Considerations

Supports for Implementation (materials and training)

If the tool is being implemented in the region, the City of Hamilton Health Department's public health nurses are available to help the workplace interpret the results. If not, workplaces are encouraged to seek out the advice and support of their own Public Health Unit/Department.

Customization

No customizations are offered.

Skills required to implement, and to analyze and report

For implementation, no specific skills are required but it is recommended that those members of the workplace wellness committee have a thorough combined knowledge of the workplace, its policies and programs, or that it has easy access to that information.

Languages: English

Tested for Cultural Appropriateness: No

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

Contact The City of Hamilton Public Health Department (See contact information above). The tool can also be accessed through the online Resource Listing.

Restrictions or conditions of access or use

The City of Hamilton Public Health Department would like to be involved in the implementation of this tool so that discussion regarding approaches to dealing with the findings can be informed by a health promotion specialist. The tool can be modified with recognition of its sources: both the City of Hamilton Public Health Department and the Regional Niagara Public Health Department.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: No

Reliability: No

Formative Testing

Pilot testing: No

Consultations: No

Focus Groups: No

Process Evaluation

There has been no formal process evaluation. Feedback does come from workplaces, but it is informal.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

General principles of health promotion, with an emphasis on environmental supports and policies.

SELECTED REVIEW PANEL COMMENTS

Strengths

This is a simple tool that could be used in a variety of settings by a Wellness Committee.

The tool's goal is simply stated, the ease of implementation is good, and it is a low cost method of taking an inventory of current health practices and OHS within a company.

Limitations

A concern is that the tool has not been tested for reliability.

The tool may not be applicable to larger/more complex organizations.

The reviewers were not always certain exactly what some of the questions were asking. This requires more clarity of terms used (e.g., smoking cessation policy – is this a “no smoking” policy? Also, what is meant by “frequently” used?).

General Comments

No comments provided.

Workplace Health Needs & Risks Survey

Health Canada



▶▶ **RECOMMENDED**

Description

The Workplace Health Needs and Risks Survey was developed to assist organizations with assessing the health needs and risks of their workforce. The Workplace Health Needs and Risks Survey is part of Health Canada's Workplace Health System, a guide to comprehensive workplace health promotion.

Tool Construction

47 questions. Sections include: Rating Your Own Health; Feelings About My Health and My Job; Shift Work; Physical Activity; Worry, Nerves or Stress; Sleep; Seeking Help; Nutrition; Someone to count on; Smoking, Alcohol, Medication and Other Drugs; Safety; Your Background; and How Your Employer Can Help.

Additional Resources
Workplace Health - Discovering the Needs Workplace Health System

Contact Information
<p>Developer: Health Canada Policy & Workplace Health Strategies Bureau Workplace Health and Public Safety Programme 171 Slater Street, 9th Floor P.L.3709D Ottawa, Ontario, K1A 0K9</p> <p>General inquiries: 613-954-8857 http://www.hc-sc.gc.ca/ewh-semt/occup-travail/work-travail/index_e.html</p> <p>Distributor: Health Canada (see above) and Silico Global Information Systems Inc. 1445 Woodroffe Avenue Ottawa, Ontario, K2G 1W1</p> <p>Phone: 613-727-0465 Fax: 613-727-5003 www.silicoglobal.com silico@silicoglobal.com</p>

- Current Practices 
- Health Risk Assessment 
- Needs Assessment 
- Organizational Culture 
- Validity/Reliability Evaluation Conducted 
- Cost 
- Public Domain 
- Made in Canada 
- Paper Access 
- Online Access 
- Language + (other than English and French) 
- French 
- Organizational Culture 
- Occupational Health and Safety 
- Lifestyle Practices 
- Employee Completion 
- Medium Completion Time 
- Internal Implementation 

HISTORY

Current Status: Active

Developed: 1985. Most recent revision 2003.

Adapted From/Built On:

The earliest version of the questionnaire was a much longer instrument that focused far more on “lifestyles” and personal health practices as influences on health. Successive versions, though shorter, have shifted in emphasis so that there is now more of a balance among what are called the “Three Avenues to Wellness” in the Workplace Health System, namely, Personal Health Practices, Personal Resources and Environment. The first prototype was developed in 1985, the second in 1986. A third version - the one used most widely until now - became available in 1990. “The Survey (2003)” is the most recent version of the Health Needs and Risks Survey used in Step 3 of the Workplace Health System’s 7 step implementation plan. This is the fourth version of the instrument.

USERS

Intended Sectors/Sizes of Workplaces

Recommended for medium to large workplaces (> 100+ employees).

Intended Users

All employees within an organization are encouraged to complete the survey. If a self-governing branch/department is able to act independently on survey results, it can also administer the survey apart from the whole organization.

Known Users

No information is available regarding specific users; however, Silico Global (the primary distributor) averages 15-20 client organizations a year.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace itself, using the supportive materials that accompany the survey. The Workplace Health Needs and Risks Survey is step 3 of 7 of the Corporate Health Model in the Workplace Health System, a guide to comprehensive workplace health promotion.

2. Workplace staff involvement

The workplace decides how involved staff will be in the implementation of the survey.

3. Workplace leader involvement

In the Workplace Health System materials that support the survey, it is emphasized very strongly that there should be representation from the union and senior management.

4. Collaborative aspects

Public Health Departments are the most common partners with Health Canada. Sometimes third parties are involved for future analysis with a particular workplace's data.

Time Involved

1. Time to complete tool

15-30 minutes per employee.

2. Time from distribution to presentation of results

Typically, it takes 8-11 weeks from the time of gaining commitment up to generation of the report: 2 weeks for distribution; 3 weeks for collection; 2 weeks for the assessment; 2 weeks for the analysis; 2 weeks for the reporting.

3. Recommended implementation cycle

Recommended implementation cycle is every 2-3 years.

Analysis Involved

1. Analysis completed by

In-house: No

External: Yes

Health Canada has funded the development of a software program and automated report specifically designed to provide a cost-effective method to analyze the survey results. Access to this system is currently available through an Ottawa-based consulting company called Silico Global Information Systems Inc. Companies are in no way obligated to use Silico Global services. However, companies would need to develop (in-house or via an external computer programming contractor) a computer program that can perform complex data analysis.

2. Process to analyze

Electronic: Yes

Manual: Yes

Silico Global performs an IT System Data capture. Data analysis and reporting is automated.

3. Time to analyze

2-4 weeks (approximately).

4. Outcome of analysis

The outcome (in the form of a report) is created by the system according to a set of decision rules built into the program. A Profile Report is generated for the client. This is a fully scripted report, which includes an Executive Summary, a General report, and Health and Safety reports. Some scripts within the report are activated by various responses in the survey.

B. Economics

Total Cost: Determined by number of respondents and reports requested by client.

Cost per unit/respondent: . \$2/respondent (for analysis only).

Workplace Resources Used

Printing costs and time given to organize the distribution and completion of the survey.

C. Other Considerations

Supports for Implementation (materials and training)

The entire Workplace Health System is available and recommended as part of the supporting material available. This includes the Corporate Health Model and the Survey implementation guide: Workplace Health - Discovering the Needs. All of the Workplace Health System tools are available through Health Canada's Workplace Bureau Web site. These additional resources can also be accessed as web links through the online Resource Listing.

Customization

Tool can be slightly modified to reflect the nuances of the workplace.

Questions can be added or omitted.

Skills required to implement, and to analyze and report

For implementation, the following skills are required:

- Workplace Health background & Project management
- Communication and promotion (skills as opposed to knowledge)

For analysis and reporting, the following skills are required:

- Although the analysis is completed by a computer program and a report is provided that gives a description/analysis of the workplace/ organization, someone must be able to interpret the findings. The organization decides what to do with the data and analysis, and what actions it wants to take. The implementation plans need to be prepared by the client through an organizational committee or by consultants with a workplace health background.

Languages: English, French. Unofficial translations into Chinese and Portuguese.

Tested for Cultural Appropriateness: Yes

Tested for literacy level: Yes

D. Access

Packaged, ready-to-use: Yes

How to access

Contact the Policy & Workplace Health Strategies Bureau, Health Canada or Silico Global Information Systems Inc. (See contact information above).

Restrictions or conditions of access or use

Workplaces must be committed to act on results.

EFFECTIVENESS ELEMENTS



Evaluation

Reliability and Validity

Validity: Yes

Reliability: Yes

All questions were independently tested for validity and reliability. A Technical Report called “Origins and Characteristics of the Survey” describes the research background of the instrument and how key derived variables such as the Stress Satisfaction Offset Score and the Multiple Health Risk Score were developed.

Formative Testing

Pilot testing: Yes

Conducted by Health Canada, the original version (circa 1986) was piloted in 6 sites. A dozen new pilot sites (1996-1999) informed changes to the 2003 version.

Consultations: No information available.

Focus Groups: No information available.

Process Evaluation

Process evaluation has been done by Health Canada in conjunction with Martin Shain and Helen Suurvali at the Centre for Addiction and Mental Health over a period of many years (1986-1999). Two independent reviews were done by Danielle Pratt and Alium Consulting in Ottawa. These evaluations found that to make it useful, the survey must be done in context of the Workplace Health System. The survey has also been tested from the IT aspect (with Silico Global).

PLAUSIBILITY ELEMENTS



Theoretical Underpinnings

The various theoretical underpinnings that have affected this tool are general principles of health promotion, behaviour change, control/demand/effort/reward, population health, and comprehensive workplace health promotion.

SELECTED REVIEW PANEL COMMENTS

Strengths

Reliability and validity testing was very comprehensive and therefore a practitioner should be confident with this tool.

Practitioners/committees should consider this tool if a comprehensive health approach is desirable.

This tool is extremely user friendly and includes all components required to start comprehensive programming.

The reviewers believe that this tool has excellent characteristics that potentially set it apart from others. These include the extensive supporting materials through to the detailed analysis report that enable users/customers to develop an outstanding program.

The 'stage of change' model underpins some of the questions in the tool, providing for an opportunity to implement relevant programming.

The instructions included are clear and concise for the end user.

This survey can be customized to meet the unique needs of the customer. Several questions can be tailored to unique situations in a respective workplace.

There are many supporting materials that encourage a participatory approach.

Health Canada has made significant ongoing investments in this tool to maintain its relevance and practical use.

Limitations

Public Health partnerships with Health Canada and the use of this Workplace Health System tool/approach appear to have waned over time. This does not necessarily account for the total decline in completion rates; therefore other barriers to completion need to be examined (e.g. increased workloads, lack of time).

The reviewers have concerns regarding the level of support that would be available for northern, rural or isolated communities.

General Comments

Practitioners/committees should be sure to explain how the demographic information will be reported and that confidentiality and anonymity will be maintained; particularly in the smaller workplace setting.

Personal and Organizational Quality Assessment (POQA)

HeartMath LLC



▶▶ **PROMISING**

Description

The tool is designed to measure stress indicators, positive and negative effects at the individual level, and organizational culture/climate at the group level.

Tool Construction

85 questions. 4 sections, which include: General Information; A list words describing feelings; A list of words describing the way people think about themselves at times; and Questions about feelings and experiences over the last month.

Health Risk Assessment



Needs Assessment



Organizational Culture



Validity/Reliability Evaluation Conducted



Cost



Proprietary



Paper Access



Online Access



Language + (other than English and French)



French



Organizational Culture



Employee Completion



Medium Completion Time



Internal Implementation



Contact Information

Rollin McCraty
HeartMath LLC
14700 West Park Avenue
Boulder Creek, California
95006 USA

www.heartmath.com

HISTORY

Current Status: Active

Developed: 1995

Adapted From/Built On:

None.

USERS

Intended Sectors/Sizes of Workplaces

Not size or sector specific.

Intended Users

All employees are encouraged to complete the survey.

Known Users

Shell, Motorola, Intel, FBI, California Department of Corrections.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace, with the help and support of HeartMath LLC.

2. Workplace staff involvement

The tool can be administered by a Wellness Manager, Chief Medical Officer, or a researcher from the workplace.

3. Workplace leader involvement

Management support is important in receiving good participation numbers. This support can come in the form of filling out surveys, participating in distribution, pre-implementation communication, etc.

4. Collaborative aspects

The workplace collaborates with HeartMath LLC.

Time Involved

1. Time to complete tool

Approximately 15 minutes per employee.

2. Time from distribution to presentation of results

Approximately 2 weeks.

3. Recommended implementation cycle

HeartMath typically implements the tool a first time, then after 6 weeks, then after 6 months to see how the program's progress is doing. Then it can be used in following years for time-over-time comparison.

Analysis Involved

1. Analysis completed by

In-house: No

External: Yes

HeartMath analyzes both online and print versions of surveys.

2. Process to analyze

Electronic: Yes

Manual: Yes

Analysis of online version is completed electronically. Analysis of the print version is completed using an NCR scanner.

3. Time to analyze

Analysis of the data is automatically provided and integrated when using the online tool. No information available on time to analyze print copies.

4. Outcome of analysis

Aggregate reports and sometimes sub-reports. No individual reports are available.

B. Economics

Total Cost: No information available.

Cost per unit/respondent: Approximately \$1 US/per unit for blank forms, but the cost is also often dependent upon context.

Workplace Resources Used

No information available.

C. Other Considerations

Supports for Implementation (materials and training)

There are some supporting materials available, but not on a commercial basis.* When HeartMath licenses the instrument to another company or organization HeartMath helps the workplace set this up. HeartMath will be re-designing the tool sometime in 2005, and as part of that process, create a manual to make it easier for others to use the tool on their own.

* HeartMath did not create this tool for commercial purposes with the intention to sell it or have it as a “product.” It was created because it was needed for research purposes.

Customization

No customizations are offered.

Skills required to implement, and to analyze and report

No information available on the skills required for implementation.

For analysis and reporting, the following skills are required:

- Familiarity with EPI-Info is helpful
- Familiarity with Workplace Health Promotion
- Report writing skills, research skills
- Background in data entry and analysis
- Epidemiology is helpful

Languages: English, French, Korean.

Tested for Cultural Appropriateness: Yes

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

Contact HeartMath LLC (See contact information above).

Restrictions or conditions of access or use

Yes. The tool is copyrighted, but HeartMath is willing to license it to others.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: Yes

There has been face validity testing, factor analysis, scale reliability and some cross correlation of scales to other instruments.

Reliability: Yes

The POQA (revised) was distributed to a sample of working adults at several job levels, who commented on the clarity and phrasing of the items on the questionnaire. The format was then revised to provide better face validity. Next, the dimensions were reconfirmed by factor analysis. The two to six items representing each of the dimensions were then subjected to internal consistency analysis on a population of 1568 working adults, using Cronbach's coefficient alpha (α). Alpha coefficients for all scales achieved acceptable reliability scores ranging from a low of .65 on the Goal Clarity dimension to a high of .90 on the Fatigue dimension.

Formative Testing

Pilot testing: Yes

Consultations: Yes

Focus Groups: Yes

All formative testing was completed in late 1990's and was conducted by IHM (Institute of HeartMath), HeartMath LLC, and Hunter Kane (a resource management company).

Process Evaluation

Results from the completed surveys have shown that the tool measures what it is intended to and it demonstrates that relational issues (i.e. positive or negative working relationships with co-workers, etc.) in a workplace are a major source of stress and organizational incoherence.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

It is based on the theory that individual "coherence" and self-management skills drive the overall organizational climate of a workplace, and, vice-versa, that organizational climate affects individual variables in an organization.

SELECTED REVIEW PANEL COMMENTS

Strengths

Very well-researched and comprehensive tool.

Short and simple.

Limitations

Interactive and electronic learning systems may not be available in all workplaces. Participants may need to use heart monitors to track heart rhythms - may be prohibitive in some workplaces.

May not be affordable by smaller workplaces or those with minimal access to electronic technology.

May present a barrier to those with poor levels of literacy.

General Comments

The tool appears more suitable for large product or service driven organizations.

Work Positive Risk Assessment Questionnaire

NHS Health Scotland



►► **RECOMMENDED**

Description

The Work Positive Risk Assessment Questionnaire is a self-completion questionnaire for employees. It is designed for use within small and medium sized individual businesses, to provide managers with a measure of employee stress. The measure provides a score on a range of salient structural and work organizational influences with potential to contribute to workplace stress. The questions are designed to address aspects such as 'job design' and 'workload'. The tool is intended to be used as "stage two" within the greater Work Positive package, which was designed to operate as a voluntary scheme for small and medium sized enterprises to assist managers in assessing and controlling risks associated with work-related stress.

Tool Construction

1 open-ended question and 67 statements (agree/disagree) that cover various aspects of organizational culture.

Organizational Culture



No Cost



Public Domain



Electronic Access



Paper Access



Organizational Culture



Employee Completion



Internal Implementation



Additional Resources

Work Positive Risk Assessment Questionnaire
(tool itself)
Work Positive Web site
(which holds supporting materials)

Contact Information

NHS Health Scotland
Woodburn House
Canaan Lane, Edinburgh, EH10 4SG Scotland

Phone: 0131 536 5500 Fax: 0131 536 5501
NHS Health Scotland is a new special health board bringing together the Public Health Institute of Scotland (PHIS) and the Health Education Board for Scotland (HEBS)

workpositivefeedback@health.scot.nhs.uk
<http://www.hebs.com/workpositive/>
www.hebs.org, www.phis.org.uk
<http://www.healthscotland.com/>

HISTORY

Current Status: Active

Developed: 2002

Adapted From/Built On:

The tool was built upon established stress audit tools and principles of effective health and safety management (developed by the British Health and Safety Authority, 1997).

USERS

Intended Sectors/Sizes of Workplaces

Small and medium sized workplaces. This is based on the premise that smaller organizations are less likely to have in-house experience or knowledge suitable for dealing with stress control and management.

Intended Users

All employees are encouraged to complete the survey.

Known Users

No information available.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace implements the tool, and also does the analysis and reporting.

2. Workplace staff involvement

Workplace managers are involved in promotion and a workplace manager from a range of departments is typically the person who analyzes the tool. Representatives of the workplace form a steering committee (they may help in distribution and promotion).

3. Workplace leader involvement

It is highly recommended that the CEO of a workplace be openly involved by signing an information cover letter that accompanies the tool and also signing off on promotional memos about the tool.

4. Collaborative aspects

One form of collaboration that might happen occurs when the workplace chooses to have the data analyzed by an outside agency. This would create a deeper level of confidentiality for the employees of a workplace, but it moves outside of the tool's original intended purpose - to be a tool that a workplace could implement completely on its own.

Time Involved

1. Time to complete tool

No information available.

2. Time from distribution to presentation of results

No information available.

3. Recommended implementation cycle

No information available.

Analysis Involved

1. Analysis completed by

In-house: Yes

External: No

The analysis would be completed by an individual at the workplace. Typically this individual has been one of the following: a Health and Safety manager, Practice Team manager, Human Resources manager, Employee Care Advisor, or a Policy and Information officer.

2. Process to analyze

Electronic: Yes

Manual: Yes

The tool is analyzed using a tool that can be downloaded off of the Work Positive website. "Scores" must be manually entered in, however.

3. Time to analyze

Analysis of the data is automatically provided and integrated when using the online tool. No information available on time to analyze print copies.

4. Outcome of analysis

Workplaces end up with an Excel spread sheet from which a report could be written by someone with experience.

B. Economics

Total Cost: \$0

Cost per unit/respondent: \$0

Workplace Resources Used

Printing of survey when administered on paper and time given to employees to complete survey.

C. Other Considerations

Supports for Implementation (materials and training)

Supporting materials are available online. The Work Positive pack comes with: benchmarking tool, risk assessment questionnaire, analysis tool (CD). As well, there are additional resources on stress on the Work Positive website.

Customization

No customizations are offered.

Skills required to implement, and to analyze and report

To implement the tool, the following skills are required:

- Familiarity with workplace health promotion

To analyze and report, the following skills are required:

- Familiarity with Excel
- Experience analyzing data
- Report writing skills

Languages: English

Tested for Cultural Appropriateness: No information available.

Tested for literacy level: No information available.

D. Access

Packaged, ready-to-use: Yes

How to access

The health risk assessment questionnaire itself, a benchmarking tool, case studies, and an analysis tool are all available for free access online at www.hebs.org/workpositive. The tool can also be accessed through the online Resource Listing. You can also order a hard copy of the pack for a small price: (outside of Scotland) 3.50 (British pounds) + minimum 1.95 (British pounds) postage and package. The order form is available online at www.hebs.org/workpositive/request.cfm.

Restrictions or conditions of access or use

If the tool is used or adapted, please credit NHS Health Scotland.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: No information available.

Reliability: No information available.

Note that the tool was built upon established stress audit tools.

Formative Testing

Pilot testing: Yes

Initial Pilot testing: Fourteen organizations were involved in pilot testing. Within the organizations, the risk assessment questionnaire was distributed to all employees. These employees completed the questionnaire and returned them directly to Entec UK for analysis. Interviews within the organizations were conducted with a random sample of employees using the original organizational stress health audit (OSHA) interview. As well, the employees and the coordinators within the organizations were asked to complete evaluation questionnaires.

Follow-up pilot testing: After the risk assessment had been designed and validated, Health Scotland put it together with the rest of the items intended for the Work Positive Pack and created a draft pack that was distributed to ten organizations throughout a range of different sectors. In depth interviews and feedback followed regarding the implementation and process of using the Work Positive questionnaire. Case studies were developed from this process evaluation.

Consultations: Yes

In the beginning, Health Scotland commissioned the IOM (Institute of Occupational Medicine) to develop a risk management approach for workplace stress. Later, Health Scotland commissioned ENTEC (UK) to conduct a further piece of research. The key elements of this project were to develop a self-administered risk management process in order to prevent the need for external consultants.

Focus Groups: No information available.

Process Evaluation

No information available.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

Principles of effective health and safety management (developed by the British Health and Safety Authority, 1997).

SELECTED REVIEW PANEL COMMENTS

Strengths

The process and the questions in the tool are good.

Limitations

The tool does not allow for any coding to gather data from different employee groups and different level of managers so that you can simply see how managers impact on their direct reports.

The tool is set up as a “one-off” so that the organization doing their survey will have to develop and add a coding system to distinguish between the various employee groups, union and non-union and different levels of management. This will need to be done in order to provide data that is meaningful.

General Comments

No comments provided.

Wellness Checkpoint

InfoTech Inc.



►► **RECOMMENDED**

Description

Wellness Checkpoint helps simplify the process of identifying at-risk employees and provides organizations with the aggregate data to make better decisions on how to create a healthier work environment that leads to better health, wellness and performance of employees.

Tool Construction

See InfoTech's Sources Reference Summary for a detailed description of tool construction. This additional resource can be accessed through the online Resource Listing.

Additional Resources

Sources Reference Summary
Wellness Checkpoint Risk Score Rating
Wellness Checkpoint Standards

Contact Information

InfoTech Inc.
485 Madison Street
Winnipeg, Manitoba
R3J 1J2 Canada

Phone: 204-788-1500
Toll-free: 1-800-363-WELL
Fax: 204-788-1600
sales@wellnesscheckpoint.com
www.wellnesscheckpoint.com

Current Practices



Health Risk Assessment



Validity/Reliability Evaluation Conducted



Cost



Proprietary



Made in Canada



Online Access



Language + (other than English and French)



French



Lifestyle Practices



Employee Completion



Long Completion Time



Internal Implementation



HISTORY

Current Status: Active

Developed: 1991

Adapted From/Built On:

None.

USERS

Intended Sectors/Sizes of Workplaces

Not necessarily size or sector specific, but Wellness Checkpoint has historically been sold to multi-national organizations that have a diverse, multi-lingual, geographically spread out profile.

Intended Users

All employees are encouraged to complete the survey.

Known Users

DuPont, PPG Industries, Proctor & Gamble, CIBC, Bell Canada, BP, Nestlé, Nova, VanCity.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace implements the tool with InfoTech's help and support.

2. Workplace staff involvement

In general, it is the staff within either HR or the benefits department that implements the tool. Often, the Chief Medical Advisor is intimately involved. Successful program launches often involve an assigned project 'champion' who co-ordinates the set-up, marketing, launch, incentives, etc.

3. Workplace leader involvement

Workplace leaders often take the HRA themselves before the commitment to the program launch and are involved in the due diligence process.

4. Collaborative aspects

There is no collaboration during implementation outside of collaboration between the workplace and InfoTech.

Time Involved

1. Time to complete tool

Approximately 40 minutes per employee.

2. Time from distribution to presentation of results

Information is immediate at completion of assessment (both at individual and corporate level).

3. Recommended implementation cycle

Recommended implementation cycle is annually. Licenses run for one full year. Users can access the HRA at anytime during that year. Administrators can access the back-end at any point in time as well. Once a license expires, InfoTech can do a data dump for a client. Otherwise, information remains on the server in an encrypted format. It is then considered an archive.

Analysis Involved

1. Analysis completed by

In-house: Yes

(InfoTech gives administrator rights to clients).

External: Yes

In 80% of cases, InfoTech's clients analyze their own data using the online Wellness Checkpoint DataBanker LIVE. The DataBanker LIVE provides an organizational view of the risk profile of a workplace's population. Training administrators at the client end is part of the sales/maintenance package. In special cases, InfoTech runs the reports and completes the analyses on behalf of the client.

2. Process to analyze

Electronic: Yes

Manual: No

3. Time to analyze

No information available.

4. Outcome of analysis

The reports are created using the online Wellness Checkpoint DataBanker LIVE. Wellness Checkpoint provides multiple options for outcome reports. Wellness Checkpoint provides three key areas of aggregate reporting: a Corporate Summary Report; a Key Indicator Report (provides a graphic view of participant data by risk, readiness to change and key modifiable behaviours and health indicators); and Comparative Index Reports. These results provide comprehensive data to organizations. In addition to these reports, there are also individual reports that are available for each respondent. The employee reports inform respondents of areas where they may be at risk.

B. Economics

Total Cost: \$2500.00 CDN for the annual set-up and maintenance.

Cost per unit/respondent: Companies charged on a per capita basis. This is volume based, and can be anywhere from \$9.00 per user down to \$2.50 per user.

Workplace Resources Used

Time given to employees to complete survey.

C. Other Considerations

Supports for Implementation (materials and training)

InfoTech does not provide any kind of user guides, but instructions appear in the web portal when users log in. As well, there are on-line training tools and InfoTech will also train clients' project leads and administrators. InfoTech trains 2-3 designated administrators on how to run reports and make minor customizations. This is typically done via phone and web. Typical training time requirements are 3-4 hours.

Customization

The tool can be slightly modified to reflect the nuances of the workplace.

Questions can be added or omitted.

Skills required to implement, and to analyze and report

To implement the tool, the following skills are required:

- Human resources, benefits and program management skills.

Languages: English, French, Queen's English, Chinese, German, Italian, Polish, Portuguese, and Spanish.

Tested for Cultural Appropriateness: Yes

Tested for literacy level: Yes

D. Access

Packaged, ready-to-use: Yes

How to access

Contact InfoTech, Inc. (See contact information above).

Restrictions or conditions of access or use

The tool is copyrighted. Licenses only last for one year and then must be repurchased. The tool is only available online.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: For more information on the standards/norms used, see Wellness Checkpoint®'s Risk Score Ratings and Standards documents. This additional resource can be accessed through the online Resource Listing.

Reliability: For more information on the standards/norms used, see Wellness Checkpoint®'s Risk Score Ratings and Standards documents. This additional resource can be accessed through the online Resource Listing.

Formative Testing

Pilot testing: Yes

A medical panel was used to verify algorithms and the logic. InfoTech used an independent IT group to test the software for efficiency.

Consultations: Yes

The development of the tool involved a group of Chief Medical Officers. They provided consultation throughout the development of the tool, the weighting of the scales and the scoring algorithms.

Focus Groups: No information available.

Process Evaluation

InfoTech has used and continues to use what they call “user groups.” These groups are made up of users from Europe and North America who go through the tool and explore new areas. They go over the reporting capabilities, problem areas, and potential modifications. This typically happens once a year.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

Readiness to Change (based on James Prochaska's Stages of Change). Additional information on theoretical underpinnings can be found in InfoTech's Wellness Checkpoint® Standards document. This additional resource can be accessed through the online Resource Listing.

SELECTED REVIEW PANEL COMMENTS

Strengths

Questions are easy to follow, organized and have simple language.

The support materials are very comprehensive (ROI, sample communications, analyzing results).

A medical panel was used to verify algorithms and the logic.

Limitations

Not available in hard copy - may be a challenge for those that are IT challenged.

The company aims for a 40% response rate - this is considered low.

General Comments

No comments provided.

Heart Check

New York State Department of Public Health



▶▶ **RECOMMENDED**

Description

Heart Check is a 226-item inventory designed to measure such features in the worksite as organizational foundations, administrative supports, tobacco control, nutrition support, physical activity support, stress management, screening services, and company demographics. Additional side studies used professional judgments and behavioral surveys. When applied during interventions, positive changes in organizational support levels can result.

Tool Construction

9 sections, which include the following topics: Preliminary Information; Organizational Demographics; Smoking; Nutrition; Physical Activity; Stress; Screening; Administrative Support; and Organizational Foundations.

Needs Assessment



Organizational Culture



Workplace Audit



Validity/Reliability Evaluation Conducted



Cost



Public Domain



Electronic Access



Organizational Culture



Employer/Committee Completion



Long Completion Time



Internal Implementation



Contact Information

Source:
New York State Department of Public Health
Healthy Heart Program

Contact:
Thomas Golaszewski (Developer of tool)
Department of Health Sciences
SUNY at Brockport
17D Hartwell Hall
Brockport NY
14420

HISTORY

Current Status: Active

Developed: 1993

Adapted From/Built On:

None.

USERS

Intended Sectors/Sizes of Workplaces

Not size or sector specific.

Intended Users

The instrument is implemented as an interview directed at key individuals with the requisite knowledge of the organization. These individuals have included human resource managers, occupational health nurses, safety managers, health educators, or other professionals having responsibility for employee health. Often teams of these individuals have been surveyed.

Known Users

No information available.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

Either someone from the workplace, or by an impartial individual from outside the workplace.

2. Workplace staff involvement

Key individuals from the workplace act as subjects of the interviews. These individuals have included human resource managers, occupational health nurses, safety managers, health educators, or other professionals having responsibility for employee health. Often teams of these individuals have been surveyed.

3. Workplace leader involvement

Workplace leaders may be the individuals from the workplace who are being interviewed.

4. Collaborative aspects

No information available.

Time Involved**1. Time to complete tool**

Approximately 40 minutes per interview. The number of interviews conducted is determined by the workplace.

2. Time from distribution to presentation of results

No information available.

3. Recommended implementation cycle

No information available.

Analysis Involved**1. Analysis completed by**

In-house: No

External: Yes

A workplace could have someone in the wellness committee conduct the interviews and analyze the data and then create the outcome of analysis.

2. Process to analyze

Electronic: No

Manual: Yes

Using a checklist approach, Heart Check tallies the number of ways a worksite has promoted healthy living for employees over the last 2 years through policies, opportunities and administrative means. There are a total of 226 possible points. The score for a worksite is recorded as the percent (%) of total points tallied out of the total possible points. Scoring is based on a dichotomous system. Points can be totaled to create a composite score or be grouped by content areas to form subscales.

3. Time to analyze

No information available.

4. Outcome of analysis

Taken in total and summarized as a numeric score, the characteristics uncovered by the survey are intended to define a company's internal support related to employee heart health. This stands as the initial "outcome of analysis", but a formal report can be written up by the individual(s) holding the interviews if the workplace prefers.

B. Economics

Total Cost: The tool is available in an article in *The American Journal of Health Promotion* (see below under Access for more info), which is downloadable and also available in hardcopy. The cost is approximately \$13 US.

Cost per unit/respondent: \$0

Workplace Resources Used

Printing of survey when administered on paper and time given to complete the interviews.

C. Other Considerations

Supports for Implementation (materials and training)

None.

Customization

No customizations are offered.

Skills required to implement, and to analyze and report

No information available.

Languages: English

Tested for Cultural Appropriateness: No information available.

Tested for literacy level: No information available.

D. Access

Packaged, ready-to-use: Yes

How to access

The survey can be found accompanying an article on its development: Golaszewski, Thomas & Brian Fisher. "Heart Check: The Development and Evolution of an Organizational Heart Health Assessment." *American Journal of Health Promotion*. 2002, 17 (2): 132-153. This article can be accessed online at www.ajhp.com at a cost of \$13 US (price is subject to change) in PDF or hardcopy format.

Restrictions or conditions of access or use

No.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: Yes

Construct validity proven through the Composite Study and the Behavioral Study. Criterion validity proven through the Student Study and the Johnson & Johnson Study. Construct validity proven through Composite Study. Construct validity proven through Behavioral Study.

Reliability: Yes

During the Student Study the following was observed: interrater reliability and internal consistency reliability. During the Johnson & Johnson Study the following was observed: interrater reliability and intrascale reliability.

Formative Testing

Pilot testing: Yes

The instrument was field tested in four cooperating worksites using a group of 14 advanced health promotion undergraduate students serving as independent raters (the Student Study). On-site group interviews conducted by the students were held at each location. Students rotated interviewing duties, with all having the option of probing for more details when a response was given. Scores were independently tabulated on a worksheet and later entered in to a statistical software package for analysis.

Consultations: Yes

The instrument was reviewed by an external group of national health promotion experts. Since this early activity, numerous health professional have subsequently used Heart Check with periodic editorial suggestions provided to its authors.

Focus Groups: No information available.

Process Evaluation

Since formative testing, numerous health professionals have subsequently used Heart Check with periodic editorial suggestions provided to its authors.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

The Social-Ecological Model.

SELECTED REVIEW PANEL COMMENTS

Strengths

It appears to be a good research tool for policy development.

Limitations

No comments provided.

General Comments

No comments provided.

HeartWorks Survey

Regional Niagara Public Health Department



▶▶ **RECOMMENDED**

Description

To identify the health status of employees – what kind of health behaviours they have, their self-perceived health, their intent to change, and their relative job satisfaction.

Tool Construction

52 questions. Sections include: Food choices; BMI; Physical Activity; Smoking; Stress; Alcohol, Medication and Other Drugs; and questions specific to Data Analysis.

Current Practices



Health Risk Assessment



Organizational Culture



Cost



Public Domain



Made in Canada



Paper Access



Organizational Culture



Lifestyle Practices



Employee Completion



Medium Completion Time



Internal Implementation



Additional Resources

Sample PowerPoint Presentation
HeartWorks Survey (tool itself)

Contact Information

Corinne Smith
Public Health Nurse
Regional Niagara Public Health Department
573 Glenridge Avenue
St. Catharines, Ontario
L2T 4C2 Canada

www.regional.niagara.on.ca/government/health/default.aspx

HISTORY

Current Status: Active

Developed: 1998. Revised in 2004.

Adapted From/Built On:

Modeled after Health Canada's tool – the "Workplace Health Needs and Risks Survey", and the National Quality Institute's healthy workplace criteria. Questions on alcohol and substance abuse are from the Centre for Addiction and Mental Health.

USERS

Intended Sectors/Sizes of Workplaces

Medium to large workplaces. Could also be used by smaller workplaces.

Intended Users

All employees are encouraged to complete the survey.

Known Users

General Motors Canada Plants, Family and Children Services, West Lincoln Memorial Hospital, Niagara College of Applied Arts, GDX Corporation, Daytimers of Canada, Niagara Credit Union, Region of Niagara, Brain Injury Community Re-entry (Niagara inc), Loyalist Nursing Home, CNIB.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace, with the help and support of the Regional Niagara Public Health Department.

2. Workplace staff involvement

It is very important with the implementation of the HeartWorks survey that the workplace itself and the wellness committee takes ownership, and makes final decisions. The Wellness Committee is in charge of distributing the survey, setting up programming afterwards, communicating information to workers, and following the stages of health promotion. The wellness committee works in consultation with Niagara, and does ongoing programming. The committee meets every month with union representatives, management and front line representatives to ensure that there is cross representation from all staff.

3. Workplace leader involvement

Workplace leaders are invited to participate from the beginning. Niagara Public Health feels strongly that the HeartWorks survey cannot be talked about without senior management at the table. When the final Report is presented, it is important that Senior Management is there as well.

4. Collaborative aspects

Collaboration involved Brock University at the beginning of the HeartWorks survey implementation in workplaces. Niagara has been asked by many other public health departments for collaboration and they provide the tool to others for adaptation.

Time Involved

1. Time to complete tool

Approximately 20 minutes per employee.

2. Time from distribution to presentation of results

2 to 3 months depending on the workplace and how long it takes surveys to come back. Time constraints might occur in the analyzing process.

3. Recommended implementation cycle

Every 2-3 years.

Analysis Involved

1. Analysis completed by

In-house: No

External: Yes

Niagara Public Health analyzes the data.

2. Process to analyze

Electronic: Yes

Manual: No

The surveys are scanned through a machine that the Niagara Public Health Prep Planning Research Evaluation Program (PREP unit) has purchased (scanning equipment SPSS format).

3. Time to analyze

Approximately 1-2 weeks to analyze, one month for the report (per 1500 surveys).

4. Outcome of analysis

An aggregate report and a summary report in PPT presentation are presented to the wellness committee and senior management. In the report, there is information beyond just the data that was collected. For instance, there are provincial benchmarking comparisons.

B. Economics

Total Cost: No information available.

Cost per unit/respondent: \$1

Workplace Resources Used

Printing of survey when administered on paper and time given to complete the survey; workplace wellness committee member time to manage the process.

C. Other Considerations

Supports for Implementation (materials and training)

No supporting materials are provided, but consultation is needed from Niagara Public Health to set up the survey, write communications to employees regarding the survey process, decide what kind of timeline to use and whether or not to use incentives, etc.

Customization

No customizations are offered.

Skills required to implement, and to analyze and report

For implementation, Regional Niagara Public Health Department assists the workplace in implementing the survey and through a consultant from Regional Niagara, offers the following skills:

- Good background in Workplace Health
- An understanding of workplace health principles, health promotion theory, and workplace dynamics
- High language skills and good communication skills

For analysis and reporting, not applicable. Regional Niagara Public Health Department completes these steps.

Languages: English

Tested for Cultural Appropriateness: No

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

Contact the Regional Niagara Public Health Department (See contact information above). The tool can also be accessed through the online Resource Listing.

Restrictions or conditions of access or use

If the tool is used or adapted, please credit the Regional Niagara Public Health Department.

EFFECTIVENESS ELEMENTS



Evaluation

Reliability and Validity

Validity: No

Reliability: No

Formative Testing

Pilot testing: Yes

The HeartWorks survey was piloted at Niagara Regional Public Health Department and the Canadian Tire Corporation in 1999 as well.

Consultations: No

Focus Groups: No

Process Evaluation

There were revisions in 2004 and multiple sources were used for wording of questions. Centre for Addiction and Mental Health was used for questions related to alcohol and substance abuse, and then those questions were taken to an epidemiologist to confirm reliability. Informally, through their own team, Niagara has found that they seem to know what works best for the HeartWorks Survey.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

Healthy Eating Practices from the Registered Dietitians Association, and James Prochaska's Stages of Change. Questions on alcohol and substance abuse are from Centre for Addiction and Mental Health; satisfaction questions are based on what NQI constitutes as a healthy workplace, and other concepts are based on general health promotion principles.

SELECTED REVIEW PANEL COMMENTS

Strengths

Informal follow-up with workplaces who implemented the study found positive results & good changes following the survey.

Lowest participation rate cited was 60%. Others 80% and higher. This is very good.

Limitations

If used in workplaces without high English language comprehension, it might be problematic.

Not formally tested for validity and reliability.

Some answers/questions were slightly complex and required re-reading of the questions. Especially questions which asked about behavior AND the length of time in the behavior.

The full range of "supports" (i.e., consultations and follow-up) might not be available to workplaces outside of the Niagara Region.

General Comments

No comments provided.

Workplace Health Promotion Quality Assessment Questionnaire

National Centre for Workplace Health Promotion

The Nofer Institute of Occupational Medicine



▶▶ **PROMISING**

Description

The tool is aimed at general assessment of the quality of Workplace Health Promotion programmes. It also serves as a guideline and a marketing tool. It is a questionnaire consisting of 6 parts concerning the policy, structures, objectives, planning, implementation and evaluation of Workplace Health Promotion in the company. In each part several crucial issues are tackled. The respondent/organization has to establish whether the criteria indicated in each part are met. It is process oriented, allows an insight into structures, management of the healthy workplaces projects, and covers all key areas in integrated health management in the organization.

Tool Construction

6 sections, which cover the following topics: Health Promotion Policy; Health Promotion Structures; Health Promotion Planning; Health Promotion Objectives; Health Promotion Implementation; and Health Promotion Evaluation.

Workplace Audit



No Cost



Public Domain



Paper Access



Online Access



Language⁺ (other than English and French)



Organizational Culture



Occupational Health and Safety



Lifestyle Practices



Employer/Committee Completion



Long Completion Time



Internal Implementation



Additional Resources

Workplace Health Promotion Quality Assessment Questionnaire (tool itself)

Contact Information

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HISTORY

Current Status: Active

Developed: 2001

Adapted From/Built On:

The tool has been developed on the basis of a literature review of existing Workplace Health Promotion evaluation tools and practical experience from work with enterprises.

USERS

Intended Sectors/Sizes of Workplaces

Medium to large workplaces (>50+ employees), all sectors.

Intended Users

A person or a group of people in charge of workplace health promotion initiatives in a company.

Known Users

The tool has been used by local occupational medicine stations and workplace health promotion leaders active in those stations for the evaluation of activities in regional workplace health promotion strategies.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace implements the tool on its own.

2. Workplace staff involvement

A Healthy Workplace Committee (or a person with a similar role in the company) is involved in gathering the information. It usually requires a consultation with the management of the company to receive all the detailed information.

3. Workplace leader involvement

Workplace leaders can be consulted about issues regarding the data collection. The tool also provides the respondents with the knowledge of what the essential elements of good practice in workplace health are. In that respect, it could be used as a guidebook in the process of developing a healthy workplace policy.

4. Collaborative aspects

Collaboration is not necessary, but if the workplace is interested in guidance while planning new programming, it might try to obtain the assistance of some workplace health promotion professionals.

Time Involved

1. Time to complete tool

Approximately 60 minutes by the Workplace Committee or person completing the survey.

2. Time from distribution to presentation of results

The results can be presented immediately, so it only takes a few hours.

3. Recommended implementation cycle

Annually. It is also helpful to implement the tool before or after the realization of major workplace health promotion developments.

Analysis Involved

1. Analysis completed by

In-house: Yes

External: No

The data is analyzed by the Workplace Committee or the individual that completes the tool.

2. Process to analyze

Electronic: No

Manual: Yes

Points are tabulated and then measured against a set 'benchmark' number. If the workplace's score matches or exceeds that number, its workplace health promotion programs are considered a 'model of good practice'.

3. Time to analyze

Only as long as it takes to tabulate the data. As little as a few minutes.

4. Outcome of analysis

The completed tool stands as the outcome of analysis – it provides workplaces with a score to measure their workplace health promotion programs by. If the employee(s) completing the tool decides to put the information into a formal report for the workplace, that is up to them.

B. Economics

Total Cost: \$0

Cost per unit/respondent: \$0

Workplace Resources Used

Time given to employees to complete the survey.

C. Other Considerations

Supports for Implementation (materials and training)

None.

Customization

No customizations are offered.

Skills required to implement, and to analyze and report

For implementation, the following skills are required:

- A general knowledge of workplace health promotion.
- A general knowledge of either the workplace's policies and programming, or knowledge of who to speak with to obtain such information.

For analysis and reporting, the following skills are required:

- A general knowledge of workplace health promotion.

Languages: English, Polish (this has not been checked from a translation perspective).

Tested for Cultural Appropriateness: No

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

In Poland it has been published in *Medycyna Pracy* (Nr 2002/5 Elzbieta Korzeniowska, Krzysztof Puchalski, *Kwestionariusz Oceny Jakosci Programu Promocji zdrowia w miejscu pracy*) and is available online on the National Centre for Workplace Health Promotion Web site. (*Medycyna Pracy* can be purchased from NIOM Publishing Office at <http://www.imp.lodz.pl/oficyna/oficyna.htm>. It is also available on the National Centre Web site.) The tool can also be accessed through the online Resource Listing.

Restrictions or conditions of access or use

There are no formal restrictions. However, to use the tool properly a general knowledge of workplace health promotion is vital.

If the tool is used or adapted, please credit the National Centre for Workplace Health Promotion, The Nofer Institute of Occupational Medicine.

EFFECTIVENESS ELEMENTS



Evaluation

Reliability and Validity

Validity: No

Reliability: No

Formative Testing

Pilot testing: No

No customary, formal pilot testing of the Polish version of the tool. (The English version has had no testing.)

Consultations: Yes

A draft of the tool was presented to the workplace health promotion leaders that cooperate with the Nofer Institute (people trained to perform workplace health promotion programs) and used their responses to prepare the final version of the tool. This consultancy, though, has not been carried out in a systematic way.

Focus Groups: No

Process Evaluation

No information available.

PLAUSIBILITY ELEMENTS



Theoretical Underpinnings

The tool has been developed using the elements of theories on self-learning organization, quality management and setting approach; the key theory would be model of system socio-organizational change (Grossmann, Scala), the questionnaire was prepared according to RUMBA standards on quality (as presented in Parish R., Quality of Health Promotion in the Workplace).

SELECTED REVIEW PANEL COMMENTS

Strengths

This tool is elegant in its simplicity.

Although it is process oriented, it provides workplaces with excellent insight into the structures and management of healthy workplace projects. This is a very promising tool.

The tool has very well organized sections with clear headings and relevant questions and very well composed format. It is easy & clear to understand how to use the tool.

Tool can be re-used to assess progress.

Limitations

Language improvement (i.e. translation) would improve the plausibility rating further. Some questions need refinement in translation into English. They were “in the right direction,” but left a little too much latitude/room for interpretation. Some examples may help the survey respondent to more easily identify initiatives that fit within each category.

Would be improved with a planning support manual for “now what” after audit is conducted. This would not be necessary if committee had knowledge of CWHP.

In the introduction to the tool the explanation needs to be bulleted rather than in paragraph format when explaining point structure. Also, the explanation that a workplace needed at least 4 points in each of the 6 categories needs to be further refined.

General Comments

Most appropriate for larger workplaces (greater than 40 employees).

NQI Employee Healthy Workplace Survey

National Quality Institute (NQI)



►► **RECOMMENDED**

Description

The NQI Employee Healthy Workplace Survey is an online (and/or paper-based) survey tool that organizations can use to reliably track employee perceptions and attitudes about their workplace and provide them with timely feedback on organizational strengths and opportunities for improvement. It was constructed with four major goals in mind.

- To be based on sound and empirically tested theories of employee satisfaction.
- To be designed in such a way as to balance the needs of scientific rigour (including high reliability and validity of the scales), with the practical aspects of being used in organizations.
- To be a generic measure that could be used with a wide variety of industries, across job levels and job functions.
- To capture a wide range of employee satisfaction facets and provide attitudinal scales to measure employee attitudes related to the practice of Healthy Workplace and Quality in the workplace.

Tool Construction

8 sections with 5-10 questions in each. Sections include: Physical Environment; Health Practices; Culture and Supportive Environment; Leadership; Planning; People Focus; Processes; and Other Questions.

Contact Information

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Needs Assessment



Organizational Culture



Cost



Proprietary



Made in Canada



Electronic Access



Online Access



French



Organizational Culture



Occupational Health and Safety



Lifestyle Practices



Employee Completion



Medium Completion Time



External Implementation



HISTORY

Current Status: Active

Developed: 2003

Adapted From/Built On:

It is based on the Canadian Healthy Workplace Criteria, which was developed by NQI with the help of Health Canada health and wellness professionals.

USERS

Intended Sectors/Sizes of Workplaces

Not size or sector specific.

Intended Users

It is good for a cross section of the employee population to complete the tool. There needs to be a statistically significant portion based on sample size.

Known Users

Hospitals and private and public sector companies.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

NQI, with the help and support of the workplace.

2. Workplace staff involvement

Workplace HR or workplace health staff people are involved in implementation. A staff person is also selected to be the “lead” on the project and to work closely with NQI.

3. Workplace leader involvement

The invitation letter typically comes from the CEO and managers. CEOs and managers are involved as respondents as well.

4. Collaborative aspects

Collaboration typically takes place between NQI and the organizations HR department or workplace health staff.

Time Involved

1. Time to complete tool

Approximately 15 minutes per employee.

2. Time from distribution to presentation of results

Typically takes 2-6 weeks.

3. Recommended implementation cycle

Annually. The survey is designed to be administered periodically (annually) to provide a workplace with information over time. Cumulative reports can be generated to show how an organization is doing compared to previous administrations.

Analysis Involved

1. Analysis completed by

In-house: Yes

External: Yes

See below.

2. Process to analyze

Electronic: Yes

Manual: Yes

See below.

3. Time to analyze

Approximately two weeks.

4. Outcome of analysis

There are two reports available. The first is electronically created in real time by the NQI database. This is free, but it is a score-based report that only gives a workplace figures to work with. The second report is available for a fee and it is manually created by NQI staff that analyzes trends, does benchmarking, etc. This report involves actual analysis of the scores, whereas the first only provides numbers. It is possible for a workplace to create its own report, however, if there is an individual who is capable.

B. Economics

Total Cost: No information available.

Cost per unit/respondent: No information available.

Workplace Resources Used

Printing of survey when administered on paper and time given to employees to complete survey.

C. Other Considerations

Supports for Implementation (materials and training)

The “lead” at the workplace is emailed instructions on how to access the administrative side of the online web application. These instructions are quite detailed and straightforward. Also, the invitation email sent out to employees has some instructions about how to access the tool online and each question in the online survey has a help button that can be clicked on if a respondent wants more background on the question.

Customization

Tool can be slightly modified to reflect the nuances of the workplace.

Questions can be added or omitted.

Skills required to implement, and to analyze and report

This is only applicable when a workplace decides to create its own report.

The individual responsible for that task must be familiar with:

- Workplace health promotion
- Writing reports
- Analyzing data

Other than that, all steps are typically completed by employees of NQI.

Languages: English, French

Tested for Cultural Appropriateness: No

Tested for literacy level: Yes

D. Access

Packaged, ready-to-use: Yes

How to access

Contact NQI (See contact information above).

Restrictions or conditions of access or use

The tool is copyrighted.

EFFECTIVENESS ELEMENTS



Evaluation

Reliability and Validity

Validity: No

Reliability: No

Formative Testing

Pilot testing: Yes

Pilot testing was conducted by NQI in a client organization. Employees completed the electronic version of the survey (online) alongside focus groups who were asked similar questions.

Consultations: No

Focus Groups: Yes

Focus groups with employees of a client organization were asked similar questions to those on the survey to prove or disprove the survey's ability to retrieve the information it was intended to.

Process Evaluation

NQI regularly receives feedback from clients. This typically happens in either follow-up face to face meetings or over the phone and usually involves the person at the workplace who acted as "lead" during the implementation of the survey.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

NQI's Canadian Framework for Excellence and Canadian Healthy Workplace Criteria* were used as a guideline for developing the survey, consistent with internationally recognized Principles of Quality.

*The Canadian Healthy Workplace Criteria were developed by the National Quality Institute and in partnership with Health Canada, in association with professionals from the health and wellness sector.

SELECTED REVIEW PANEL COMMENTS

Strengths

Covers all three aspects of CWHP including: physical environment, health practices and cultural and supportive environment. Framework promotes a comprehensive approach to managing a healthy workplace.

Easy to follow and understand.

Relevant to all business types.

NQI provides many support services, including onsite consultation regarding implementation.

Limitations

Workplaces with a high percentage of employees with low literacy levels may have difficulty with some questions.

General Comments

Survey is used as part of the NQI Healthy Workplace Criteria process, used to identify strengths and challenges. NQI emphasizes organizational commitment to implement change based on survey results.

Improving Your Workplace Employee Survey

NRC + Picker Canada



▶▶ **RECOMMENDED**

Description

The tool is intended to help workplaces understand the important factors in a positive health workplace, to identify strengths and areas for improvement.

Tool Construction

33 Questions. Sections include: How do you rate your workplace?; How can your organization improve?; Quality of Care; Perspectives on Patient Care; Organizational Commitment and Career Plans; Overall Impressions; Safety, Training and Health; Specific Work Life Issues; and Information About You.

Current Practices



Needs Assessment



Organizational Culture



Validity/Reliability Evaluation Conducted



Cost



Proprietary



Made in Canada



Electronic Access



Paper Access



Online Access



French



Organizational Culture



Occupational Health and Safety



Lifestyle Practices



Employee Completion



Long Completion Time



External Implementation



Contact Information

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www.nrcpicker.com

HISTORY

Current Status: Active

Developed: 2002 (Enhanced)

Adapted From/Built On:

The tool was revised from an original survey developed by Hays et al. Additional scales/questions were taken from recommendations by the National Quality Institute and the Institute for Work and Health. In collaboration with St. Michael's Hospital, NRC + Picker Canada adapted the questionnaire to reflect what was important to employees. NRC + Picker asked a sample of employees what was important to measure, then designed the questionnaire and tested it with employees across a facility through focus groups and written feedback.

USERS

Intended Sectors/Sizes of Workplaces

Small, medium, and large workplaces (workplaces with a minimum of 20+ employees).

Intended Users

All employees are encouraged to complete the survey.

Known Users

Numerous Ontario Hospital Association facilities and other health-related organizations in Ontario, Western Provinces and Nova Scotia.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace, with the help and support of NRC + Picker.

2. Workplace staff involvement

Usually the Head of Human Resources, or a Quality Director, or Director of Nursing are involved in the process. They are also typically the ones who make initial contact with NRC + Picker, help customize tool, do promotion, and act as primary contact throughout the process.

3. Workplace leader involvement

Workplace leaders are responsible for signing contracts with NRC + Picker, helping in promotion, and answering the survey themselves.

4. Collaborative aspects

Other than the collaboration that takes place between NRC + Picker and the workplace, there is no other collaboration.

Time Involved

1. Time to complete tool

Approximately 30 minutes per employee.

2. Time from distribution to presentation of results

Approximately 4 months.

3. Recommended implementation cycle

Every 12-18 months.

Analysis Involved

1. Analysis completed by

In-house: No

External: Yes

The data is analyzed by the analysts at NRC + Picker Canada.

2. Process to analyze

Electronic: Yes

Manual: No

NRC + Picker's computer system is designed to analyze the results automatically. Data from paper copies is entered in as it comes in.

3. Time to analyze

No information available.

4. Outcome of analysis

An Action Plan Report is created for the workplace, and also for any sub-units that they identify (example: Hospital Corporate level, department level, unit level, union group, floor etc). Interactive data (data that are loaded online so the workplace can look at progress as it is coming in 5 days after surveys are received) are also available to drill down to get results at a deeper level. Aggregate results are placed on the client's Web site. NRC + Picker will set this Web site up for the workplace and subsequently train the workplace to access the results.

B. Economics

Total Cost: Depends on volume and Data Collection Method.

Cost per unit/respondent: Depends on volume and Data Collection Method.

Workplace Resources Used

Provide employee information for inviting participation and criteria for reporting data. Success also depends on workplace promoting survey to employees and sharing results.

C. Other Considerations

Supports for Implementation (materials and training)

An implementation manual is provided to the primary contact. Ongoing support throughout implementation is provided via email and phone.

Customization

Tool can be slightly modified to reflect the nuances of the workplace.

Questions can be added or omitted.

Skills required to implement, and to analyze and report

No information available for skills required for implementation.

For analysis and reporting, not applicable. NRC + Picker's Project Team complete all steps.

Languages: English, French

Tested for Cultural Appropriateness: No

Tested for literacy level: Yes

D. Access

Packaged, ready-to-use: Yes

How to access

Contact NRC + Picker Canada (See contact information above).

Restrictions or conditions of access or use

The tool is copyrighted.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: Yes

Reliability: Yes

Formative Testing

Pilot testing: Yes

Consultations: Yes

Focus Groups: Yes

In collaboration with St. Michael's Hospital, NRC + Picker adapted the questionnaire to reflect what was important to employees. Employees were asked what they felt was important to measure. The tool was then designed and tested with employees across a facility through focus groups and written feedback.

Process Evaluation

Process evaluation has come in the form of the satisfaction of respondents with the survey process, and client evaluations of NRC + Picker.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

No information available.

SELECTED REVIEW PANEL COMMENTS

Strengths

It is a flexible tool that can be modified.

Strong participative approach.

Good theoretical underpinnings.

The questions are grouped logically and the structure is consistent.

Limitations

Client may need assistance in how to use the information to create a CWHP.

The sentences seem to be fragmented and not always clear (reviewers had to refer back to the heading to obtain the context of the question).

Seems to be written at about a grade 12 level. This could be an issue in some workplaces.

General Comments

Would be appropriate for health care based organizations looking to address organizational culture issues.

OHA Healthy Hospital Employee Survey (©HHES)

Ontario Hospital Association, in partnership with
Brock University



►► **RECOMMENDED**

Description

The ©HHES addresses the following purposes:

- 1) Identify the key drivers of employee satisfaction and productivity in health care organizations
- 2) Identify gaps between the respondents' satisfaction with, and perceived importance of, key quality of work life factors
- 3) Clearly identify organization's greatest areas of strength - and pinpoint the greatest opportunities for improvement
- 4) Identify respondents' key health behaviours and risk, current health status and readiness to change
- 5) Compare the findings across departments and levels in participating organizations
- 6) Systematically evaluate comments and suggestions of respondents
- 7) Allows for the review and action on provincial/national employee health/quality of work life issues
- 8) Benchmarking capabilities

Organizational Culture 

Health Risk Assessment 

Proprietary 

Validity/Reliability Evaluation Conducted 

Cost 

Organizational Culture 

Occupational Health and Safety 

Lifestyle Practices 

Online Access 

Paper Access 

Made in Canada 

Long Completion Time 

Employee Completion 

Internal Implementation 

Contact Information

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http://www.whru.ca

Tool Construction

4 sections with multiple questions in each, which cover the following topics. **Section 1:** Organization Health Leadership and Supervision; Employment Relationships; Quality of Work life; Overall; and Job Activities. **Section 2:** Individual Health and Well-being Personal Information; Physical Activity; Tobacco Use; Nutrition; Alcohol; Medication; Stress and Well-being; Sleep; Overall Health; Medical History. **Section 3:** Your Feedback. **Section 4:** Work and Research Categories.

HISTORY

Current Status: Active

Developed: 2002

Adapted From/Built On:

The OHA ©HHES was compiled from the Employee Feedback System (©EFS) developed by WHRU - Brock University, and the Health Risk Appraisal developed by Global Medic (a subsidiary of the Canadian Medical Association). The Ontario Hospital Association and Brock University also wrote and added healthcare specific questions. The survey and report templates and algorithms developed for the ©EFS and the Global Medic Health Risk Appraisal (HRAA) were customized and are used by WHRU to implement the ©HHES in healthcare organizations.

USERS

Intended Sectors/Sizes of Workplaces

This tool was designed and is used in the Canadian health care sector (largely hospitals, health care systems).

Intended Users

All employees are encouraged to complete the survey, but sometimes departments within an organization complete the tool, or random samples are completed in large workplaces.

Known Users

There are approximately 32 known users of the OHA ©HHES (June 2005).

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace, with the help and support of the OHA and Brock's WHRU.

2. Workplace staff involvement

Representative employee committees (such as wellness committees or other cross-functional teams) are encouraged to assist in the design and implementation of the survey and the survey process. Further, the OHA in collaboration with Brock encourages employee groups to be actively engaged in the action planning process with the findings.

3. Workplace leader involvement

Workplace leaders participate in the design and implementation of the survey. It is often the leaders who set the parameters and goals for the process. They are largely involved in reviewing and customizing the survey and report templates to meet their information needs, determining the scope of reporting to be created, identifying the follow up action planning processes that will be put into place, etc. It is usually the organizational leaders who 'receive' the findings first, via a presentation or a teleconferenced review of their report(s). Ongoing discussions and consultative support are often offered to Senior Leaders as they work to finalize and implement their action plans. Further, OHA in collaboration with Brock consultants often work directly with Senior Leaders to incorporate/integrate the EFS findings with other strategic initiatives such as balanced scorecards, organizational and HR strategic plans, management performance programs, etc.

4. Collaborative aspects

WHRU and Brock's client workplaces implement the tool in partnership with the Ontario Hospital Association.

Time Involved

1. Time to complete tool

Approximately 25-35 minutes per employee.

2. Time from distribution to presentation of results

Usually 1 -2 weeks of distribution and reports are delivered 4 weeks following distribution. However, timelines are largely affected by the organization's size (# of employees) and specifications of the project (e.g. delivery mode, type and level of reports, number of reports, level of customization, etc.). Brock generally encourages at least a 2-week 'window' where employees can complete and return the survey and in standard projects with one overall organizational report, the presentation of results would occur within 1 month of receipt of the paper surveys (shorter timelines are possible if the data collection is 100% web based).

3. Recommended implementation cycle

Anywhere from annually to every 3 years.

Analysis Involved

1. Analysis completed by

In-house: No

External: Yes

Brock's internal statisticians and researchers conduct the data analysis.

2. Process to analyze

Electronic: Yes

Manual: Yes

Pen/paper surveys are scanned electronically with some manual qualitative entry. WHRU's and Global Medic's standardized, proprietary analysis and reporting templates are used to analyze and report on data at the organizational and group level (e.g. department, location, job type, job level, etc.). Various software programs have been used to develop Brock's systems (e.g. Autodata, Visual Basic/Excel, SPSS), but all have been fully customized to meet their analysis/reporting needs. Their web based systems were custom designed and built by WHRU and are proprietary to Brock University.

3. Time to analyze

Reports delivered within 4 weeks of receiving data. Individual requests can be completed within same day to 3 days following request.

4. Outcome of analysis

Various types and levels of aggregate reports are generated and provided back to the client organization in both paper and CD Rom. These reports are fully colour coded and consist of a series of graphs/tables demonstrating the results. There is also often a written interpretation/recommendation section included. Individual reports are not available.

B. Economics

Total Cost: No information available.

Cost per unit/respondent: Reduced price for OHA members vs. non-members.

Workplace Resources Used

Time given to employees to complete survey. Time required for internal processes.

C. Other Considerations

Supports for Implementation (materials and training)

The OHA and Brock provide the following materials to workplaces:

- An outline of how to plan for a survey in an organization.
- Public domain documents on how to ensure success.
- Marketing materials and posters.

The OHA provides information to interested organizations addressing the OHA Healthy Hospital Initiative which is a broad initiative focused on improving organizational health within the healthcare sector.

Also available is access to the OHA Wellness Consultant whose expertise focuses on the OHA ©HHES via telephone and e-mail, counseling clients in the process. Brock account managers are also available via phone and e-mail to counsel organizations throughout the process. Brock often provides orientation/training to internal groups regarding employee survey best practices, data interpretation, action planning, etc.

Customization

Items can be slightly modified to reflect the nuances of the workplace.

Items and scales can be added or omitted.

Skills required to implement, and to analyze and report

For implementation, the project leads need to fully understand their organization and how to best get the highest response rate possible.

For analysis and reporting, not applicable. WHRU completes all steps.

Languages: English

Tested for Cultural Appropriateness: No

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

Contact the OHA Wellness Consultant who then connects interested organizations with the Workplace Health Research Unit at Brock University (See contact information above).

Restrictions or conditions of access or use

Users must agree to the terms and conditions as established by OHA and WHRU.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: Yes

Reliability: Yes

Formative Testing

Pilot testing: Yes

The ©HHES was originally pilot tested with 19 Ontario based hospitals/health care systems.

Consultations: No information available.

Focus Groups: No information available.

Process Evaluation

The Ontario Hospital Association (OHA) conducted an evaluation of the tool and the ©HHES project immediately after the initial pilot of 19 hospitals. The OHA had a series of formal discussions with the ‘sponsor’ of the ©HHES project at each of the participating pilot health care institutions to determine:

- 1) Key challenges and success factors of the ©HHES projects;
- 2) Recommended changes/improvements to the ©HHES survey and reports;
- 3) Planned actions based on the survey findings.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

Much of the ©HHES was based on the ©Employee Feedback System developed by Brock University. The OHA in partnership with Brock University wanted to create a survey that not only reflected the work-life aspect of employees, but also took into account individual responses. Therefore, an HRA (from Global Medic) was incorporated into the survey, and the single item scales were used instead of the multi-scale items from the ©EFS. The ©HHES was theoretically derived from the ©EFS, but was elaborated and expanded upon to capture extra elements for use in health care organizations. The ©EFS has been extensively validated.

SELECTED REVIEW PANEL COMMENTS

Strengths

Well thought out questions and some that were interesting to ask.

The tool seems fairly clear and easy to follow. Questions are grouped according to purpose of the question. Nice to see some open-ended questions.

The tool is fairly comprehensive in scope.

Limitations

Perhaps a little on the lengthy side - 40 minutes. Although, in looking at the survey, it doesn't seem like it would take quite that long. It may be a deterrent for respondents though.

The tool has not been reviewed for literacy level or cultural appropriateness. Only available in English. Terminology may be higher than a grade 5 level.

General Comments

Test developers collaborate directly with workplace leaders to design and implement survey.

SF-36v.2

QualityMetric Incorporated

▶▶ **PROMISING**



Description

To measure the health and well being (quality of life) of individuals and populations for the purposes of measuring disease burden and treatment effectiveness, predicting risk, as well as to engage the consumer/patient/employee meaningfully in his or her own health status measurement for compliance, wellness, and health promotion initiatives.

Tool Construction

36 Questions. Sections include 8 scales on: Physical Functioning; Role Physical; Bodily Pain; General Health; Vitality; Social Functioning; Role Emotional; Mental Health. There is also a Reported Health transition question. The above scales may be used to calculate the MCS (Mental Component Summary) and the PCS (Physical Component Summary).

Current Practices



Needs Assessment



Validity/Reliability Evaluation Conducted



Cost



Proprietary



Electronic Access



Paper Access



Online Access



Language + (other than English and French)



French



Lifestyle Practices



Employee Completion



Short Completion Time



Internal Implementation



Contact Information

QualityMetric Incorporated
640 George Washington Hwy.
Ste. 201
Lincoln, RI
02865 USA

www.qualitymetric.com

HISTORY

Current Status: Active

Developed: 1988

Adapted From/Built On:

The SF-36v2 is an adaptation of the original SF-36*. After 10 years of use it was apparent that there were areas that could be improved. The SF-36v2 is the result of the improvements. Changes made include:

1. Improved instructions and item wording
2. Improved layout for questions and answers
3. Increased comparability in relation to translations and cultural adaptation and minimized ambiguity and bias in wording
4. Adopted five-level response choices in place of dichotomous choices for seven items in the two role functioning scales.

* Interest in short-form (SF) health surveys became a necessity during the Health Insurance Experiment (HIE) in 1980 when study participants refused to complete a lengthy health survey. With colleagues, Dr. Ware reviewed the content of various source instruments for measuring limitations in physical, social, and role functioning; general mental health; and general perceptions. It is the accumulation of experience with these full-length scales that made it feasible to construct useful short-form health scales. Dr. Ware's objective in developing the SF-36 was two-fold: 1) to standardize the content and scoring of an improved form, and 2) the accumulation and evaluation of information that would be useful in interpreting results. The most difficult task in developing the SF-36 was the selection of a subset of 8 health concepts from the more than 40 concepts and scales studies in the Medical Outcomes Study. The 8 health concepts were chosen because they were most frequently represented in similar surveys. They are: physical functioning, role limitations due to physical health problems, bodily pain, general health, vitality (energy/fatigue), social functioning, role limitations due to emotional problems, and mental health (psychological distress and psychological well-being).

USERS

Intended Sectors/Sizes of workplaces

Not size or sector specific.

Intended Users

All employees are encouraged to complete the survey.

Known Users

More than 40 pharmaceutical, biotechnology, and medical device enterprises globally; Over 70 leading health plans, large employers, Pharmacy Benefit Managers, insurance companies, DM companies etc.; over 1,000 hospitals/health systems; and thousands of clinicians, researchers and academics.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace implements the tool.

2. Workplace staff involvement

Typically implemented by an individual from human resources. The IT department may be needed if the tool is to be implemented online.

3. Workplace leader involvement

Managerial involvement is based on the commitment to include the employees' voice in the measurement of their health. It is an engagement strategy that is progressively employed by management and human resources professionals.

4. Collaborative aspects

QualityMetric can analyze the data for workplaces, but at an additional cost. However, collaboration is not necessary.

Time Involved

1. Time to complete tool

Approximately 10 minutes per employee.

2. Time from distribution to presentation of results

No information available.

3. Recommended implementation cycle

It is only recommended that the tool be used sometime after programs or initiatives have been put in place to determine if they have had any effect.

Analysis Involved

1. Analysis completed by

In-house: Yes

External: Yes

The workplace can analyze the data themselves using the QualityMetric "How to Score Version 2 of the SF-36 Health Survey" manual. Or, QualityMetric's Consulting Division offers services for analysis and reporting. However, this comes at an additional cost.

2. Process to analyze

Electronic: Yes

Manual: Yes

Analysis must always be completed manually, but workplaces can purchase QualityMetric's "SF Health Outcomes Scoring Software," which will complete initial scoring of surveys electronically.

3. Time to analyze

No information available.

4. Outcome of analysis

Aggregate reports can be compiled from the data. If QualityMetric completes analysis, they work with customers to practically integrate the data and results into meaningful action that manages costs and improves care delivery.

B. Economics

Total Cost: No information available.

Cost per unit/respondent: No information available.

Workplace Resources Used

Printing and time given to employees to complete the survey.

C. Other Considerations

Supports for Implementation (materials and training)

QualityMetric has a CD-ROM Education series that is accredited through Tufts University, which explains health outcomes. Additionally, they have manuals which provide scoring algorithms and administration and interpretation guidelines. They also have consulting services available. Support materials available include: The Manual and Interpretation Guide, the How to Score manual, and the SF Health Outcomes Scoring Software (optional). Each is available at a cost.

Customization

No customizations are offered.

Skills required to implement, and to analyze and report

No information available on skills required for implementation.

For analysis and reporting, the following skills are helpful:

- Basic math skills for calculating the algorithms.
- Computer skills if the individual wants to program the algorithms rather than compute the scores by hand, or if they would like to use the software, which is a Windows based application
- Familiarity with data analysis.

Languages:

Available in 60 languages, including English and French.

Tested for Cultural Appropriateness: Yes

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

Contact QualityMetric (See contact information above).

Restrictions or conditions of access or use

Since the surveys are Intellectual Property and are copyrighted, organizations and individuals must be licensed to use the surveys. Typically the licenses are for a specific number of administrations for each our survey tools, and are typically issued on per study, per survey, and per language basis. QualityMetric does, however, have master license agreements available as well.

EFFECTIVENESS ELEMENTS**Evaluation****Reliability and Validity**

Validity: Yes

Two kinds of strategies were used to evaluate the validity of the SF-36 and to accumulate information for interpreting scale scores. First, content validity was judged by comparing it with other widely used survey forms. Second, empirical approaches including factor analytic tests of construct validity, criterion-based approaches, and numerous correlation studies were used. Some of the other surveys the SF-36 was compared with include The Health Insurance Experiment (HIE), the Nottigham Health Profile (NHP), the Sickness Impact Profile (SIP), and the McMaster Health Index Questionnaire (MHIQ).

Reliability: Yes

Estimates of the score reliability for the SF-36 have been reported in 14 studies, with a full list provided in the SF-36 Manual and Interpretation Guide. Reliability estimates for the SF-36 were also done from the Medical Outcomes Study (MOS), for the general US population, and for the US and UK studies published by others. All estimates exceeded acceptable standards for measures used in group comparisons. For each scale, the median of the reliability coefficients across equal studies equals or exceeds .80, with the exception of the Social Functioning scale (the median for this two-item scale is 0.76). These results support the use of the SF-36 scales in

studies of health status that are based on group-level analyses. Only the Physical Functioning scale consistently exceeded the 9.0 standard of reliability, which some consider a minimum standard for comparisons of scores for individual patients.

Formative Testing

Pilot testing: Yes

Consultations: Yes

Focus Groups: Yes

Process Evaluation

Due to the breadth and depth of applications involving the SF-36, process evaluation has been addressed over time as it relates to content, administration (data collection), scoring, interpretation and analysis of data. Additionally, customers such as Kaiser Permanente have addressed process evaluation by studying the differences in modes of administration.

PLAUSIBILITY ELEMENTS



Theoretical Underpinnings

The conceptual framework for the SF-36v2 rests in the development of minimum standards of comprehensiveness (i.e., content validity in relation to accepted definitions of health) for representation of both physical and mental health concepts and multiple manifestations of functioning and well-being for each concept. From these standards and empirical work, multiple categories of operational definitions were chosen to measure each health concept: (a) behavioral functioning, (b) perceived well-being, (c) social and role disability, and (d) personal evaluation perceptions (perceptions) of health in general.

SELECTED REVIEW PANEL COMMENTS

Strengths

Developed for research purposes, so has a very high standard of testing done.

The validity and reliability of the SF-36 have been tested extensively. Extensive testing of both validation and reliability in international settings with many languages.

Tool is straightforward and easy to complete.

Has been used world-wide for more than 15 years.

Limitations

Major drawbacks are lack of individual feedback and very generic questions. The tool is fairly limited in scope as it applies to comprehensive workplace initiatives.

Just knowing that your workforce scored low on “general health”, does not give any direction to wellness initiatives.

Tool focuses exclusively on personal health status info and is, therefore, not comprehensive.

General Comments

This was strictly developed as a current practice tool that could be administered over time. The data is in a summary form and has use in needs assessment for organizations.

Employee Health Survey

Simcoe Muskoka Health Unit

▶▶ **PROMISING**



Description

The Employee Health Survey was designed to determine the health needs, stages of change, and the type of programming desired by employees for a comprehensive workplace health program.

Tool Construction

59 questions. Sections include: general health; physical activity; nutrition; smoking; alcohol, medication and other drugs; sleep; stress; job stress and job satisfaction; physical environment; and environmental supports.

Current Practices



Interest Survey



Needs Assessment



Organizational Culture



No Cost



Public Domain



Made in Canada



Electronic Access



Paper Access



Organizational Culture



Occupational Health and Safety



Lifestyle Practices



Employee Completion



Medium Completion Time



Internal Implementation



Additional Resources

Employee Health Survey (tool itself)
Wellness Works Guide

Contact Information

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HISTORY

Current Status: Active

Developed: 2004

Adapted From/Built On:

The Employee Health Survey was adapted from the following surveys:

- Haldimand Norfolk Health Unit – “Health at Work” Survey
- Halton Region Health Department Survey - (no name)
- Brant County Health Unit -The Wellness Works Meter, The Engaging Employee Health Survey
- Grey Bruce Public Health - Workplace Wellness Needs Assessment
- Sudbury and District Health Unit - Employee Questionnaire
- Health Canada - Workplace Health Needs and Risks Survey: Long Survey Form.

USERS

Intended Sectors/Sizes of Workplaces

Medium to large workplaces (> 51+ employees).

Intended Users

All employees are encouraged to complete the survey.

Known Users

Ministry of Natural Resources (adapted it and used a consultant to analyze it); Algonquin Automotive (used parts of it and analyzed it themselves); Muskoka Parry Sound Health unit.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace, with help and support of the public health unit.

2. Workplace staff involvement

The wellness committee at the workplace would work closely with health unit's staff (workplace coordinator and/or health promotion consultant).

3. Workplace leader involvement

The wellness committee would have as many major stakeholders involved (management, union, department representatives, etc.) as possible.

4. Collaborative aspects

There is collaboration between the workplace, the Health Unit Workplace Wellness coordinator, and an external consultant (typically hired to analyze the results).

Time Involved

1. Time to complete tool

Approximately 30 minutes per employee.

2. Time from distribution to presentation of results

It takes approximately 4-6 months to work through all the steps of the Wellness Works Guide (a guide to implementing a comprehensive workplace wellness program). Once the tool is completed it takes about 1 month for the consultant to supply the report containing the analysis and recommendations for action.

3. Recommended implementation cycle

The intended implementation cycle is approximately every 4-5 years. A follow-up survey and focus group questions should be used as they relate to the results and are specific to the areas of need of the initial employee wellness survey. They are also needed to evaluate the programs that have been implemented following the initial survey.

Analysis Involved

1. Analysis completed by

In-house: No

External: Yes

The survey is typically analyzed by an independent consultant with expertise in research, data analysis, and epidemiology for data entry and report writing. The workplace must contract this service.

2. Process to analyze

Electronic: Yes

Manual: No

The consultant typically uses EPI-Info to analyze the data.

3. Time to analyze

It takes about 1 month for the consultant to analyze the data and supply the report.

4. Outcome of analysis

The outcome of the analysis is one overall workplace report that reflects the overall picture of health in the workplace. There are no individual employee reports.

B. Economics

Total Cost: \$0 – not including cost for external analysis and production of report.

Cost per unit/respondent: \$0 – no direct cost, however, employees usually complete the survey on work time.

Workplace Resources Used

Printing of survey when administered on paper and time given to employees to complete survey; workplace wellness committee member time to manage the process.

C. Other Considerations

Supports for Implementation (materials and training)

The Wellness Works Guide outlines a seven step process to implementing a comprehensive workplace wellness program. It includes topics such as organizing a wellness committee, implementing a needs assessment, following-up on the action plan, and evaluating a program. This additional resource can be accessed through the online Resource Listing. The workplace also has the support of Simcoe Muskoka's Workplace Wellness coordinator if the tool is being implemented in that region.

Customization

The tool can be slightly modified to reflect the nuances of the workplace.

The tool can be modified with the help of a consultant. The external consultant would be needed to create the template for the EPI-Info analysis that would later take place.

Skills required to implement, and to analyze and report

No information available on the skills required for implementation.

For analysis and production of a report, the following skills are required:

- Familiarity with EPI-Info is helpful.
- Familiarity with Comprehensive Workplace Health Promotion.
- Report writing skills, research skills.
- Background in data entry and analysis.
- Epidemiology background is helpful.

Languages: English

Tested for Cultural Appropriateness: No

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

Contact Simcoe Muskoka Health Unit (See contact information above). The survey can also be accessed through the online Resource Listing.

Restrictions or conditions of access or use

It is recommended that workplaces use the tool with the assistance and guidance of a local health unit's workplace health promotion specialist where available. If the tool is used or adapted, please credit the Simcoe Muskoka Health Unit.

EFFECTIVENESS ELEMENTS



Evaluation

Reliability and Validity

Validity: No

Reliability: No

Formative Testing

Pilot testing: Yes

Conducted at the Muskoka-Parry Sound Health Unit. Formative testing was put on hold because of the amalgamation of the Muskoka-Parry Sound Health Unit.

Consultations: No

Focus Groups: No

Process Evaluation

Has not been completed to date.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

James Prochaska's Stages of Change and general principles of health promotion practice.

SELECTED REVIEW PANEL COMMENTS

Strengths

This is a helpful tool that could become a recommended practice tool with enhancements to some of the criteria and further formal evaluation.

Questions include important issues that need to be considered for development of a comprehensive approach.

Sub-headings and specific questions are relevant to the elements of a healthy workplace.

Instructions are clear. Similar questions are grouped together under sub-headings and skip patterns are clear. Multiple choice questions are quick and easy to complete.

Limitations

It would be better if demographic questions were moved to the end of the survey.

General Comments

The tool addresses the elements of a comprehensive approach i.e. lifestyle practices, occupational health & safety, and organizational culture. It also uses stages of change theory and health promotion theory.

Analysis done by external consultant, usually an epidemiologist, using EPI-Info software. Could be done in-house if workplace has expertise, otherwise will cost the workplace to contract out.

Workplace Wellness Guide available as a support. Assistance should be available to workplaces from workplace program staff in Ontario health units.

Tool should work for both large and small businesses. The cover letter could be adapted to fit the workplace.

Supporting documents indicate a 60-90% response rate. A draw for prizes offered as an incentive for participants to complete the surveys.

HEALTH MONITOR™

Summex Health Management



▶▶ **RECOMMENDED**

Description

The purpose of the HEALTH MONITOR™ is to help individuals identify the areas of their health that may be at risk and provide suggestions for improvement. Follow-up interventions that counsel individuals based on their HEALTH MONITOR™ results are also available. If taken during successive years, the HEALTH MONITOR™ can also provide a means for employers to measure the success of wellness programs.

Tool Construction

65 questions. Sections include: Medical History; Preventative Screening; Overall Health; Men's Health; Women's Health; Men and Women; Overall Health; Exercise; Tobacco Use; Nutrition Habits; Alcohol Use; Safety; Mental Health; Lifestyle Choices; Medical Care; Evaluation; and Clinical Information (for professional use only).

Current Practices



Health Risk Assessment



Validity/Reliability Evaluation Conducted



Cost



Proprietary



Paper Access



Online Access



Language + (other than English and French)



Lifestyle Practices



Employee Completion



Medium Completion Time



External Implementation



Contact Information

Summex Health Management
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Indianapolis, IN
46278 USA

www.summex.com

HISTORY

Current Status: Active

Developed: 1996

Adapted From/Built On:

None.

USERS

Intended Sectors/Sizes of Workplaces

Medium to large workplaces (> 50+ employees).

Intended Users

All employees are encouraged to complete the survey, but sometimes departments or certain members of specific health plans or programs within an organization complete the tool. It has also been made available to spouses of employees.

Known Users

No information available.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

Summex Health Management, with the help and support of the workplace.

2. Workplace staff involvement

This is designated by each organization; it can be a benefits manager, a team of wellness staff members, human resources professionals, etc.

3. Workplace leader involvement

No information available on specific kinds of workplace leader involvement. It varies from workplace to workplace.

4. Collaborative aspects

Outside of the collaboration between the workplace and Summex, there is no other collaboration that takes place.

Time Involved

1. Time to complete tool

Approximately 15 minutes per employee.

2. Time from distribution to presentation of results

No information available on typical time from distribution to presentation of results.

3. Recommended implementation cycle

Annually. Annual use allows for time over time measurement. For this reason, once a person has taken HEALTH MONITOR™ online, their data (via their pin number and password) is forever maintained and housed in Summex's online application.

Analysis Involved

1. Analysis completed by

In-house: No

External: Yes

All analysis is performed by Summex.

2. Process to analyze

Electronic: Yes

Manual: No

All analysis is completed electronically.

3. Time to analyze

No information available.

4. Outcome of analysis

Individual reports, aggregate management reports, specialized reports based on risk factors, and intervention reports are available. Summex may also provide more in-depth explanations/presentations of findings, as requested by the organization. Online HRAs automatically generate an online personal report that can be viewed and printed using Adobe Acrobat. Participants who complete a paper HRA will be mailed a personal report within ten business days following the receipt of the HRA.

B. Economics

Total Cost: No information available.

Cost per unit/respondent: No information available.

Workplace Resources Used

Time given to employees to complete survey. When an online survey is taken, an Adobe Acrobat report is available, which some employees may choose to print at the workplace or at home.

C. Other Considerations

Supports for Implementation (materials and training)

Summex does not provide supporting materials, but personal support. A Summex account manager/consultant works closely with the workplace he/she is assigned to. As well, there is a 1-800 number that all respondents can call for assistance. They have access to both administrators and health educators.

Customization

Tool can be slightly modified to reflect the nuances of the workplace.

Questions can be added or omitted.

Skills required to implement, and to analyze and report

For implementation, not applicable. Summex implements all steps.

For analysis and reporting, not applicable. Summex completes all steps.

Languages: English, Spanish.

Tested for Cultural Appropriateness: Yes

Tested for literacy level: Yes

D. Access

Packaged, ready-to-use: Yes

How to access

Contact Summex Health Management (See contact information above).

Restrictions or conditions of access or use

The tool and the analyzing algorithms are copyrighted.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: Yes

Summex ensures the validity of the HEALTH MONITOR™ in several ways. First, the modifiable risk factors assessed by the HEALTH MONITOR™ are based on statistics and benchmarks from a number of reputable research institutions: Center for Disease Control (CDC), Carter Center (Healthy People 2000), ACSM, American Heart Association, National Cancer Society, American Diabetes, and others. Additionally, Summex continuously reviews the literature and adjusts the HEALTH MONITOR™ risk factor algorithms to reflect the most current research findings. HEALTH MONITOR™ clients also have the option of increasing or decreasing the sensitivity of risk factor analysis to meet their population's specific needs. Furthermore, the language of many HEALTH MONITOR™ questions has been based on questions within Healthy People 2000, Rand SF36, HEDIS and other previously validated public domain question sets.

Reliability: Yes

Summex's development staff conducted the reliability testing. This is done each time the HEALTH MONITOR™ is updated. Updates occur every time there are changes in national (US) health regulations. Changes to HEALTH MONITOR™ are meant to reflect the changes in regulations, but Summex tries to keep the changes as minimal as possible so that the question set can remain stable. This is necessary for maintaining a database that will provide accurate time over time data.

Formative Testing

Pilot testing: No information available.

Consultations: No information available.

Focus Groups: No information available.

Process Evaluation

Formative evaluation is a part of Summex's daily processes, due to the fact that all of its departments are centrally located. Therefore, they have the ability to evaluate their products continuously using various methods. Summex has a satisfaction survey distribution process. This is a paper survey distributed to a representative sampling of participants in order to get their feedback on the tool. As well, each HEALTH MONITOR™ has a short evaluation section at the end. Respondents are encouraged to fill that out along with the rest of the tool. In addition to that, Summex has a customer service tracking system, which enables them to track issues that repeatedly come up and respond accordingly to them.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

The main theoretical basis for Summex's tools and interventions is James Prochaska's Transtheoretical Model (Stages of Change).

SELECTED REVIEW PANEL COMMENTS

Strengths

The tool appears to have undergone rigorous testing for validity and reliability, including efforts to minimize and control some of the key threats to validity (history, maturation, etc.)

Questionnaire is very clear, thoughtfully laid out and easy to follow.

Description indicates tool is written at Grade 6 reading level, tested for cultural appropriateness and available in Spanish.

Limitations

The testing relies heavily on respondents remembering their laboratory results for cardiac and diabetic tests. This is of concern, as most people cannot remember this.

The tool is a good example of its kind, but definitely not a sufficient tool for a comprehensive workplace health promotion initiative. It's not an appropriate tool (at least as a stand-alone) for comprehensive workplace health promotion efforts.

Issues of confidentiality/anonymity are addressed in the sample cover letter. However, the reviewers could see how concerns about confidentiality would arise, given the amount of clear 'identifier' information sought by the tool.

General Comments

No comments provided.

Employee Feedback System (©EFS)

Brock University, Workplace Health Research Unit



▶▶ **RECOMMENDED**

Description

The ©EFS can address several purposes. Individual clients identify their own goals for the ©EFS project, but they generally are along the following lines:

- 1) Identify the key drivers of employee satisfaction and productivity in organizations
- 2) Identify gaps between the respondents' satisfaction with, and perceived importance of, key quality of work life factors
- 3) Clearly identify organization's greatest areas of strength -- and pinpoint the greatest opportunities for improvement in employee quality of work life
- 4) Compare the findings across departments and levels in their organization
- 5) Systematically evaluate comments and suggestions of respondents
- 6) Create action plans for organizational change
- 7) Evaluate progress in organizational quality of work life change programs.

Current Practices



Organizational Culture



Validity/Reliability Evaluation Conducted



Proprietary



Cost



Made in Canada



Paper Access



Online Access



French



Organizational Culture



Employee Completion



Long Completion Time



Internal Implementation



Contact Information

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Fax: (905) 641-7538
<http://www.whru.ca>

Tool Construction

23 core sections, which cover the following topics: Organizational Satisfaction; Job Satisfaction; Satisfaction with Supervisor; Pay Satisfaction; Benefits Satisfaction; Satisfaction with Physical Work Environment; Workplace Stress (Workload, Personal, Job Control, Job Clarity, Employee Involvement); Communication; Co-worker Cohesion; Internal Organizational Quality (Resources and Supplies and Inter-Unit Cooperation); Continuous Quality Improvement (Organizational Level and Individual Level); Training Satisfaction; Strategic Leadership; Recognition and Reward of Quality (Team Level and Individual Level); Intentions to Remain; and Organizational Commitment (Personal Involvement and Loyalty). Additional scales are available for review.

HISTORY

Current Status: Active

Developed: 1998

Adapted From/Built On:

None.

USERS

Intended Sectors/Sizes of Workplaces

Not size or sector specific.

Intended Users

All employees are encouraged to complete the survey, but sometimes departments within an organization complete the tool, or random samples are completed in large workplaces.

Known Users

As of June 2005, over 80 organizations have used the EFS. No specific information available.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace, with the help and support of Brock's Workplace Health Research Unit (WHRU).

2. Workplace staff involvement

Representative employee committees (such as wellness committees or other cross-functional teams) are encouraged to assist in the design and implementation of the survey and the survey process. Further, Brock encourages employee groups to be actively engaged in the action planning process with the findings.

3. Workplace leader involvement

Workplace leaders participate in the design and implementation of the survey. It is often the leaders who set the parameters and goals for the process. They are largely involved in reviewing and customizing the survey and report templates to meet their information needs, determining the scope of reporting to be created, identifying the follow up action planning processes that will be put into place, etc. It is usually the organizational leaders who 'receive' the findings first, via a presentation or a teleconferenced review of their report(s). Ongoing discussions and consultative support are often offered to Senior Leaders as they work to finalize and implement their action plans. Further, Brock consultants often work directly with Senior Leaders to incorporate/integrate the EFS findings with other strategic initiatives such as balanced scorecards, organizational and HR strategic plans, management performance programs, etc.

4. Collaborative aspects

WHRU and Brock's client workplaces implement the tool in partnership. No other parties are generally involved.

Time Involved

1. Time to complete tool

15 to 40 minutes per employee.

2. Time from distribution to presentation of results

Usually distribution is no longer than 2 weeks (has been as short as 2-3 days) and results are available within 4 weeks of the last data being collected. Specific requests for results can sometimes be delivered same day to 2-3 days depending on the quantity and form.

3. Recommended implementation cycle

Ranges from every 3 months (in a pulse format), to 2-3 years.

Analysis Involved

1. Analysis completed by

In-house: No

External: Yes

Brock's internal statisticians and researchers conduct the data analysis.

2. Process to analyze

Electronic: Yes

Manual: Yes

Pen/paper surveys are scanned electronically with some manual qualitative entry. WHRU's standardized, proprietary analysis and reporting templates are used to analyze and report on data at the organizational and group level (e.g. department, location, job type, job level, etc.). Various software programs have been used to develop Brock's systems (e.g. Autodata, Visual Basic/Excel, SPSS), but all have been fully customized to meet their analysis/reporting needs. Their web based systems were custom designed and built by WHRU and are proprietary to Brock University.

3. Time to analyze

The time required varies greatly based on the specifications of the project.

4. Outcome of analysis

Various types and levels of aggregate reports are generated and provided back to the client organization in both paper and CD Rom. These reports are fully colour coded and consist of a series of graphs/tables demonstrating the results. There is also often a written interpretation/recommendation section included.

B. Economics

Total Cost: No information available.

Cost per unit/respondent: No information available.

Workplace Resources Used

In-house time for development and carrying out of internal distribution and collection processes (if applicable).
Printing and time given to employees to complete survey.

C. Other Considerations

Supports for Implementation (materials and training)

The Workplace Health Research Unit works with each of Brock's client organizations to design and implement a survey process that ensures success. This generally includes committee or management training/orientation to the tool and the process, design of the communications and implementation strategies and plans, and ongoing support throughout the implementation and follow phases of the employee survey.

Customization

Tool, scales or items can be slightly modified to reflect the nuances of the workplace.

Items and Scales can be added or omitted.

Skills required to implement, and to analyze and report

For implementation, experience with marketing support is helpful.

For analysis and reporting, not applicable. Brock University completes all other steps.

Languages: English and French (reporting only available in English).

Tested for Cultural Appropriateness: No

Tested for literacy level: Yes

D. Access

Packaged, ready-to-use: Yes

How to access

Contact the Workplace Health Research Unit at Brock University (See contact information above).

Restrictions or conditions of access or use

The tool and the analyzing algorithms are copyrighted.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: Yes

Results of initial testing: both concurrent and content validity was established. Results of ongoing testing: validity has been established in all cases.

Reliability: Yes

Results of initial testing: The scales all recorded internal consistencies of greater than 0.80. Results of ongoing testing: Stability reliability has been shown, internal consistency results show that the Alpha coefficients for all 23 core EFS Survey scales range from 0.87 to a high of 0.95. In terms of across form consistency, they have found that at the aggregated organizational level the ratings were very similar, which they present as an approximation of across form consistency.

Formative Testing

Pilot testing: No information available.

Consultations: No information available.

Focus Groups: No information available.

Process Evaluation

Validity and Reliability are continually being monitored.

PLAUSIBILITY ELEMENTS

Theoretical Underpinnings

Quality Principles from Dr. W.E. Deming, Canadian Quality Criteria from the National Quality Institute, some original scales were validated against the Job Descriptive Index (JDI).

SELECTED REVIEW PANEL COMMENTS

Strengths

This tool is extremely practical for organizations from a variety of sectors and size. The tool promotes the involvement, commitment, planning and implementation of everybody in the workplace (from top to bottom). It encourages the union participation in a collaborative manner. It is highly recommended for small to medium sized businesses.

Lay out is user friendly and easy to follow with clear headings. The questions are batched and there is consistent sentence structure.

Overall, this tool has been successfully used in both the not for profit and private sectors with workplaces having anywhere between 250-10,000 employees.

Limitations

No comments provided.

General Comments

This tool was developed by a multi-disciplinary team representing a variety of sectors, researchers, and different professionals. This tool effectively assesses employee needs and organizational culture, as it presents a number of relevant questions in a logical manner.

TRALE Explorer (Online) & TRALE Backpack (Paper)

TRALE, Inc.



▶▶ **RECOMMENDED**

Description

TRALE provides the first step tools (TRALE Backpack and TRALE Explorer) necessary to start health promotion and disease management programs. The TRALE Backpack is a portable stand-alone health risk assessment tool designed to offer fully integrated health risk assessments, individual wellness reports, and full aggregate/executive reports. TRALE Explorer is an online self-scored health risk appraisal with immediate feedback via a private and secure Web link. Health Coaching is also included with the TRALE Backpack (Paper).

Tool Construction

13 sections. 42 questions with multiple choice answers. The answer are on a weighted point scale and the dynamic results are characterized as “ideal”, “borderline”, or “at risk”.

Contact Information
Dan O’Flaherty Vice President of Sales TRALE, Inc. 196 SE Spokane Street Suite # 107 Portland, Oregon 97202 USA www.trale.com

Current Practices	
Health Risk Assessment	
Needs Assessment	
Organizational Culture	
Validity/Reliability Evaluation Conducted	
Cost	
Proprietary	
Paper Access	
Online Access	
Language + (other than English and French)	
Organizational Culture	
Lifestyle Practices	
Employee Completion	
Short Completion Time	
External Implementation	

HISTORY

Current Status: Active

Developed: 2002

Adapted From/Built On:

None.

USERS

Intended Sectors/Sizes of Workplaces

Not size or sector specific.

Intended Users

All employees are encouraged to complete the survey.

Known Users

Amerigroup Inc., Ceridian, Daimler Chrysler, O'Neal Steel, City of Portland, State of Florida Department of Health, Wellness Institute of America, World Hope Organization.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The tool is implemented by the workplace, with the help and support of TRALE.

2. Workplace staff involvement

The Wellness manager, occupational health, marketing, or human resources implements the tool.

3. Workplace leader involvement

CEO and managers are involved in the promotion of the tool. They might send out mass emails which are signed by them, add promotional stuffers to pay checks, or put up promotional posters.

4. Collaborative aspects

There is collaboration with WellCall, a health management company. After reports have been provided to the workplace, WellCall provides personal coaching to respondents.

Time Involved

1. Time to complete tool

Approximately 10 minutes.

2. Time from distribution to presentation of results

The software allows for each step of the implementation process to happen immediately. 2 weeks are given as the time for employees to complete the assessment. The Backpack (paper-pencil) can be implemented upon delivery and it provides immediate results/reports.

3. Recommended implementation cycle

Recommended implementation cycle is bi-annually (twice every year). Each license for both TRALE Explorer and TRALE Backpack expire after one year.

Analysis Involved

1. Analysis completed by

In-house: Yes

External: Yes

Either the workplace analyzes the data or TRALE's Intervention Partner, WellCall (www.wellcall.com). WellCall is a provider of personalized health management services. Often the workplace doesn't purchase the Backpack themselves, but hires an outside party who has it and can implement it. With an outside party, confidentiality is better maintained while providing individual reports. If the online Explorer is used, then TRALE's Intervention Partner, WellCall, creates the outcome of analysis.

2. Process to analyze

Electronic: Yes

Manual: No

If the workplace uses the online TRALE Explorer, then TRALE's Intervention Partner, WellCall, processes the data using TRALE's custom query analyzer (software). This software comes with the Explorer license. If the workplace uses the TRALE Backpack, then they process the data using the scanner and software that comes included with the Backpack.

3. Time to analyze

No information available.

4. Outcome of analysis

There are several kinds of reports that comprise the outcome of analysis: individual respondent report (online & paper); executive summary report (online & paper); aggregate report (online & paper); and branded reports (available online). When workplaces are using the Backpack, they create the reports using TRALE's software. After a respondent's initial assessment, follow-up assessments receive progressive reports which detail changes from the prior report.

B. Economics

Total Cost: For current pricing or a quote, please contact Dano@trale.com.

Cost per unit/respondent:

No information available.

Workplace Resources Used

Time given to complete the survey.

C. Other Considerations

Supports for Implementation (materials and training)

TRALE Backpack comes with an owner's manual and a demo link to software. As well, 1-888-94-TRALE Technical support and training staff are available.

Customization

The tool can be slightly modified to reflect the nuances of the workplace.

Skills required to implement, and to analyze and report

The phone training by TRALE provides the workplace with the required skills to operate Backpack software.

Languages: English (Canadian/Australian), Spanish

Tested for Cultural Appropriateness: Yes

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

Contact TRALE, Inc. (See contact information above).

Restrictions or conditions of access or use

The tool is copyrighted. Licenses only last for one year and then must be repurchased.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: Yes

Face validity: Established through review and integration of information in health care and health promotion industry literature, utilizing experts in the field, focus groups and a sample of potential users. The HRA is determined to sufficiently measure and report a broad spectrum of relevant health-related information.

Construct Validity: Health-related information assessed and reported in the HRA is determined to be reflective of norms, health status, and scores (which shifts according to age, gender and health-affecting behaviors), as confirmed through research and analysis of health industry literature.

Content Validity: The HRA is designed to adequately assess and report individual and population data regarding self-reported medical history, family history, preventive care status, health habits and life experiences, and general information (demographics), as confirmed through research and analysis of health industry literature.

Criterion Validity: TRALE, Inc., is currently (2005) engaged in several projects to establish criterion validity, including: Research and assessing various risk algorithms and health concepts; Correlating, and assessing the significance of, data reported on the HRA with independently measured biometric data; Developing Standards for HRA scores (e.g. a given score in on risk category is equivalent to the same score in another category).

Reliability: Yes

A matched analysis of biometric and self-reported HRA data (including aerobic, exercise, blood pressure, body mass index, cholesterol, diabetes, family history, height, smoking status, and weight) was performed.

Formative Testing

Pilot testing: Yes

TRALE, Inc. assessed adults and seniors for ability to understand and interpret HRA questions, and completion time.

Consultations: Yes

There was an expert review completed by academic, managed care, research, hospital, and marketing professionals. They assessed content and applicability to the practice setting and critiqued report types for relevance as clinical and educational tools in the clinical setting.

Focus Groups: Yes

TRALE, Inc. assessed groups consisting of a representative mix of age, gender, and ethnicity for ability to understand and interpret HRA questions, and completion time. TRALE also assessed whether the HRA would provide a fair overview of health/medical background to personal health care provider.

Process Evaluation

HRA questions, scoring, and risk algorithms (regarding normative standards, clinical, health-related behavior and epidemiology HRA areas) are continually updated using standard operating procedures, including routine monitoring of the HRA industry and review by an advisory board, an academic collaborative panel, and health-care, academic, and marketing consultants.

PLAUSIBILITY ELEMENTS



Theoretical Underpinnings

James Prochaska's Stages of Change Theory.

SELECTED REVIEW PANEL COMMENTS

Strengths

This tool seems very well thought out and researched.

It seems to be a good tool to assess health risks in individuals.

Limitations

The reports can be very general and can be manipulated with less than honest answers.

General Comments

No comments provided.

Organizational Health Audit

Tri Fit Inc.

▶▶ **PROMISING**



Description

The Organizational Health Audit was developed to assist organizations in developing strategic and targeted health promotion initiatives that meet organizational goals.

Tool Construction

4 sections, which cover the following topics: Physical Environment; Programs and Services; Policies and Procedures; and Corporate Culture.

Organizational Culture



Workplace Audit



No Cost



Proprietary



Made in Canada



Electronic Access



Paper Access



Organizational Culture



Occupational Health and Safety



Lifestyle Practices



Employer/Committee Completion



Long Completion Time



Internal Implementation



Contact Information

Tri Fit Inc.
1307 Devon Road
Oakville, Ontario
L6J 2L7 Canada

www.trifit.com

HISTORY

Current Status: Active

Developed: 1997

Adapted From/Built On:

None.

USERS

Intended Sectors/Sizes of Workplaces

Not size or sector specific.

Intended Users

To be completed by a group of 3- 5 people with responsibility for Health, Safety, Wellness and the Environment of the workplace.

Known Users

No information available.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

Implemented by the workplace.

2. Workplace staff involvement

Depending on the workplace, an employer or the appointed head of a health promotion or workplace wellness program committee would complete the tool.

3. Workplace leader involvement

Workplace leaders might be a part a potential team of people completing the tool.

4. Collaborative aspects

No collaboration involved in implementing the tool.

Time Involved

1. Time to complete tool

Approximately 60 minutes to complete the tool (as a group or per person).

2. Time from distribution to presentation of results

Total implementation time (up to presentation of results) can take up to 2 working days.

3. Recommended implementation cycle

Recommended implementation cycle is every 1-2 years.

Analysis Involved

1. Analysis completed by

In-house: Yes

External: Yes

Data is analyzed either internally or externally by a consultant.

2. Process to analyze

Electronic: No

Manual: Yes

Numerical scores are given to each question on the audit, which can be added up by the Wellness Committee to form a total number of points. There are three ranges of totaled points that the workplace can achieve - a bronze wellness level, a silver wellness level, or a gold wellness level.

3. Time to analyze

No information available.

4. Outcome of analysis

A report is compiled either internally or externally by a consultant, depending on the workplace's preference, resources, and experience. If analyzed internally, the project lead would create the report (normally someone with responsibility for healthy workplace initiatives, human resources, or occupational healthy and safety).

B. Economics

Total Cost: \$ 0 – not including cost for external analysis and reporting if used (estimated at \$1500.00 CDN).

Cost per unit/respondent: \$0

Workplace Resources Used

Time given to employees to complete survey; workplace wellness committee member time to manage the process.

C. Other Considerations

Supports for Implementation (materials and training)

No supports are offered.

Customization

No customizations are offered.

Skills required to implement, and to analyze and report

Organizational interest in employee health and well-being.

If analyzing and writing report internally, a background in report writing is recommended.

Languages: English

Tested for Cultural Appropriateness: No

Tested for literacy level: No

D. Access

Packaged, ready-to-use: Yes

How to access

Contact Tri Fit Inc. (See contact information above).

Restrictions or conditions of access or use

The tool is copyrighted and cannot be modified without permission from Tri Fit Inc.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: No

Reliability: No

Formative Testing

Pilot testing: No

Consultations: No

Focus Groups: No

Process Evaluation

No formal process evaluation has been done. Tri Fit Inc. receives client feedback and this has shown the tool to be effective in its purpose.

PLAUSIBILITY ELEMENTS

No information available.

SELECTED REVIEW PANEL COMMENTS

Strengths

It seems to be a good tool to use to gauge overall organizational wellness levels.

Excellent category headers and good probing lists.

Overall set-up is good.

Categories (Bronze, Silver, and Gold) are easily determined.

It seems as if the tool could be used as a guide for the Wellness Committee of a workplace. Their goal would be to strive to include in their strategic plan as many aspects of a healthy workplace as possible. They could readily revisit the lists in the future.

Limitations

Both reliability and validity of the questions have not been assessed.

Not all workplaces may have the capacity to act upon the weaker areas of their workplace. (e.g., building structure, etc.)

Some questions could be grouped together better. For example, “cafeteria that provides healthy food choices” should be followed by “vending machines with healthy food choices.” However, they seem to have grouped them according to the number of points available for each statement.

Feedback reports are not generated.

Might be a bit lofty for some companies’ budgets if they expect to implement the entire list of things.

Smaller workplaces may score much lower, though, because they don’t have the physical space or capital to improve upon their current situation.

General Comments

No comments provided.

Personal Wellness Profile™

Wellsource, Inc.



▶▶ **RECOMMENDED**

Description

The tool is designed to assess a workplace's employee population and promote a healthy workplace.

Tool Construction

39-75 questions. Sections include: Health Information; Physical Activity; Eating Habits; Alcohol, Drugs and Smoking; Stress and Coping; Social Health; Safety; Medical Care; and Health View.

Contact Information
Rod Birdsell Toronto Regional Business Development Manager Wellsource, Inc. 15431 SE 82nd Drive Clackamas, Oregon 97015 USA
TEL: (800) 533-9355 www.wellsource.com

Current Practices	
Health Risk Assessment	
Interest Survey	
Needs Assessment	
Validity/Reliability Evaluation Conducted	
Cost	
Proprietary	
Electronic Access	
Paper Access	
Online Access	
Language+ (other than English and French)	
French	
Occupational Health and Safety	
Lifestyle Practices	
Employee Completion	
Employer/Committee Completion	
Medium Completion Time	
Internal Implementation	

HISTORY

Current Status: Active

Developed: 1989

Adapted From/Built On:

None.

USERS

Intended Sectors/Sizes of Workplaces

Not size or sector specific.

Intended Users

All employees are encouraged to complete the survey.

Known Users

There are currently approximately 10 users, which includes healthcare providers and corporations.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

The workplace, with Wellsource's help and support.

2. Workplace staff involvement

This can vary by organization. Some references are Human Resource Managers, Personnel Managers, Safety Managers or Health Managers. They often serve as the primary contact(s) for Wellsource.

3. Workplace leader involvement

Executives and Managers are needed to promote participation and the healthy workplace philosophy.

4. Collaborative aspects

If a workplace chooses to incorporate biometrics into its assessment, a medical-type institution would be engaged.

Time Involved

1. Time to complete tool

Approximately 20 minutes per employee.

2. Time from distribution to presentation of results

No information available.

3. Recommended implementation cycle

Annually.

Analysis Involved

1. Analysis completed by

In-house: Yes

External: Yes

Wellsource can analyze the data or provide the workplace with a scanning device that will allow it to complete analysis without support.

2. Process to analyze

Electronic: Yes

Manual: Yes

For the online version, the data is analyzed by the program. Paper versions are scanned by OpScan® in-house and then placed into the PWP Software System (which is licensed by the workplace) for data mining and report generation.

3. Time to analyze

Typically takes 2-5 days to complete analysis (per 500 surveys).

4. Outcome of analysis

The reports available are: individual, trend, executive summary, physician summary, and group summary. There is training made available to workplaces by Wellsource to help learn how to implement the tools and analyze the data using the software.

B. Economics

Total Cost: Depends on edition selected – contact Wellsource for pricing.

Cost per unit/respondent: No information available.

Workplace Resources Used

Time given to employees to complete survey.

C. Other Considerations

Supports for Implementation (materials and training)

A workplace typically licenses the PWP Software System. This software completes the analysis and reporting end of implementation. The purchase of that software license includes: Basic System module; Group Statistical Report module; Progress Report module; Executive Summary Report module; Physician Summary Report module; Counselor Report Module; Personal Trend Report Module; Support Pacs for 200 participants (Support Pac includes: questionnaires, learning guides, report covers and report paper); Guide to Operations manual; 1-year Software Maintenance Agreement entitling user to free updates of the software, access to Wellsource Technical Support including software development staff and health professionals; Hands-on training at Wellsource.

Customization

Tool can be slightly modified to reflect nuances of the workplace.

Skills required to implement, and to analyze and report

Training is provided by Wellsource, but the following is recommended:

- Program administrator
- Participants with 6-8th grade reading competency
- Online participants require desktop access (it is recommended that a workplace's IT department be involved in this process).

Languages: English, French Canadian, Spanish

Tested for Cultural Appropriateness: Yes

Tested for literacy level: Yes

D. Access

Packaged, ready-to-use: Yes

How to access

Contact Wellsource, Inc. (See contact information above).

Restrictions or conditions of access or use

The tool is copyrighted and the name protected under trademark law.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: Yes

The questions included in the Personal Wellness Profile™ assessment are based on research that has proven to have significant relationships to health risk. The reported outcomes are evidence-based on scientifically valid research studies and nationally published research by leading health organizations. Wellsource does not conduct their own research studies. The Fitness section is based on national guidelines published by the American College of Sports Medicine. Similarly, each section is based on other national guidelines established by the United States' best recognized scientific authority in each area of health. These also include, but are not limited to, the National Academy of Sciences, Institute of Medicine, National Institutes of Health, and US Department of Health and Human Services. As well, the University of South Florida conducted a content validity evaluation of the PWP program. They used 5 experts in the clinical field to evaluate each question. The experts consisted of a registered dietician, an exercise physiologist, an advanced registered nurse practitioner, a health educator, and a physician. The overall Content Validity Index for the entire instrument was rated 0.90 (0= no validity, 1.0 = perfect validity). Their evaluation concluded, "The (PWP) instrument has strong validity characteristics."

Reliability: Yes

Formative Testing

Pilot testing: Yes

Consultations: Yes

Focus Groups: Yes

BETA testing was conducted with clients and users. The testing was conducted by Wellsource's Product Development and Engineering Teams.

Process Evaluation

Recommendations, comments, etc. are gathered and considered at regular meetings by the development teams at Wellsource. Decisions are then made as to whether any changes need to be made to address these concerns. These issues are generally related to the software and not so much to the tool's content, however.

PLAUSIBILITY ELEMENTS

General principles of health promotion and behaviour change.

SELECTED REVIEW PANEL COMMENTS

Strengths

Overall, there are some really good features in this tool. It does talk about how to implement the tool - gain senior maximum commitment, do a situational assessment, develop a health plan, develop program and evaluation report.

Background materials discuss the link between healthy employees and the overall health of the company. For example, healthier employees are more productive, less costly.

The tool measures abdominal girth and that is a key indicator for heart disease and diabetes. This is progressive!

It is comprehensive and based on latest research. It is always being updated to respond to changes in research knowledge.

Overall the tool is straightforward and easy to answer, with clear instructions.

This tool has very sophisticated software to assist in consolidating and tabulating the results. It also presents the findings in useful (simple or comprehensive) formats that enable the employee to plan their interventions and monitor progress.

Wellsorce Inc. provides 1 1/2 day train the trainer program, thereby giving the organization the skills and knowledge to implement the tool within the organization.

The participation rates are between 80-90%, if there are incentives for participants.

Limitations

The actual tool only focuses on lifestyle practices. Few questions on the environment, occupational health & safety, or organizational factors are considered.

The same standards of practice do not apply in Canada (e.g., fruit and vegetable consumption - they are similar but not identical) so this may be a limitation.

General Comments

No comments provided.

STORM Index (Strategic Organizational Management Index)

Workplace Consultants Inc.



▶▶ **RECOMMENDED**

Description

The STORM Index was initially intended to be a comprehensive cultural, organizational health assessment, but it has expanded to also become a productivity, performance and quality assessment. The results of the survey are intended to help workplaces assess their current organizational culture and to be able to work towards improving areas where organizational culture needs improvement.

Tool Construction

2 sections: Section I includes 10 core stimulus word response items, plus additional custom items. Section II utilizes traditional survey items related to demographics, job satisfaction, stress, health, work-life balance, product/service quality, productivity, employee recommendations. Section II is optional and customizable depending on needs of the client, averaging 60-70 questions.

Current Practices



Organizational Culture



Validity/Reliability Evaluation Conducted



Cost



Proprietary



Paper Access



Online Access



French



Organizational Culture



Employee Completion



Employer/Committee Completion



Medium Completion Time



External Implementation



Additional Resources

STORM Index: Why it Works: Validity and Reliability Information

Contact Information

Michael Peterson
 President
 Workplace Consultants Inc.
 114 Ridgewood Dr.
 Landenberg, PA
 19350 USA

www.stormindex.com

HISTORY

Current Status: Active

Developed: 1998

Adapted From/Built On:

STORM Index was built on/adapted from the Associative Group Analysis process of psychosocial/cultural evaluation.

USERS

Intended Sectors/Sizes of Workplaces

Medium to large workplaces (> 51+ employees).

Intended Users

All employees are encouraged to complete the survey.

Known Users

No information available.

PRACTICALITY ELEMENTS

A. Process

Who is Involved

1. Implemented by

Workplace Consultants Inc., with the help and support of the workplace.

2. Workplace staff involvement

Typically there is one person that is designated by the workplace to act as the coordinator/contact. Preferably this is an individual who can communicate with the company and has sufficient credibility with employees. This person may be someone in management, HR, or even a CEO.

3. Workplace leader involvement

As many as the company deems necessary are involved. CEOs and Managers report that the findings are very rich and profound, providing them with a clear understanding of the cultural and environmental factors that impact their business.

4. Collaborative aspects

No information available.

Time Involved**1. Time to complete tool**

Approximately 20 minutes.

2. Time from distribution to presentation of results

Approximately 4 weeks. Time depends on the corporate client (how long it takes to make decisions, etc).

3. Recommended implementation cycle

Every two years.

Analysis Involved**1. Analysis completed by**

In-house: No

External: Yes

Analysis is conducted by Workplace Consultants Inc.

2. Process to analyze

Electronic: Yes

Manual: Yes

The process of analysis is a combination of electronic and manual work that is completed by Workplace Consultants Inc.

3. Time to analyze

No information available.

4. Outcome of analysis

A comprehensive report is generated that covers 10 vital aspects of the organization, including a thorough identification of the culture. Results are presented in written form, and a follow-up meeting (via phone or in-person) is provided. There is the option of also expanding report results based on customizations of the survey itself and/or any tiered or stratified results the workplace might request.

B. Economics

Total Cost: No information available.

Cost per unit/respondent: No information available.

Workplace Resources Used

Printing and time given to complete survey.

C. Other Considerations

Supports for Implementation (materials and training)

There are the instructions and an explanation of the tool that precede the questions themselves online. As well, the workplace receives instructions on how to read the results. Other than that, no supports are needed since Workplace Consultants Inc. implements the steps.

Customization

Tool can be slightly modified to reflect nuances of the workplace.

Questions can be added or omitted.

Skills required to implement, and to analyze and report

For implementation, not applicable. Workplace Consultants Inc. implements all steps.

For analysis and reporting, not applicable. Workplace Consultants Inc. implements all steps.

Languages: English, French Canadian

Tested for Cultural Appropriateness: No

Tested for literacy level: Yes

D. Access

Packaged, ready-to-use: Yes

How to access

Contact Workplace Consultants Inc. (See contact information above).

Restrictions or conditions of access or use

The tool is copyrighted.

EFFECTIVENESS ELEMENTS

Evaluation

Reliability and Validity

Validity: Yes

Various assessments of the construct and content validity indicate that it is a viable measure of meaning and evaluation. It has also been reviewed by a panel of independent researchers and found to be a valid instrument in the assessment of organizational factors, especially culture and proclivity for performance.

Reliability: Yes

The STORM Index method of measurement has been assessed for reliability through content analysis of meaning components by specific assessment of interjudge reliability; the dominance hierarchy measure by a test-retest assessment and the evaluative attitude index by the interjudge method. More information on reliability and validity can be found in the document, *STORM Index: Why it Works: Validity and Reliability Information*. This additional resource can be accessed through the online Resource Listing.

Formative Testing

Pilot testing: Yes

It was pilot tested by Angus Reid Group on the company itself, and then used in a National Canadian Study. This pilot testing was conducted by Workplace Consultants Inc. and the Angus Reid Group (1998-9).

Consultations: Yes

Dr. M. Peterson has been involved with Edgar Schein – a management expert out of MIT.

Focus Groups: No

Process Evaluation

National Study solicited respondent feedback. Each implementation is followed by a feedback mechanism for corporate client responses. Conducted by the Angus Reid Group in 1999 and Workplace Consultants Inc. from 1999 to present.

PLAUSIBILITY ELEMENTS

STORM Index is based on the Culture-Work-Health Model, which has been published twice in the *American Journal of Health Behavior*.

SELECTED REVIEW PANEL COMMENTS

Strengths

Information provided reveals that the validity and reliability of this tool have been tested and are shown to be high.

Tool uses word association which gives the respondent flexibility in answering questions. Because the purpose is to evaluate organizational factors, questions seem appropriate for this outcome.

Nice that a company can adapt for their own goals and purposes.

On-line access makes distribution effective and efficient.

Reports are discussed with management and they are taught how to interpret the results. Website gives evidence of the effective use of charts for results.

Limitations

The reviewers felt that a one-word response is not always explicit enough. Why don't they allow phrases for the stimulus items?

May not be useful for factories and their workers as they don't have individual computers.

General Comments

No comments provided.