## STEP 5: EVALUATE YOUR WORKSITE WELLNESS PROGRAM

There are many possible options for ways to evaluate your worksite wellness program. As a worksite you can choose the way that best fits your worksite wellness programs and business circumstances based on staff time and data available. By conducting an evaluation, you can ensure your worksite wellness program is effective and worthwhile for employees and employers.

Remember, improving employee health and morale and reducing health care costs and absenteeism are realistic goals with an effective worksite wellness program. Many existing evidence-based programs/ models have already received extensive evaluation to determine program effectiveness.

Here are two options you can begin thinking about as you work on your worksite wellness program:

**Option 1** - measure employee participation and satisfaction of a wellness program. **Option 2** - expands upon option one and adds the measurement of health risk assessment data.

## Option 1—Are Employees Participating and Satisfied with the Program?

In October 2009, the Guide to Community Preventive Services (Community Guide) published its latest recommendations for worksite health promotion programs, citing "strong evidence" of effectiveness. Recommendations from the Community Guide provide a solid foundation and defined guidelines to follow when building an effective wellness program adapted to meet the needs and circumstances of your worksite. Furthermore, these recommendations are key to identifying methods to evaluate your program.

The purpose of evaluation in Option 1 is to collect data showing whether original evidencebased practices are being implemented as intended. The emphasis is on monitoring the implementation of a program that has been deemed effective in similar settings, not on conducting a resource-intensive evaluation to determine the program's effectiveness.

This evaluation option is most appropriate when a wellness program mirrors or very closely resembles a program that has established itself as an evidence-based practice. Some sample questions:

- Did the program help to improve the health habits of those employees at greatest need?
- Was there a high level of awareness of the program?
- Did the program achieve high employee satisfaction?
- Has the program been successful in attracting and maintaining participation?

The types of evaluation data that should be collected for Option 1 include, but are not limited to: awareness, participation, reasons for non-participation, frequency of participation, intensity of participation and staff satisfaction with the program.

Participation data need to be collected weekly or monthly depending on the program plan and purpose. Then, participation trends and results should be compiled and presented at least annually so staff can share in program progress and help determine additional program needs. This evaluation approach is useful for monitoring how well evidence-based programs are being implemented. Presentation of trends and results should show areas of participation progress, and where program changes may need to occur to increase or maintain participation.

For instance, a worksite that implements a program to increase the number of employees that walk during breaks might collect information on:

- How many employees know about the program?
- How many more employees walked during the morning break?
- How many more employees walked during the afternoon break?
- How many more employees walked during the lunch break?
- How far the employees walked
- How many staff members walk alone or with a group?
- How many days a week the participants walked

Source: Task Force on Community Preventive Services: American Journal of Preventive Medicine 2009; 39 (4)

## Option 2—Are Employees participating and are Health Scores Improving?

This evaluation option includes the same evidence-based focus and participation data described in Option 1, but adds new data to track changes in individual's Health Risk Appraisals (HRA). HRA's were introduced and described in the Assess section of this toolkit. For evaluation, the HRA's provide valuable information about changes in health and clinical indicators (e.g., cholesterol level, tobacco exposure, BMI, blood pressure). Depending on an organization's specific program and the funding/ resources available, follow-up HRA's can be completed quarterly, semi-annually, or annually to show changes in health indicators. Compiling and presenting the participation data with the HRA data can provide convincing evidence that increases in participation correspond to decreases in health risk scores.

Following the walking example in Option 1, in this option a worksite can chose to also collect information on these health outcomes:

- Weight loss (change in BMI)
- Change in the use of asthma medication (or other maintenance medications)
- Change in blood pressure
- Change in tobacco use

These changes can also be correlated with the information in Option 1. For instance, did those who walked further have better outcomes?

There are also other more intense methods for evaluation but these are two more simple methods to get you started. For additional methods visit The CDC's Healthier Worksite Initiative at <a href="http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/swat.htm">http://www.cdc.gov/nccdphp/dnpao/hwi/programdesign/swat.htm</a>

Sources: Colorado Department of Public Health and Environment, Centers for Disease Control and Prevention Healthier Worksite Initiative and Guide to Community Preventive Services (Community Guide).