

Healthy Workplace Program Evaluation

October, 2008



Burnett Consulting

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The author wishes to thank Mary Lou Albanese, Program Manager, Chronic Disease and Injury Prevention for her leadership in responding to the need for the evaluation of this program; Brenda Marchuk, Healthy Workplace Program Coordinator for her extensive input and participation in this evaluation project; and Jennifer Limburg for her assistance with many aspects of this project including editing, reviewing content, and insights.

EXECUTIVE SUMMARY

The Middlesex-London Health Unit Healthy Workplace Program has been offered by the Middlesex-London Health Unit health promotion teams since 2001. What is known from the literature is that workplace health promotion offers numerous benefits and cost savings to workplaces while ultimately improving the health outcomes of their employees. The Middlesex-London Health Unit Healthy Workplace Program seeks to “facilitate and support the development and coordination of comprehensive health promotion, disease and injury prevention and protection programming to Middlesex-London workplaces”¹. Therefore, the program offers consultation, employee education, assistance with policy development and information resources including posters, displays, pamphlets and newsletter articles ².

Beginning in January of 2008, the Middlesex-London Health Unit Healthy Workplace Program initiated the process of evaluating their delivery of comprehensive workplace health promotion programs and services to local workplaces. The purpose of the evaluation was to inform the Middlesex-London Health Unit Healthy Workplace Program about the delivery of programs and services offered, and to understand how to improve these services.

To achieve this, the evaluation focused on obtaining:

1. feedback from workplaces currently accessing the program, such as Network members and mailout recipients
2. information from those workplaces who have never accessed the program
3. input from workplaces for future program delivery

This information served the function of informing current and future program delivery, while providing insights as to where improvements could be made. In addition, it was also

¹ The Middlesex-London Health Unit (2004). Logic Model Document.

² The Middlesex-London Health Unit (2004). Logic Model Document.

important to obtain feedback from both the Healthy Workplace Network members and mailout recipients about their satisfaction with and suggestions for the Network and mailouts.

An electronic workplace survey was created for this purpose and offered to all workplaces with fifty or more employees. Up-to-date contact information of these workplaces was gathered through the London Business Directory listing and an “invitation to participate” letter was mailed out to businesses with information about the survey, its purposes, and website URL to complete the online survey.

In total three hundred and sixty-nine area workplaces with fifty or more employees were sent invitations to participate. In addition, fifty-nine Healthy Workplace Network members and one hundred and twenty workplace mailout recipients were also invited to participate in the survey. The survey hyperlink was also made available on the Middlesex-London Health Unit website.

The survey was available beginning May 20, 2008 at www.surveymonkey/mlhu.com with a completion deadline of June 23, 2008. A mid-point follow-up reminder date of early June 2008 was selected and survey reminder notices were mailed and emailed to the original group of invited participants at that time. Workplaces that completed the online survey were given the chance to win a gift basket valued at \$100.00 by draw, awarded by a workplace committee member after the survey deadline.

Descriptive data was downloaded from Survey Monkey on July 10, 2008, and formed the basis for the outcomes contained within this report. In total, ninety-two workplaces completed the survey, of which fifty-nine workplaces requested follow-up contact with the Middlesex London Health Unit Healthy Workplace Program.

Follow-up contact was made with the fifty-nine workplaces who requested it. Of those fifty-nine workplaces, fifty workplaces had not had previous contact with the Middlesex-London Health Unit Healthy Workplace Program. Several brief telephone contacts, as well as eighteen lengthier telephone consultations were made to a variety of workplaces.

Seventeen workplaces preferred and received email communication describing the Middlesex-London Health Unit Healthy Workplace Program services.

In total, two onsite consultations took place between the Coordinator of the Healthy Workplace Program and workplace contacts, with two more scheduled for a later date. Five new organizations joined the e-Network, and five requested the regular mailouts.

Most of the information contained within this report points to the many opportunities that the Healthy Workplace Program has to raise their profile in the community, and deliver and shape local workplace wellness programs and workplace wellness knowledge. There is also an opportunity to: respond to the preferences of area workplaces regarding the dissemination and sharing of workplace wellness information; and respond to the identified needs and challenges of implementing workplace wellness programming.

INTRODUCTION

The Middlesex-London Health Unit Healthy Workplace Program is a program offered by the Middlesex-London Health Unit health promotion teams in compliance with the Ontario Public Health Standards¹. These standards state that

The board of health shall use a comprehensive health promotion approach to increase the capacity of workplaces to develop and implement healthy policies and programs, and to create or enhance supportive environments to address the following topics: healthy weights, healthy eating, comprehensive tobacco control, physical activity, alcohol use, work stress, and exposure to ultraviolet radiation.
(Ministry of Health, 2008, p. 28)

Throughout the Ontario Public Health Standards, public health is directed to “work with community partners using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments”². These requirements firmly support the offering of workplace health promotion throughout the London-Middlesex region.

Although the Middlesex-London Health Unit has offered workplace health promotion services for years, the expanded program as it exists today began in 2001³. Workplace health promotion is defined as

an approach to protecting and enhancing the health of employees that relies and builds upon the efforts of employers to create a supportive management under and upon the efforts of employees to care for their own well-being.
(The Health Communication Unit, 2004, p.6)

¹ Ministry of Health (2008). Ontario Public Health Standards. Revised Draft, April 7, 2008.

² Ministry of Health (2008). Ontario Public Health Standards. Revised Draft, April 7, 2008.

³ Middlesex-London Health Unit (2004). Worker Health Status Report.

Workplace health promotion provides numerous benefits to the employer and the employee. According to a recent report by the Health Communication Unit, workplace health promotion is a key factor in addressing many of the issues facing workplaces that result from maintaining unhealthy employees⁴. By addressing the health of employees through workplace health promotion, workplaces experience:

- ❖ Improved productivity
- ❖ Fewer insurance and workers compensation claims
- ❖ Less absenteeism
- ❖ A decrease in accidents
- ❖ Reduced staff turnover and the retention of valued staff , which means reduced recruitment, training and induction costs
- ❖ Improved staff attitudes towards the organization and higher staff morale
- ❖ A more receptive climate for – and ability to cope with – workplace changes; and
- ❖ Enhanced business reputation and customer loyalty.

Source: The Health Communication Unit, 2003

Consistent with the literature and the purpose of workplace health promotion, the mission of the Middlesex-London Health Unit Healthy Workplace Program is to “facilitate and support the development and coordination of comprehensive health promotion, disease and injury prevention and protection programming to Middlesex-London workplaces”⁵ . To achieve this purpose, the program offers consultation, employee education, assistance with

⁴ The Health Communication Unit (2003). The case for workplace health promotion. *The Health Communication Unit in the Centre for Health Promotion*

⁵ The Middlesex-London Health Unit (2004). Logic Model Document.

policy development and information resources including posters, displays, pamphlets and newsletter articles ⁶.

BACKGROUND

In January of 2008, the Middlesex-London Health Unit Healthy Workplace Program chose to evaluate their delivery of comprehensive workplace health promotion programs and services to local workplaces. Contact was made with an area consultant having public health and workplace health promotion experience to discuss the evaluation needs of the program. An initial conversation took place between the Healthy Workplace Program Coordinator and the Consultant in January of 2008 where the evaluation needs and purposes were discussed. At this time, arrangements were made for an in-person meeting to further explore evaluation plans and it was decided that a workplace survey would be done. This method was viewed as a more suitable choice to achieve the evaluation purpose than other methods such as conducting in-person interviews, telephone interviews and/or focus groups. According to Lobiondo-Wood & Haber (1997) these other methods are better suited when trying to obtain more personal information from respondents, and when trying to elicit more detailed responses or to obtain clarification. All considered, surveys reach a large range of persons, in some cases allow for anonymity, minimizes interviewer bias, and allows for clarity and specificity of items ⁷. Therefore, based on the evidence and survey purpose, it was felt that a survey tool was the most appropriate selection for conducting this evaluation.

⁶ The Middlesex-London Health Unit (2004). Logic Model Document.

⁷ Lobiondo-Wood, G., & Haber, J. (1997). *Nursing research methods, critical appraisal, and utilization*. 4th ed. Mosby: Toronto.

The first meeting took place on Feb 8, 2008 with the Healthy Workplace Coordinator, the Family Health Services Healthy Workplace Representative and the Consultant to determine the next steps for the evaluation. At the forefront of this discussion was the need to gain a better understanding the Healthy Workplace Program through obtaining:

1. feedback from workplaces currently accessing the program, such as Network members and mailout recipients.
2. information from those workplaces who have never accessed the program
3. input from workplaces for future program delivery

Understanding these key program aspects served to better inform the Workplace Program as to whether their current programs and services were meeting the needs of the workplaces using the program, and if not, where improvements could be made. Furthermore, it would add insight to improving connections with all area workplaces and inform future programming needs and considerations. The intent of the evaluation was not to evaluate the actual programs and services offered by the Middlesex-London Health Unit but to evaluate service delivery of these programs from the workplace perspective. Therefore, a process evaluation was conducted “to assess whether evidence-informed programs are carried out with the necessary reach, intensity, and duration”⁸. The purpose of this evaluation is to inform Middlesex-London Health Unit Healthy Workplace Program about the delivery of programs and services offered, and to understand how to improve these services.

The Healthy Workplace Coordinator, the Family Health Services Healthy Workplace Representative and the Consultant formed the workplace evaluation committee. This committee met regularly in person, by phone and through email during the course of the evaluation period from February through October of 2008. The workplace evaluation committee made many decisions regarding the evaluation and worked together to ensure that the needs of the evaluation remained focused and at the forefront. Some of the

⁸ Ministry of Health, 2008. Ontario Public Health Standards. Revised Draft, April 7, 2008.

committee tasks involved reviewing and discussing critical aspects of the evaluation including the development of the survey tool and the pilot test; survey dissemination plans and considerations; and review of the final report draft.

THE SURVEY TOOL

The workplace evaluation committee identified that although there were several workplace evaluation tools available; there was not a tool that approached workplace evaluation exclusively from the perspective of this evaluation. After careful review of surveys and evaluation tools used by other Health Units to evaluate their workplace programs, they were found to be unsuitable for the needs of this evaluation. Some of the tools assessed varying aspects of workplace wellness such as employee wellness checklists, health risk behavior assessments, employee interest surveys, and program outcome focused evaluations. None of the tools evaluated the actual process of delivery of workplace wellness programs in a manner that was congruent with the Middlesex-London Health Unit Workplace Program evaluation needs. This further confirmed the need for the development of an evaluation tool. Therefore, a survey tool was created for this evaluation by the consultant and reviewed by an epidemiologist. Input and revisions were obtained from the workplace evaluation committee, and subsequently piloted with area workplaces prior to dissemination.

The created survey tool carefully considered the questions in relation to their order, clarity, comprehension, response bias, and sensitivity⁹. Other considerations for the survey tool included its length, ease of use, and the need for it to be able to be completed electronically. Use of an electronically administered survey was the preferred method for collecting information because of its convenience and usability. Moreover, the literature states that

⁹ Polit, D., & Beck, C. (2004). *Nursing research principles and methods*. Lippincott Williams & Wilkins: Philadelphia.

internet survey tools have significantly higher completeness and of higher quality than more traditional survey methods¹⁰

The Workplace Coordinator also wanted to obtain feedback from both the Healthy Workplace Network members and mailout recipients about their satisfaction with and suggestions for the Network and mailouts. The Healthy Workplace Network consists of organizations that confidentially receive regular electronic communications about workplace health promotion from the Healthy Workplace Program Coordinator. The Healthy Workplace Program offers regular mailouts three times per year to workplaces who have consented to receiving health promotion resources. Therefore, the survey tool incorporated feedback segments which spoke specifically to Healthy Workplace Network members and to those who receive the workplace mailouts. Most importantly, the survey succinctly captured and was able to generate information that would be consistent with the goals of the evaluation.

SURVEY TOOL PILOT TESTING

Dissemination of the final survey was initiated once the evaluation tool was piloted with area workplaces and approved by Middlesex-London Health Unit Management. Consistent with the literature, the survey tool was piloted by a small, yet diverse group of workplaces already involved with the program, prior to dissemination. Pilot testing of “an instrument should be selected to be similar to the target population for which the instrument is intended, and the conditions for the pilot test should be the conditions under which the instrument is administered”¹¹.

¹⁰ Truell, A. (2003). Use of internet tools for survey research. *Information Technology, Learning and Performance*, 21(1), 31-37.

¹¹ Shelley, S.I. (1984). *Research methods in nursing and health*. p346.

The survey, as it would be offered to area workplaces, was piloted in an electronic format by five area workplaces of varying sizes and industries who were members of the Healthy Workplace Network.

Pilot participants completing the survey using a program called Survey Monkey. Survey Monkey software allows users to create online surveys with many different design features that include options for multiple choice, dropdown menus, rating scales, and open-ended questions¹². Through the Survey Monkey portal, potential study participants can access the created survey using a customized hyperlink, complete and submit the survey. Pilot workplaces were given the survey hyperlink www.surveymonkey.com/mlhu.com to complete the online workplace survey and upon completion were asked to answer the following evaluation questions:

- 1) How long did it take?
- 2) Were the directions clear?
- 3) Was the consent to participate clear?
- 4) Did you encounter any difficulties using Survey Monkey?
- 5) Were there any questions that were unclear or confusing? If so which ones and please explain why
- 6) General feedback

The workplaces piloting the survey found that it took between 10-15 minutes to complete. All workplaces felt that the directions were clear, that the consent was clear, and none reported having any difficulties using the Survey Monkey software. All of the workplaces felt that the survey questions were clear, and all provided very positive feedback ranging from “very good survey” to “well done”. Some of the workplaces mentioned that they were looking forward to seeing the survey results and follow-up as to the evaluation outcomes. Other general comments about the survey were

¹² www.surveymonkey.com. Retrieved September 22, 2008.

“I thought the survey was easy to understand and very easy to complete which are very important to me when having to complete a survey! It wasn’t time consuming.”

THE EVALUATION PROCESS

Understanding how the evaluation would work, led the committee to have many discussions in advance to sort out the logistics of the overall evaluation process. The evaluation process encompassed several key considerations such as:

- the review process for the development and finalization of an evaluation tool
- the number and size of workplaces participating in the study
- method for contacting workplaces and identifying key informants at those workplaces
- options for dissemination method of the survey
- survey timelines such as when to offer the survey, over what time period, and completion deadlines
- handling survey data, consent and confidentiality.
- Incentives

Developing the Survey Tool

The process for the development of survey tool consisted of an initial working draft of the tool developed by the consultant, based on input received from workplace committee members. Input dialogue with the committee encompassed the wording of the survey items, the survey content and form of the survey questions¹³. Survey questions reflected the identified program evaluation needs and included both closed-ended questions such as multiple choice and dichotomous questions, and open-ended questions. This combined

¹³ Polit, D., & Beck, C. (2004). *Nursing research principles and methods*. Lippincott Williams & Wilkins: Philadelphia.

approach provided the evaluator with more information and a chance for the respondents to express a range of views¹⁴. Attention was given to the ordering of questions so that there was a natural flow to the questions and that similar questions were clustered together. Directive probes which lead potential participants through the survey and introduces each section, were also created and added to the survey draft.

Modifications to the working draft occurred during a series of in-person meetings with the workplace evaluation committee between February and May of 2008. During these meetings survey drafts were reviewed, edited and revised until ready for management approval and dissemination.

Survey Participants

After careful consideration, it was decided that all workplaces with fifty or more employees would be invited to participate in the survey. Ultimately, the committee felt that workplaces with fifty or more members were more likely to engage in workplace wellness activities, and thus it would be more realistic to look at this segment of workplaces. A program administrative assistant was given the task of obtaining up-to-date contact information of these workplaces to participate in the survey. To achieve this, existing workplace contact information was gathered from workplaces already involved with the Middlesex-London Health Unit Healthy Workplace Program. For those workplaces not involved with the program, access to a business directory was required to obtain workplace contact information. Therefore, the London Business Directory listing was used to gather the name, address, phone number of the workplace and to possibly identify the appropriate contact person at those workplaces. However, this Directory provided only generic contact information and did not have email addresses for the listed businesses. As a result, "invitation to participate" letters had to be mailed out to most of the area businesses.

¹⁴ Polit, D., & Beck, C. (2004). *Nursing research principles and methods*. Lippincott Williams & Wilkins: Philadelphia.

Letters contained information about the survey, its purposes, and website URL to complete the online survey.

Contacting Workplaces

Even though an online survey was the dissemination method of choice, there was still a mailout component required to inform workplaces about the survey and direct them to the survey hyperlink. In total three hundred and sixty-nine area workplaces with fifty or more employees were sent invitations to participate. In additions, fifty-nine Healthy Workplace Network members and one hundred and twenty workplace mailouts recipients were also invited to participate in the survey. The survey hyperlink was also made available on the Middlesex-London Health Unit website.

Timelines

Timelines for when the survey would be available to all workplaces via the hyperlink was set for May 20, 2008, after the pilot component was completed and any necessary revisions had been made. The final version of the survey and consent (Appendix A & B) went online May 20, 2008 at www.surveymonkey/mlhu.com with a completion deadline of June 23, 2008. It was important that the deadline for survey completion was prior to the beginning of summer holidays to maximize participation. Just before May 20th, 2008, participation letters containing the survey hyperlink were mailed and emailed to all participating workplaces to ensure they would be in receipt of the information by the 20th of May start date. A mid-point follow-up reminder date of early June, 2008 was selected and survey reminder notices were mailed and emailed to the original group of invited participants at that time. Follow-up reminders are “an effective method of achieving higher response rates for questionnaires”¹⁵ and should be sent “ten to fourteen days after the first mailing”¹⁶.

¹⁵ Polit, D., & Beck, C. (2004). *Nursing research principles and methods*. Lippincott Williams & Wilkins: Philadelphia.

¹⁶ Polit, D., & Beck, C. (2004). *Nursing research principles and methods*. Lippincott Williams & Wilkins: Philadelphia.

Consent, Confidentiality and Managing Data

Issues of informed consent, confidentiality and handling of survey data were managed in a manner consistent with research codes of ethics, Health Unit policies and procedures and were obtained in accordance with the Health Promotion and Protection Act. Informed consent was obtained through the development of the 'Consent to Participate' agreement. The principle of informed consent is "based on the right of individuals to give consent to participation once they have been informed about the project and believe that they understand the project" ¹⁷. Once approved by Health Unit management, the electronic consent to participate (see appendix A) was given prior to completing the survey by participants selecting the "I agree" button at the bottom of the consent. The letter of consent contained and comprehensively addressed, evaluation details such as the purpose of the evaluation, confidentiality, use of information and dissemination plans.

Confidentiality was maintained by ensuring that only the consultant and survey webmaster had access to the completed surveys, and not identifying businesses by name or other obvious identifiers in any report or any other evaluation communications. Survey data was retrieved and maintained exclusively by the consultant electronically on a locked computer with firewall protection, in a secured location. This allowed for the securing and concealment of personal data so that sharing would only be done in anonymity, thus protecting identity¹⁸.

Descriptive data was downloaded from survey monkey on July 10, 2008, and form the basis for the outcomes contained within this report. In total ninety-two, workplaces completed the survey, of which fifty-nine workplaces requested follow-up contact with the Middlesex London Health Unit Healthy Workplace Program. Some workplaces answered every question while others selected which questions they wanted to answer and skipped some

¹⁷ Denzin, N., & Lincoln, Y. (2005). *The sage handbook of qualitative research*. 3rd ed. Sage: Thousand Oaks.

¹⁸ Denzin, N., & Lincoln, Y. (2005). *The sage handbook of qualitative research*. 3rd ed. Sage: Thousand Oaks.

of the questions entirely. This presented varying response participants numbers (n) for each question.

Incentives

It is known that “gifts and monetary incentives have been found to increase participation rates”¹⁹. To encourage participation in light some of the challenges already mentioned and enhance response rates an incentive was offered to participants who completed the online survey. Offered was a chance to win a gift basket valued at \$100.00 by draw, awarded by a workplace committee member after the survey deadline.

S

ection One: Demographics of area workplaces

Participating Middlesex-London workplaces were asked for information regarding the background and demographics of their workplace. This included information such as: the name of their workplace; address; person completing the survey; the self identified sector/industry; work environment such as number of employees, hours of operation, unionized and non-unionized, and status of workers. The findings within this category and subsequent categories represents the number of workplaces that chose to answer each of the questions, and in some cases, as previously mentioned workplaces opted not to answer a specific question. Again, this resulted in variation in the total number of workplace (n) responding to each question.

Persons who identified themselves as either a manager, director, coordinator or administrator completed most of the surveys. In most cases, these titles were designated in the area of human resources. Some of the other title names include human resource associates, human resources specialists, administrative assistants, occupational health and safety nurse, and health and safety personnel. In very few cases, persons completing the

¹⁹ Polit, D., & Beck, C. (2004). *Nursing research principles and methods*. Lippincott Williams & Wilkins: Philadelphia.

survey identified themselves as a wellness/healthy workplace coordinator. Other titles given ranged from payroll/accounting to receptionist. It is unclear if the surveys were filled out by the person who received the invitation to participate or forwarded on to the person most suited to complete the survey. Furthermore, it can only be assumed that those who filled out the survey were, in the opinion of the workplace, the most appropriate person to complete the survey.

Workplaces were offered a fourteen-item business information sector listing whereby they could select their sector type or complete the option of “other” and describe their sector in their own words.

The fourteen-item sector type listing included the following options:

- Art/Culture
- Business& Finance
- Communication
- Education
- Food Services
- Health Services
- Hospitality
- Manufacturing
- Recreation & Sport
- Sales and Services
- Social Services
- Trades
- Transportation
- Utilities
- Other

Sixty-three workplaces selected their sector from the predetermined sector listing while twenty-nine opted to respond in their own words. Of the sixty-three workplaces who utilized the sector listing the top five sectors were: Manufacturing (23.8%), Health Services (17.5%), Social Services (12.7%), Transportation (11.1%) and Education (11%), followed by trades (6.3%) sales and services (6.3%), business and finance (6.3%), and food services (6.3%)(See Fig 1.1).

Fig 1.1

Business information: Sector Type (n=63)	Response Percent	Response Count
Manufacturing	23.8%	15
Health Services	17.5%	11
Social Services	12.7%	8
Education	11.1%	7
Transportation	11.1%	7
Business and Finance	6.3%	4
Sales and Services	6.3%	4
Trades	6.3%	4
Food Services	6.3%	4
Hospitality	3.2%	2
Recreation and Sport	1.6%	1
Utilities	1.6%	1
Art and Culture	0%	0
Communications	0%	0
Others		29

Interestingly, those workplaces who opted to describe their sector under “other” used descriptors that could have easily fit within sectors already listed in the sector type listing.

For example, some workplaces self-identified nursing as their sector, yet did not utilize the category of health services. This trend held constant for other sectors similarly those who identified types of business that were clearly within the social service sector yet did not chose to use the sector type listing of social services. When looking at a combined category of health and social services, including the data collected regarding the self-identified sector descriptors, it is fair to say that most businesses completing this survey came from health and social services sectors (thirty percent).

The workplaces surveyed were asked to provide information regarding their hours of business and days per week worked. The majority of the eighty-three respondents to this question operated five days per week (47%), while thirty-one percent operated seven days per week and the remaining respondents cited varying or various hours. Just less than half of these workplaces indicated that they had multiple locations of operation (43.4%), while the remainder (57%) stated that they did not have multiple sites. Of those workplaces that did have multiple sites, the number of these sites per business ranged from two sites to thirty plus sites with a majority of businesses having two to five sites per workplace.

Slightly more than fifty percent of area workplaces reported “yes” to having shift work (Fig. 1.2) and identified their work environment as non-unionized (Fig 1.3). Furthermore, the majority of workplaces reported employing a full-time workforce followed by part-time and casual employees (Fig 1.4). The total number of employees per workplace ranged from above five thousand to below ten. Most workplaces (31) had less than a total of one hundred employees. Twenty workplaces had between one hundred and two hundred employees and nineteen workplaces had between two hundred and five hundred employees. The remaining eleven responding workplaces had more than five hundred employees in total. One workplace reported not knowing their total number of employees (Fig. 1.5) The average age of the employees at each organization were between the age ranges of 40-49, followed by the 30-39 age range group. (Fig. 1.6)

Fig 1.2

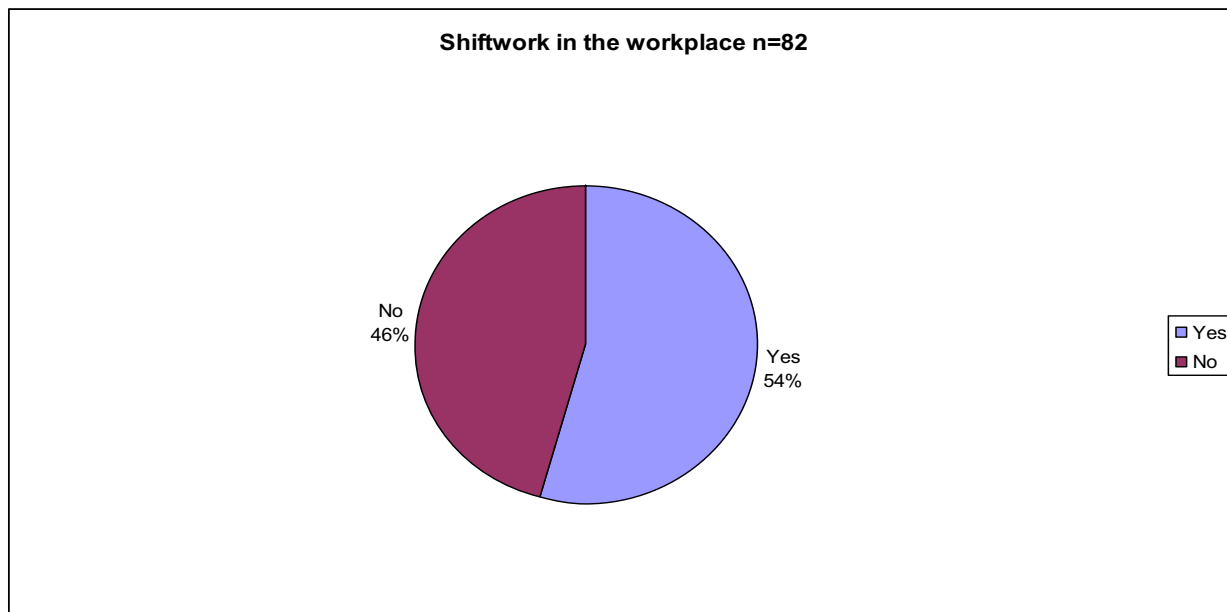


Fig 1.3

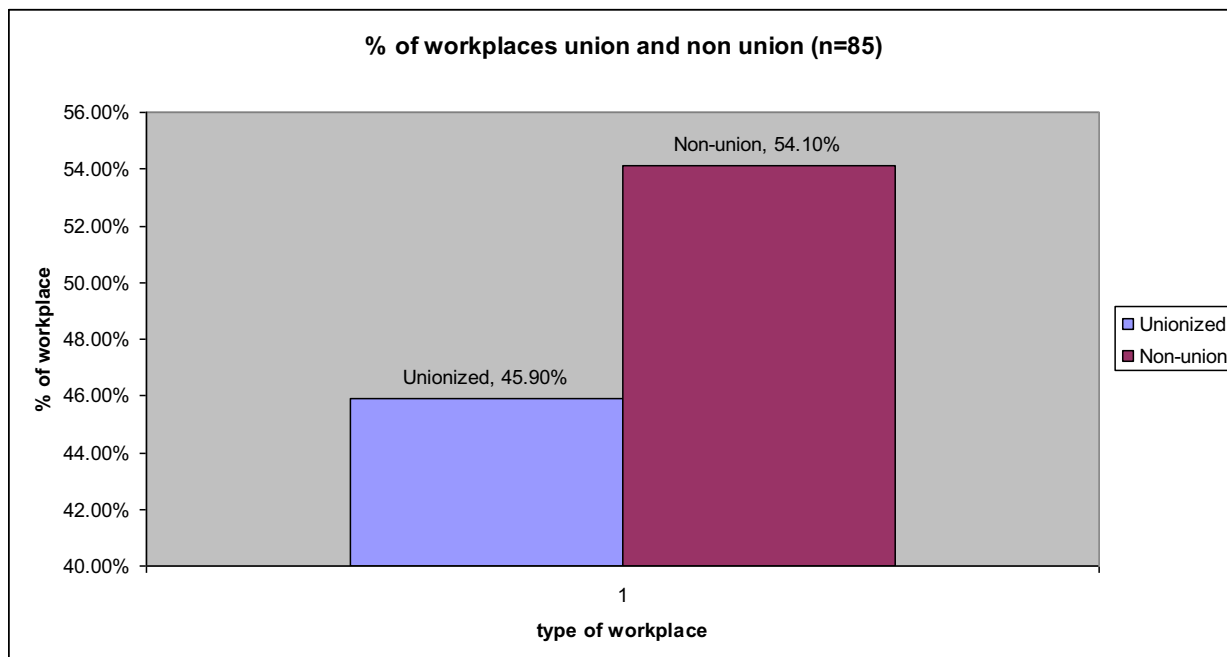


Fig 1.4

Employees Status(n=82)	Response Percent	Response Count
Fulltime	90.2%	74
Parttime	67.1%	55
Casual	41.5%	34

Fig 1.5

Total Number of Employees (n=82)	Response Percent	Response Count
Less than 100 Employees	37.8%	31
100-200 Employees	24.3%	20
201-500 Employees	23.1%	19
More than 500 Employees	13.4%	11
Did not know	.01%	1

Fig 1.6

Average age range of employees (please select one) (n=77)	Response Percent	Response Count
Under 20	0%	0
20-29	2.6%	2
30-39	37.7%	29
40-49	57.1%	44
50-59	2.6%	2
60+	0	0

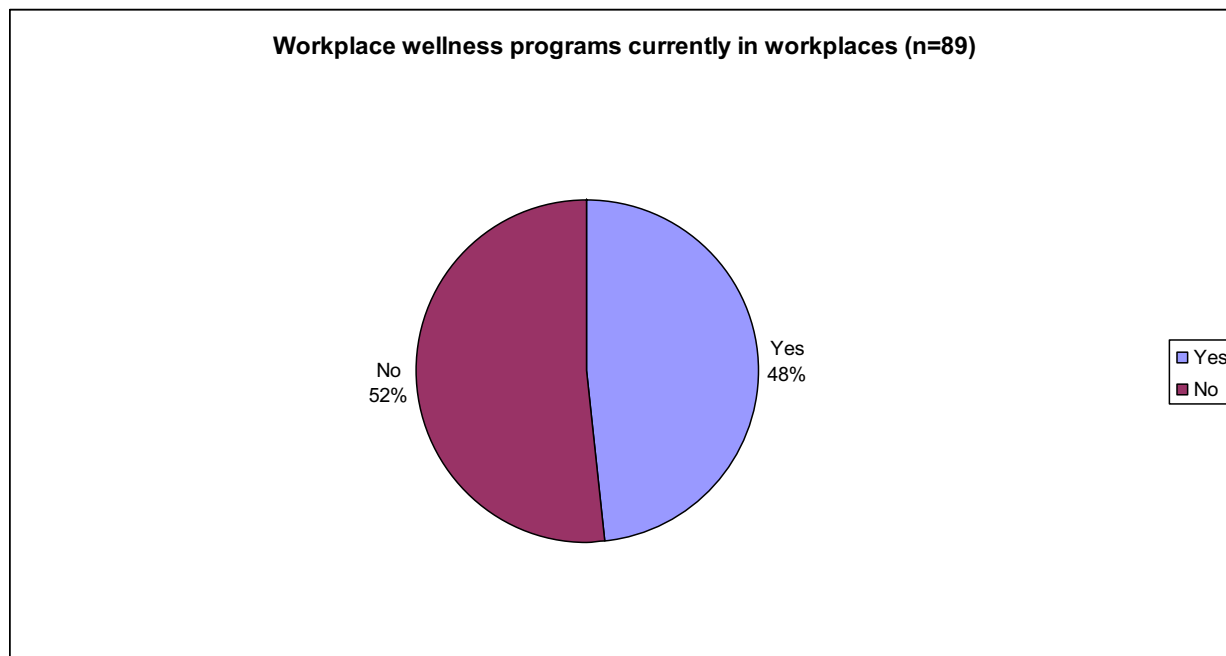
Section Two: The local Environment of Workplace Services and Programs

To better understand the capacity and knowledge level of area workplaces with regards to Healthy Workplace Programs and/or services, it was important to determine it was important to determine their understanding of workplace wellness, if they currently offered wellness programs and what challenges they experienced in delivering these programs. It was also important to know whether workplaces had assessed the wellness needs of their employees.

To determine whether the workplaces offered workplace wellness programs or could offer workplace wellness programs they were asked:

1. Do you currently have a workplace wellness program? “yes” or “no”
2. To indicate “yes” or “no” as to whether they have a health and safety committee and a wellness committee

Just more than half of the workplaces (fifty-two percent) surveyed (n=89) identified that “no”, they do not currently have a workplace wellness program while close to half of the respondent workplaces stated that “yes”, they do have such a program (Fig. 2.1). In light of this, ninety-seven percent of respondents (n=82) indicated that “yes”, they did have a health and safety committee, however, close to 2/3 stated that “no”, they did not have a wellness committee. This could be one possible explanation as to the large percentage of workplaces without an existing workplace wellness program. Nonetheless, given the possibility that there would be workplaces that did not have a program, we asked those who identified that they “no”, did not have a workplace wellness program to describe why they do not.

Fig. 2.1

Workplaces without workplace wellness program were asked the following question, “If you do not have a workplace program please select from below the statements that best describes why you do not. Respondents were given four answer options to this question with a fifth option of “other” where they were able to answer this question in their own words if they chose. The four answer options were:

- a) It is not an organizational priority
- b) Lack of management support
- c) Limited human resources
- d) Limited financial resources

The respondents (n=32) without a workplace program answered the question as follows:

If you do not have a workplace program please select from below the statements that best describes why you do not: (Select one)	Response percent (n=32)	Response Count
It is not an organizational priority	34.4%	11
Limited human resources	34.4%	11
Limited financial resources	21.9%	7
Lack of management support	9.4%	3
Other		14

Both not being an organization priority and limited human resources were identified as the reason that best described why the workplaces did not have a workplace program. Qualitative data described in the “other” category suggests a knowledge deficit in terms of what workplace programs are and time constraints for implementation. Some of these option statements include “lack of awareness”, “we haven’t seen a need for one”, “never heard of a workplace wellness program”, “lack of understanding the program”, “limited time”, “not had time to investigate”.

Those workplaces who did offer workplace wellness programs were asked to identify the benefits of having a workplace wellness program in their organization and to respond in an open-ended manner as to what challenges that they have experienced in implementing a workplace wellness program.

In terms of the benefits of having a workplace wellness program, workplaces (N=30) responded as follows:

Please identify the benefits of the workplace wellness program to your organization (select as many that apply)	Response percent (n=30)	Response Count
Increased moral	80.0%	24
Decreased absenteeism	60.0%	18
Increased productivity	50.0%	15
Benefit savings plan	46.7%	14
Increased retention	40.0%	12
Increased recruitment	16.7%	5
Other		5

As you have seen most workplaces felt that increased moral, decreased absenteeism and increased productivity were the top benefits of their workplace wellness programs. This was followed closely by benefit savings plan and increased retention. Others cited advantages under the “other” category included decrease employee incidents and injuries and WSIB, increased alertness, and team building.

Challenges to Implementing Workplace Wellness

Challenges to implementing workplace wellness were explored in an open-ended format. Respondents who identified that they currently have a workplace wellness program were asked “What challenges have you experienced in implementing a workplace wellness program in your organization”? Emerging data from the respondents (n=26) was best categorized into naturally developing themes that included a) organizational structure, b) organizational logistics, and c) organizational constraints.

A) Organizational structural challenges identified by workplaces were:

- multiple sites/location

- hours of operation and work
- being inclusive of all employees in wellness programs considering shifts, diverse business type and geographical location

B) Organizational logistical challenges mentioned by participating workplaces involve:

- creating a supportive environment for participation in activities during work time
- fostering staff participation
- limited training
- equitable distribution of wellness resources so that they are available to all staff
- meeting employee wellness needs

C) Organizational constraints included:

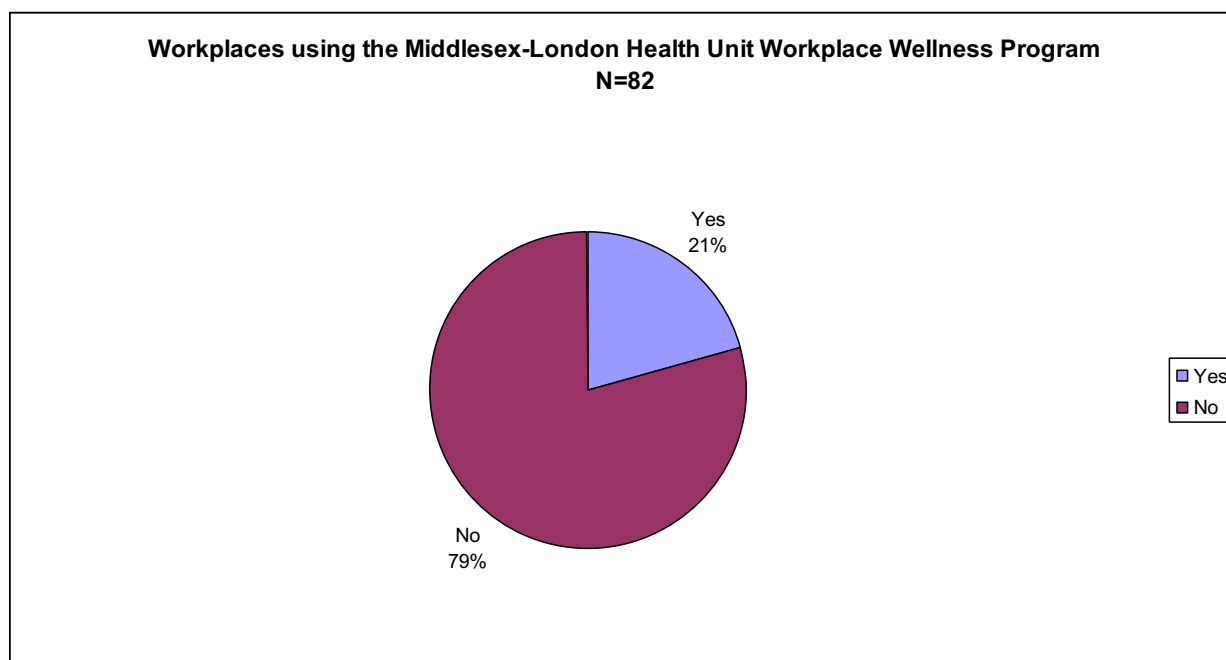
- financial
 - i. Financial resource challenges were referred to in terms of budget for implementing wellness program as well, it could also be seen as costs of employee time for participation in wellness activities.
- program delivery
 - i. Delivering a workplace program with consistency.
 - ii. Workplace struggles with making time for wellness initiatives during work hours; employees taking the time from work to participate; and accommodating workplace wellness in the context of varying hours of work and again multiple locations.
 - iii. The ability to evaluate and not having evaluated wellness initiatives.

Overwhelmingly, the most commonly mentioned challenges for these workplaces were related to time, employee participation and financial resources.

Section Three: Middlesex-London Health Unit Workplace Wellness Program Services

All workplaces were asked if they were using the Middlesex-London Health Unit Workplace Wellness Program, and less than $\frac{1}{4}$ of the respondents (N=82) identified that they were using the program (Fig 3.1).

Fig 3.1



Those respondents who answered “yes”, that they were using the Middlesex-London Health Unit Workplace Wellness Program, were asked a series of questions exploring how the program is meeting their needs and suggestions as to how the program could further support their wellness needs. First, these workplaces were asked, “How well is the Middlesex-London Health Unit Workplace Wellness Program meeting your needs?” Given the options of “not at all”, “minimally”, “moderately”, “well” and “very well”, sixty-two percent of workplaces felt that the program was meeting their needs well (see Fig 3.2).

Fig 3.2

How well is the Middlesex-London Health Unit Workplace Wellness Program meeting your needs? N=13	Response percent	Response Count
Very Well	0	0
Well	61.5%	8
Moderately	30.8%	4
Minimally	7.7%	1
Not at all	0	0

Workplaces were then asked to provide examples in their own words of how the Middlesex-London Health Unit Workplace Wellness Program meets their needs. Answers from the respondents (n=10) included the following statements:

“I insert all the newsletters and printed material that the program sends into a binder that is kept in our staff room. I feel like I am kept up to date on current issues. I enjoy the recipes and the upcoming fundraisers in support of health-related organizations.”

“...keeps us informed of what is happening in the community so that we can share information with staff.”

“They have provided lunch and learns and information for wellness initiatives”

“...seasonal reminders; alerts and tips for better wellness.”

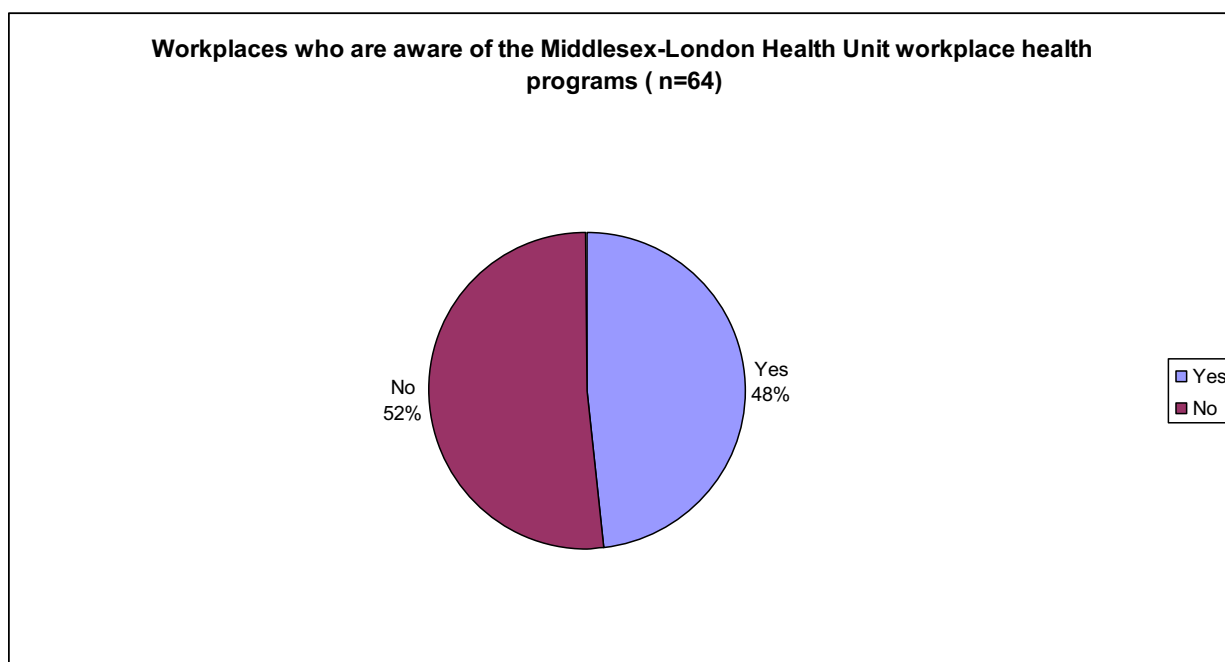
What was most evident from the responses were that workplaces seemed to appreciate the information and resources they received and the variety in methods of delivery of that information. Print resources (i.e. newsletter, flyers), presentations (i.e. lunch and learns, and health fair participations (i.e. exhibits, displays) were mentioned as ways in which the Middlesex-London Health Unit Workplace Wellness Program meets their needs.

Finally, the workplaces that were using the program were asked to “provide suggestions as to how the Middlesex-London Health Unit could help support your wellness needs in the

future?” Minimal feedback was received, and of the three respondents to these questions, suggestions included posting more ideas on the website of “activities for workplaces to do that are fun, low cost and feasible” and the use of incentives (walking kits, physical activity calendars). Also mentioned were ways in which workplaces could implement a wellness program with limited resources.

Responding workplaces that identified that they were not currently using the Middlesex-London Health Unit Workplace Wellness Program were asked to answer “yes” or “no” to the following question: “Are you aware that the Middlesex-London Health Unit offers a variety of workplace health programs and services to local business free of charge?” Fig 3.3 shows that close to $\frac{1}{2}$ of area workplaces (n=64) stated “yes”, they were aware of the Middlesex-London Health Unit Workplace Wellness Program while slightly more than $\frac{1}{2}$ indicating “no”, they were unaware of the program.

Fig 3.3



In an effort to gain insight as to whether area workplaces had explored the wellness needs of their employees, all workplaces were asked if they had completed a survey of employee wellness. Eighty-one percent of respondents (n=78) said “no”, that they had not completed

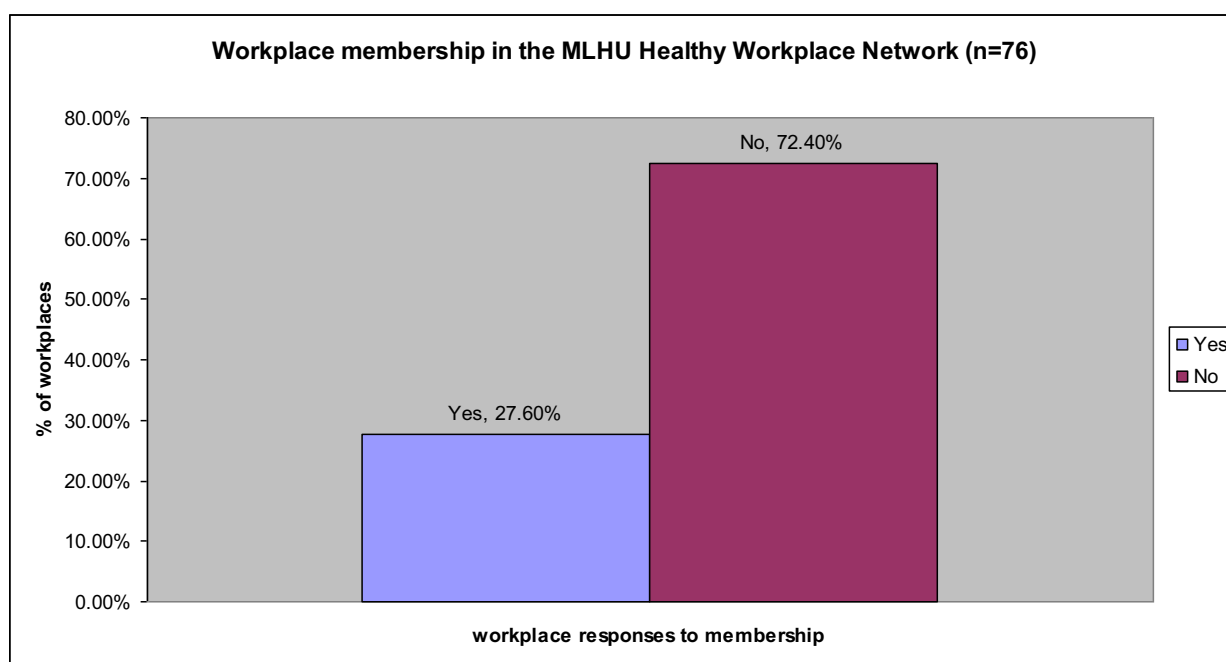
a survey of employee wellness, while nineteen percent stated that “yes”, that they had completed a survey of employee wellness. Those workplace who did complete a survey of employee wellness where further asked the following open-ended question; “what needs were identified in your survey of employee wellness?” Most workplaces (n=11) found healthy eating, physical activity, stress and time management as the main wellness needs of their employees.

Healthy Workplace Program Network

All workplaces were asked to respond either “yes” or “no” as to whether they were members of the Healthy Workplace Program Network. Close to $\frac{3}{4}$ of responding workplaces (n=76) stated “no”, they were not members of the Network while just more than $\frac{1}{4}$ stated “yes”, they were members of the Network (Fig 3.4)

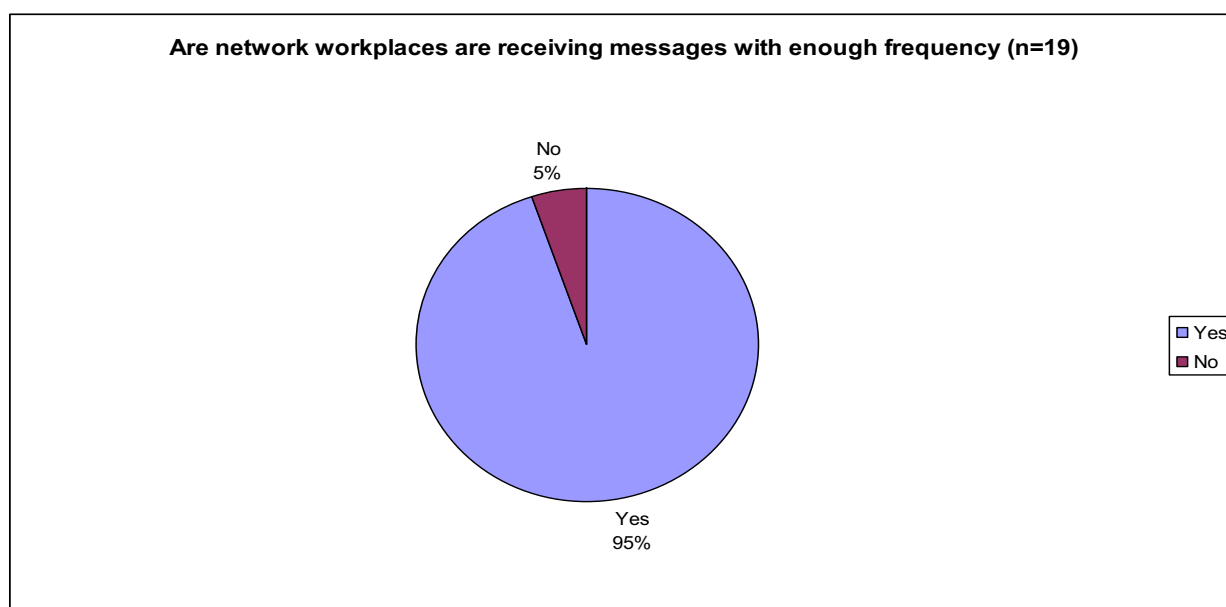
Those workplaces that identified that “yes”, they were a member of the Healthy Workplace Program Network were asked a series of “yes” / “no” and “open-ended” questions evaluating the services offered through the Network.

Fig. 3.4



Firstly, the Healthy Workplace Network members were asked, “Are the messages that you are receiving through the Middlesex-London Healthy Workplace Program Network coming with enough frequency?” A majority of respondents, ninety-five percent (n=19) felt that “yes”, the messages were coming through with enough frequency, while five percent of the respondents felt that “no”, the messages were not coming through with enough frequency (fig. 3.5).

Fig 3.5



Secondly, the Healthy Workplace Program Network members were asked, “would you like to receive more, less or the same amount of messages from the network?” All respondents (n=19) wanted to receive the same amount or more messages from the Healthy Workplace Network, while none of the respondents wanted to receive less messages (see fig. 3.6).

Fig. 3.6

Would you like to receive more, less or the same amount of messages from the network? (n=19)	Response Percent	Response Count
Same	89.5%	17
More	10.5%	2
Less	0	0

The Healthy Workplace Program Network members were then asked to respond to the following open-ended question: “How are you using the information that you received from the network in your organization—please specify?”

The responding workplaces (n=16) were using and sharing the information received from the Healthy Workplace Program Network within their organization in various ways. Some workplaces noted that they inserted the information into a binder for employees, posted the information on bulletin/wellness boards, sent the information out to employees within email, or inserted selected information into their own newsletter. Others stated that they inserted information in pay memos to all employees, while some forwarded the information on to a committee or supervisor for distribution, or simply posted the information around the office. A few workplaces also identified that they used the information as a basis for their wellness activities/programs.

Next, the Healthy Workplace Program Network members were asked a two-part question. The first part of the question asked network members to respond either “yes” or “no” to “would you like to see the network evolve into something more interactive?” This was followed with a second part containing an open-ended statement; “If yes, please specify what that might look like.” Just more than 1/3 of the responding workplaces (n=16) said “yes”, that they wanted to see the network evolve into something more interactive while slightly more than sixty percent said “no”, they did not want to see the Healthy Workplace Program Network evolve into something more interactive (fig. 3.7).


Of those who did want to see the Healthy Workplace Program Network evolve into something more interactive, some of the suggestions as what that might look like included:

- a blog
- Network that offers guest speakers on wellness topics, re: development of those who are responsible for workplace wellness
- perhaps quarterly Lunch and Learns for Network members

“It would be great to connect with MLHU and other workplaces to look at best practices in workplace wellness initiatives”

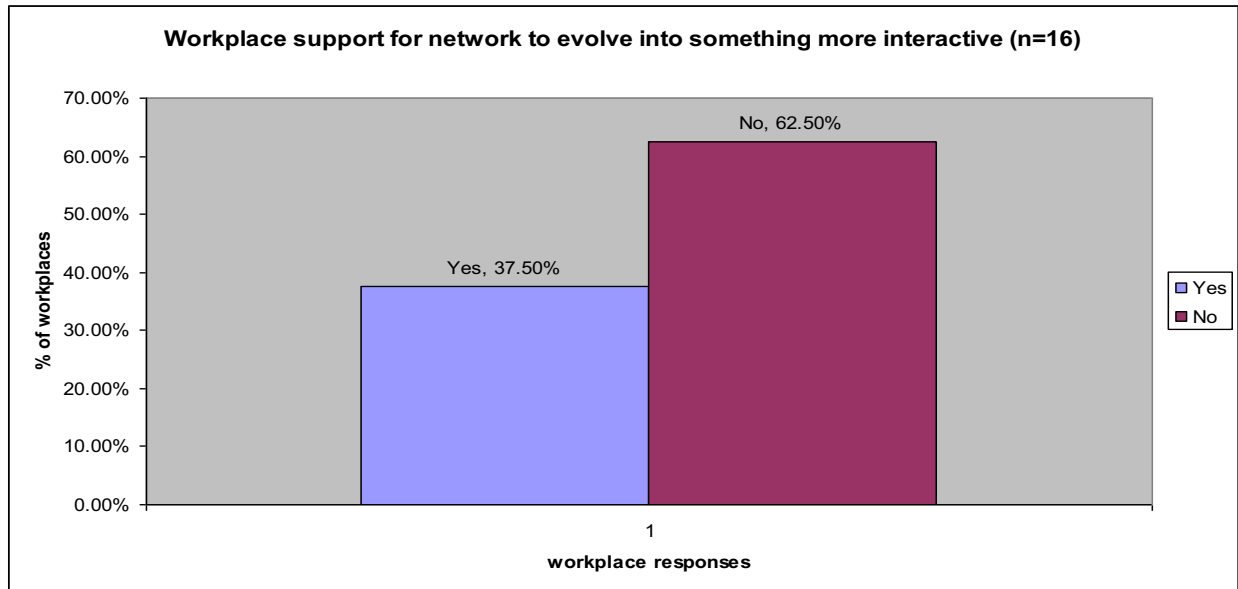
“Provide others to submit additional info re: presentations, conferences, resources etc...”

Based on the response of a limited number of Healthy Workplace Network Program members, evolving the Healthy Workplace Program Network into something more interactive seems to be only moderately welcomed. It would be important to hear from a majority of Healthy Workplace Network Program members prior to ruling expansion of the Healthy Workplace Program Network out completely. It is felt that the Healthy Workplace Network would provide broader communication opportunities for workplaces. This could serve to meet the needs of those coming on board with the program, those with minimal time/resources, and to meet health and resource needs of organizations with special considerations (multisite, shift work, absence of wellness committees).



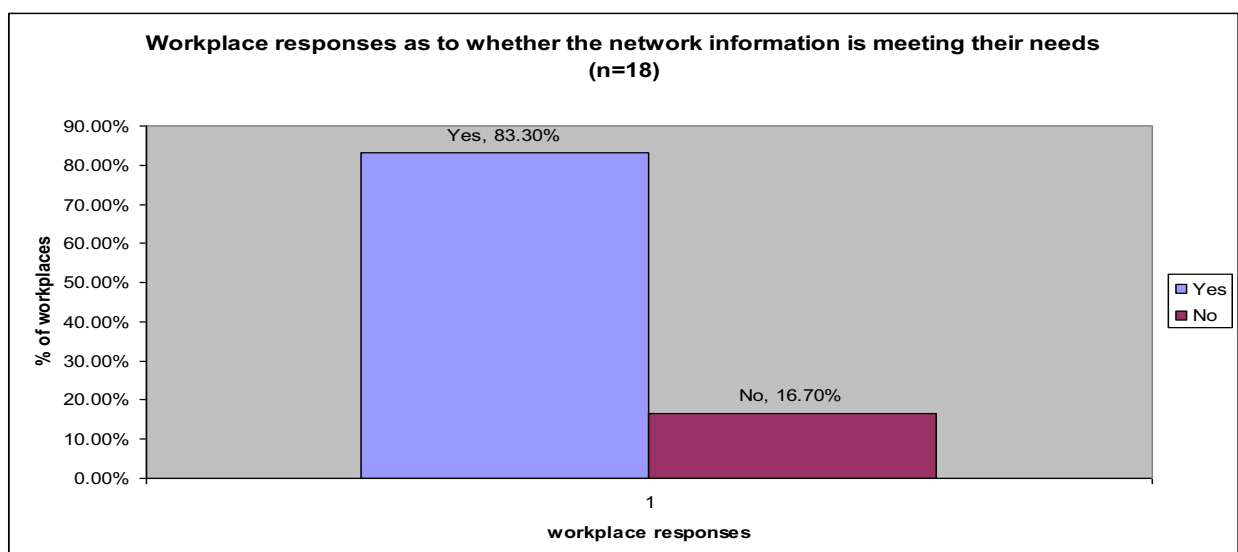
The Middlesex-London Health Unit workplace Network brings area workplaces together to discuss and share workplace wellness information electronically, in a convenient and timely manner.

Fig 3.7



The fifth question posed to Healthy Network members required a “yes” or “no” answer to the following question: “Is the information that you are receiving from the Network meeting your needs?” The majority of Healthy Workplace Program Network members eighty-three percent (n=18) felt that “yes”, the Healthy Workplace Program Network was meeting their needs (fig 3.8).

Fig 3.8



Next, the Healthy Workplace Program Network members were asked a two-part question. The first part of the question asked Healthy Workplace Program Network members to respond either “yes” or “no” to “is there information that you think should be included in the network that is not presently being included?” This was followed with a second part containing an open-ended statement; “If yes, please specify.” In response to the first part of this question, most workplaces, eighty-percent, felt that “no”, there is not information that should be included that is not presently included (see fig. 3.9).

Fig. 3.9

Is there information that you think should be included in the Network that is not presently being included? (n=15)	Response Percent	Response Count
No	80.0%	12
Yes	20.0%	3

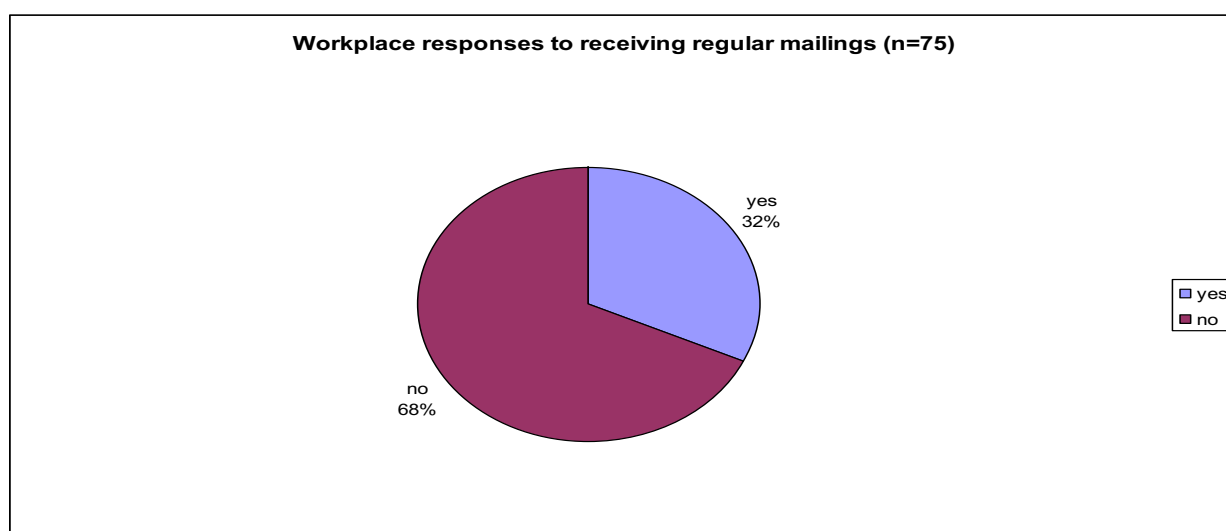
Those respondents who answered “yes”, to the question already stated were asked to also respond to the second part of this question asking them to specify what information should be included in the Healthy Workplace Program Network that is not presently included. Suggestions received from the respondents included bullying and best practices across sectors.

Finally, all Healthy Workplace Program Network member respondents were asked to provide any suggestions that they had for improving the Healthy Workplace Program Network. Few respondents (n=5) utilized this opportunity to offer feedback, however those who did suggested the following ideas for improving the network; lunch and learns, evening presentations, some sort of discussion forum, and providing structured wellness program assistance with information technology support.

MLHU Mailouts

All workplaces were asked to respond either “yes” or “no” as to whether they received the Middlesex-London Health Unit regular mailings 3x per year? Slightly more than 2/3 of responding workplaces (n=75) stated “no”, they did not receive the mailings while just less than 1/3 stated that “yes”, they did receive the Middlesex-London Health Unit regular mailings 3x per year (Fig 3.10)

Fig 3.10



Similar to the Healthy Workplace Program Network question series, those workplaces that identified that “yes”, they received the Middlesex-London Health Unit regular mailings three times per year were asked a series of “yes”/ “no” and “open-ended” questions evaluating the mailings.

Firstly, the recipients of the regular mailouts were asked, “Do you like the information that you are receiving in the mailings?” One hundred percent of respondents (n=21) liked the information that they were receiving in the mailings.

Secondly, workplaces were asked if they “would like to receive more, less or the same amount of mailed packages per year?” Eighty-five percent of respondents (n=21) wanted to

receive the same number of mailed packages per year, while just less than ten percent wanted to receive less mailed packages (see fig. 3.12).

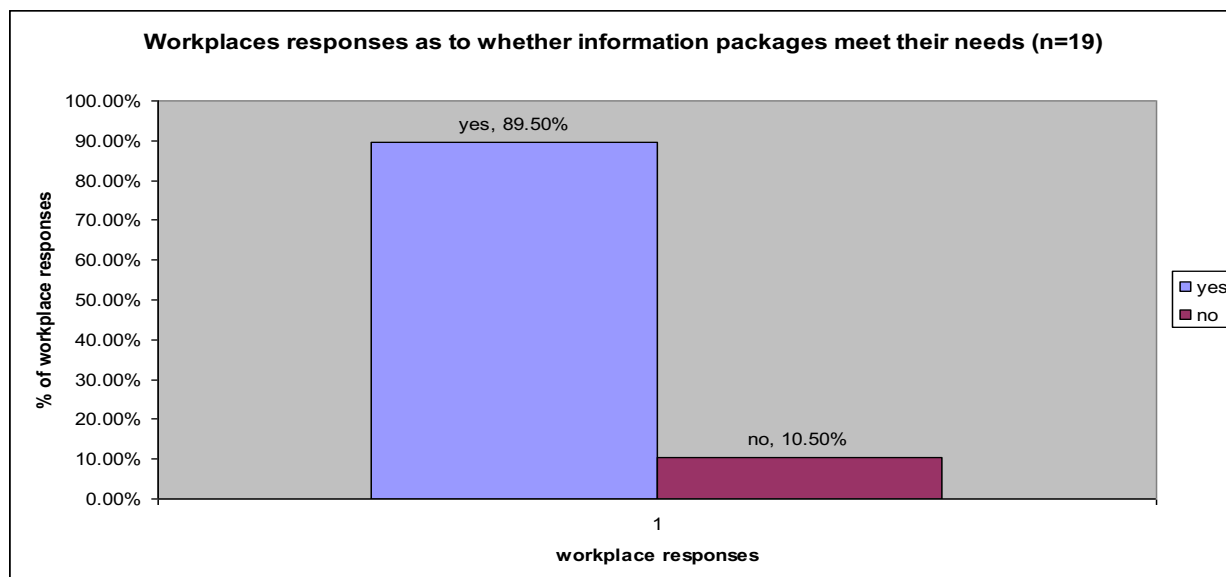
Fig. 3.12

Would you like to receive more, less or the same amount of mailed packages per year? (n=21)	Response Percent	Response Count
Same	85.7%	18
Less	9.5%	2
More	4.8%	1

Workplaces receiving the mailings were then asked, “Are you able to follow-up with the Middlesex-London Health Unit for more resources as needed?” One hundred percent of respondents (n=20) felt that yes they were able to follow-up with the Middlesex London Health Unit for more resources as needed.

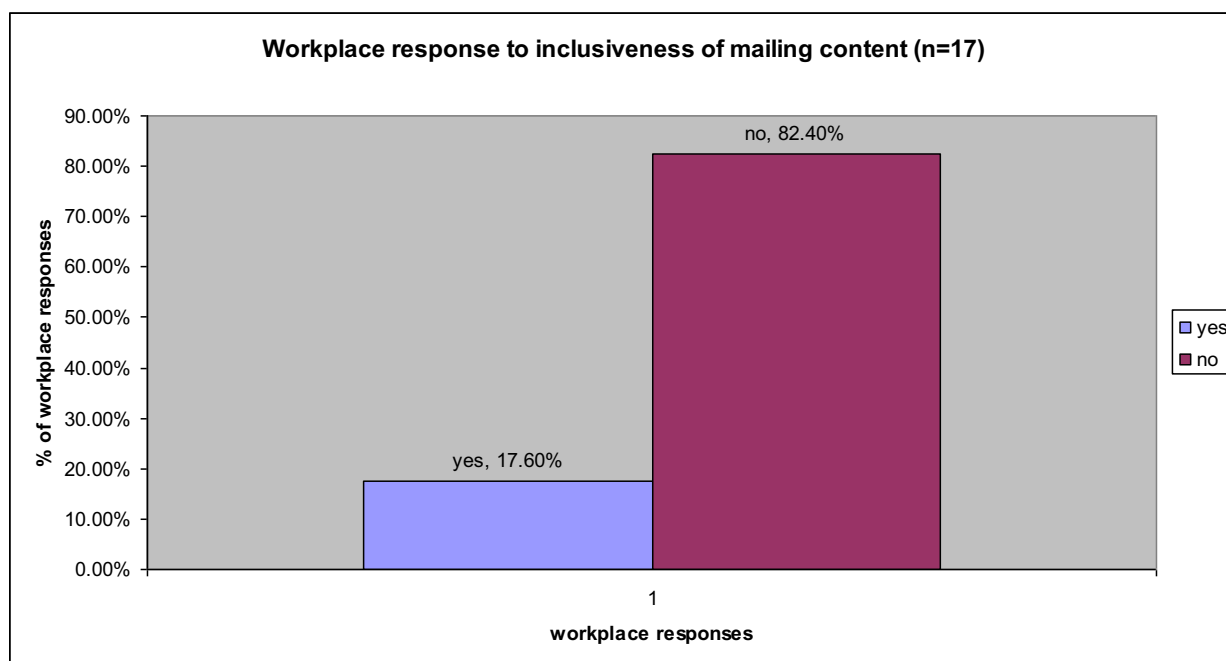
The workplaces receiving mailings were asked, “Is the information that you are receiving in the packages meeting your needs?” Almost ninety percent of respondents (n=19) felt that “yes”, the information being received in the package is meeting their needs (see fig 3.13).

Fig 3.13



Next, these same workplaces were asked the following two-part question; “Is there anything that you think should be in the mailings but is not presently included?” and if “yes” please specify. In response to the first part of this question, more than 4/5 of workplaces (n=17) stated “no”, that they did not feel as though there is anything that should have been in the mailings that is not presently included (see fig. 3.14).

Fig 3.14



Those respondents who answered “yes”, there was something that they thought should be in the mailings but was not included, responded to the second part of this question requesting them to specify. Suggestions included moving beyond the physical aspects of health by including information relating to mental health and stress, and information on dieting.

Further open-ended questions were used to explore how the information is being shared with their employees, how the information is being used by employees and if there are any suggestions for improving the mailings. When asked about how the information provided by the mailouts were being shared with their employees, responding workplaces (n=17)

identified that information is being shared mostly through posting on a bulletin board, elsewhere in the workplace (i.e. walls, lunchroom), or on a wellness board. Also mentioned were postings through intranet and email. Other responses included in pay memos, employee communications, at meeting, and in a binder. In terms of how the information is being used by their employees, most workplaces (n=14) stated that they were unsure or did not know how the information is being used. As put by one responding workplace “...can't really say. We need to evaluate our own program's effectiveness”. Some of the other statements made were:

“Not all info is relevant to everyone, information that is relevant is used by employees”

“They can take copies of topics that interest them or contact the health unit themselves”

Suggestions for improving the mailings were provided by three workplaces included a comment pertaining to the ease of insertion of the mailings into binders because they are easy to 3-hole punch. It is unclear if this comment is simply that, or can be seen as a suggestion for possibly producing pre-punched newsletters. In addition, the following statement was offered:

“Have it geared towards the employee committee members as the audience rather than the H&S leaders - they are the ones who truly make a difference - suggestions for them! Tools for them!! Training for them!!”

Section Four: Program Direction and Recommendations

Workplaces were asked throughout the survey, questions that would assist with informing the development and direction of the Middlesex-London Health Unit Workplace Wellness Program and Services.

Workplaces were asked if they would like information about any of the following:

- Starting a workplace wellness program
- Forming a wellness committee
- Conducting a wellness survey
- Joining a confidential electronic workplace network
- Receiving regular mailouts of printed resources (3X per year)
- Receiving an e-bulletin (3X per year)
- Consultations
- Presentations on health related topics

Based on the findings (see fig. 4.1) it appears that workplaces had great interest in several areas of workplace wellness, many of which would require more in-depth and direct involvement of healthcare professionals. This speaks to the additional resource needs and program supports that may be necessary to accommodate area workplace wellness interests.

Fig 4.1

Would you like information about: (Please check all that apply)n=65	Response Percent	Response Count
Receiving an e-bulletin	64.6%	42
Presentations on a health related topic	63.1%	41
Conducting a wellness survey	58.5%	38
Receiving regular mail-outs of printed resources (3X/yr)	58.5%	38
Starting a workplace wellness program	44.6%	29
Forming a wellness committee	36.9%	24
Joining a confidential electronic workplace network	26.2%	17
Consultations	20.0%	13

Near the end of the survey, all workplaces were asked “In your opinion, what would be the best way for the Middlesex-London Health Unit Healthy Workplace Program to promote our programs and services to all workplaces?” (Choose one)

- Email
- Telephone
- Mail
- Newsletter
- E-bulletin
- Other

Findings from this question revealed that more than a 1/3 of workplaces chose e-bulletin and email as the best methods for promotion of workplace programs and services. None of the workplaces (n=68) opted for telephone communication as the best choice. This could be reflective of a changing work environment where technology has become increasingly more prevalent and the preferred communication alternative (Fig 4.2). Those who opted to respond to “other” mentioned: through the PHN, at trade shows, and a combination of emails and mail-out as best way for the Health Unit to promote their programs and services.

Fig 4.2

In your opinion, what would be the best way for the Middlesex-London Health Unit Healthy Workplace Program to promote our programs and services to all workplaces? (choose one) n=68	Response Percent	Response Count
E-bulletin	36.8%	25
Email	32.4%	22
Newsletter	20.6%	14
Mail	10.3%	7
Telephone	0%	0

When asked how workplaces would like to receive workplace wellness information given the following options: (check all that apply)

- Email
- Newsletter
- E-bulletin
- Mail-out
- Consultation
- Presentation
- Workshops
- Displays
- Other

Most workplaces (n=65) selected email, e-bulletin and mail-outs as the way in which they would like to receive workplace information. Other selections were close favorites, with slightly more than 1/3 wanting newsletters and slightly less than 1/3 wanting workshops (see fig. 4.3 below).

How would your workplace like to receive workplace wellness information? (Check all that apply) (n=65)	Response Percent	Response Count
Email	63.1%	41
E-bulletin	49.2%	32
Mail-out	44.6%	29
Presentations	41.5%	27
Newsletter	36.9%	24
Workshops	30.8%	20
Displays	15.4%	10
Consultation	12.3%	8
Other		1

In closing, all workplaces were asked “May we contact you to share information about the Middlesex-London Health Unit Healthy Workplace Program?” Ninety-one percent of the sixty-six responding workplaces wanted follow-up contact from the Middlesex-London Health Unit Healthy Workplace Programs and Services.

Discussion

In general, workplaces expressed interest in the workplace health promotion services offered by the Middlesex-London Health Unit Healthy Workplace Program. This includes those workplaces who are presently using the program and those who were unfamiliar with the program. Clearly, workplace health promotion is an area where the business community appreciates support and services. The findings tell us that there is a need for the Middlesex-London Health Unit Healthy Workplace Program to offer services to local businesses and that these businesses need to become more aware of the services available to them through this program. This finding was evident with slightly more than half of responding workplaces indicating that they were not aware of this program. When asked about the best method for the Middlesex-London Health Unit Healthy Workplace Program to promote their programs and services to area workplaces, the workplaces cited email and e-bulletin as the best way for this to occur.

Although the existing workplace program does provide workplaces with service delivery choices, the findings suggest that workplaces would like to receive workplace wellness information in a more resource intensive manner. For example, workplaces expressed an interest in multiple methods of program and service delivery. Some of the highest responses were reflected in the area of electronic communications, mailings, presentations and workshops. Should the Health Workplace Program consider using more email and e-bulletins to communicate with workplaces accommodations must be made for the creation, development and maintenance of an electronic database of local workplaces. This would require administrative support to sustain and update the database regularly and the appropriate computer software to manage the database. More human resources and/or

human resource time to deliver additional presentations and workshops to fulfill these delivery interests of the workplaces may be needed.

Workplaces that currently use the workplace program through the Healthy Workplace Program Network and mailout identified that they want to continue to receive the same level or more of available services. This lets us know with some certainty that at a minimum, there is still a need for the existing level of service delivery. Nonetheless, increased promotion of the workplace program to area workplaces that are unaware of the program and increased utilization of the program by those who are currently using the program would affect program resources. What is now known is that workplaces would like more information about: presentations on health related topics (63%); receiving an e-bulletin (65%); conducting wellness surveys (59%); starting a workplace wellness program (45%); forming a wellness committee (36%) and consultations (20%). This further speaks to anticipated program service demands compounded by more program requests and more workplaces utilizing the healthy workplace program services.

Workplaces that have assessed the wellness needs of their employees identified healthy workplace program service needs in the area of healthy lifestyle factors such as healthy eating, physical activity and healthy weights. As a result, the volume of program delivery currently given by the chronic disease and injury prevention team through the healthy workplace program could also be affected. This would depend upon whether the workplaces expressing this need are presently using the program or not.

Anticipating program demands inclusive of potential program users has significant budgetary implications for the program as well as future planning of program capacity. Budgetary implications may result in increased administrative support staff to manage and maintain a database of workplaces and contacts. Moreover, the administrative personnel would also be needed to meet the identified preference for electronic communications such as emails, e-bulletins and newsletters. Furthermore, the program budget would need to accommodate any increases to health promotion staffing; overtime costs; additional travel costs; and the ongoing printing and dissemination costs of resources.

If at all possible, connecting with existing business databases such as the London Economic Development Corporation and the London Chamber of Commerce makes sense. In doing so, this could assist with offsetting some of the data base resource demands identified earlier. However, this assumes that these organizations will be receptive to sharing information, and would impact the Middlesex-London Health Unit compliance with legislation pertaining to information sharing such as HPPA, and PHIPA. Nonetheless, there is a need to make contact with the appropriate individual at local workplaces to ensure that the information has gone to the right person. Thus, any database being used for workplace wellness purposes should have the contact information of the right contact, such a person who is responsible for health and safety, workplace wellness, or employee health.

The health and social services sectors were the sector areas most represented in the survey. Understandably, the concept and importance of health and health promotion is most congruent with this workplace population than others. Still all sectors require support of the program to better inform their wellness practices and programs. Clearly, there is a need for more wellness participation from some of the underrepresented sectors such as food services, hospitality, sales and services, trades, recreation & sport, business and finance, and utilities. Knowing this, the Middlesex London Health Unit Healthy Workplace Program could incorporate sector targeting into their program promotion plans.

How best to offer the Middlesex London Health Unit Healthy Workplace Program to multi-sited workplaces (43.4%) and those with shift work (54.1%) knowing that time and minimal resources are workplace barriers for offering wellness programs should be considered. Questions addressing special considerations that these workplaces might have and thinking in advance of the possibility that more of these workplaces come on board with the program must be asked. Exploring what sorts of accommodations in service provision might need to be made would also be a prudent program planning consideration. These added insights present the opportunity to offer innovative workplace programming options perhaps through the existing workplace network, train the trainer, and workplace

“how-to-kits”. Keep in mind that adjusting staffing needs accordingly in future years to flexibly meet workplace needs may have to occur.

The highest age ranges of employees were between the ages of thirty to forty-nine which gives insight as to the potential health challenges that employees might be facing. This information can assist with informing the focus of health information disseminated in general health mailing, health fairs and newsletters (i.e. parenting, eldercare, stress and work-life balance).

There appears to be an opportunity to increase basic workplace wellness knowledge within local workplaces. While the surveyed workplaces overwhelmingly identified that they had a health and safety committee (97%), slightly less than 2/3 of these workplaces did not have a wellness committee. In light of this information, it can only be assumed that some of the workplaces with a health and safety committee may be incorporating their health and safety committee functions with those of a workplace wellness committee. Even with a committee presence, eighty percent had not completed a survey of employee wellness even though close to half of the workplaces had a workplace wellness program. This presents an opportunity for the Middlesex London Healthy Workplace program to: 1) work closely with these committees to encourage the appropriate terms of reference for a workplace wellness committee; 2) and to also encourage and assist with employee needs assessments.

For those workplaces without workplace wellness programs, the Middlesex-London Healthy Workplace Program can continue advocate for wellness programs with senior management to elicit buy-in and to make “the business case” for workplace health promotion. This positions the Healthy Workplace Program to be instrumental in raising awareness and offering solutions about the key issues preventing workplaces from having a program such as: not being an organizational priority (34%); limited human (34%) and financial (21%) resources; and lack of management support (9%). A promotional campaign for workplace management targeting the benefits of workplace wellness would serve to: 1) inform management of the benefits of workplace wellness; 2) increase the profile and visibility of the Healthy Workplace Program; 3) develop relationships and partnerships within the business community; 4) increase workplace participation in the healthy

workplace program. Connecting with workplace management could be achieved through joining key business organizations and business networks, participating at business conferences, publicly celebrating workplace wellness successes (i.e. media, website) and creating visible business workplace champions as ambassadors of the program. These suggests also have significant resources considerations such as human resources, printing and display costs, participation incentives, and campaign materials development and dissemination.

The Middlesex-London Healthy Workplace Program Network has been positively received and used by Healthy Workplace Program Network members. It is foreseeable that the Healthy Workplace Program Network could be used in an expanded program capacity to educate about workplace wellness and further develop relationships within the business community. Ideally, the Healthy Workplace Program Network could become a key resource for ongoing workplace wellness knowledge exchange including but not limited to:

- ✓ the benefits of workplace wellness
- ✓ workplace wellness successes
- ✓ workplace wellness tips
- ✓ information about wellness programs, services and events
- ✓ workplace wellness training
- ✓ linking businesses with others who are involved with workplace wellness
- ✓ secured forum for discussion about workplace wellness

However, this requires workplaces to remain involved with the Healthy Workplace Program Network, to join the existing network and to actively participate in the network, especially if the Healthy Workplace Program Network evolves into something more interactive. When asked, thirty-eight percent of Healthy Workplace Program Network members expressed an interest in the Healthy Workplace Program Network evolving into something more interactive. Even though sixty-three percent of workplaces stated they did

not want the network to evolve into something more interactive, this is still considered to be a viable option for future programming for the following reasons:

- 1) A more interactive Healthy Workplace Program Network is a relatively inexpensive means of accommodating increase resource demands and meeting the multiple service delivery demands.
- 2) A more interactive Healthy Workplace Program Network could address some of the barriers to participating in workplace wellness such as time, shiftwork, and resources by offering a convenient and accessible forum for information sharing.
- 3) Most workplaces indicated that they preferred electronic communications such as email (63.1%) and e-bulletins (49.2%), and that email (32.4%) and e-bulletin (37%) were the best way for the Healthy Workplace Program to promote programs and services. Clearly an interactive Healthy Workplace Program Network is in keeping with the electronic communication preferences of workplaces.
- 4) Of the fifty-nine Healthy Workplace Program Network members, feedback from this survey was only obtained from a total of sixteen Healthy Workplace Program Network members. It is felt that a decision not to expand the Healthy Workplace Program Network based solely on this limited feedback would be premature and should incorporate future programming decisions and capacity to deliver programs. For example, twenty-six percent of non- Healthy Workplace Program Network members expressed interest in receiving information about joining a workplace Healthy Workplace Program Network.

Hence, future considerations for a more interactive Healthy Workplace Program Network should include upgrading health unit software and hardware capability to host a forum for secured interactions and discussions. Processes for on-line discussions, and demands on staff time to input information, and participate in these discussions are also considerations. Nonetheless, increased staff time spent here could ultimately result in a decrease in staff time and resources spent elsewhere in terms of one-to-one consultations, disseminating print resources, workshops and in person guest speakers.

Those workplaces receiving the regular mailouts responded unanimously that they liked the information that they are receiving and the majority of mailout recipients want to continue to receive these mailings. As more workplaces become aware of this opportunity either through an expanded network, contact with the program or by word of mouth within the business community, this would increase mailout outputs. Output increases inadvertently impact program delivery demands by increasing the number of mailouts, maintaining current database of addresses and contacts, and costs to prepare and send mailout packages. This investment would satisfy workplaces third highest ranked preference of mailouts (45%) as being one of the ways that they would like to receive workplace wellness information. Secondly, we now know that those workplaces who are receiving these mailouts are actively using the mailings within their workplace to promote health in varying ways as discussed earlier in this report.

A common theme that was evident throughout this evaluation is the ongoing opportunity that exists within Middlesex-London area for the Middlesex London Healthy Workplace Program to support area workplaces with workplace health promotion. For those workplaces already using the program it is known that the program is meeting their needs ranging from moderately to well. This still leaves room for program improvements and enhancements to better meet the needs of these workplaces. Of those surveyed workplaces that are not currently using the program, ninety percent requested follow-up contact by the Middlesex London Healthy Workplace Program regarding workplace programs and services. This newly initiated contact with new workplaces will further inform and shape program direction, and provide critical information as to what future resource demands might look like.

Summary of Follow-up Contacts with Workplaces Post-Survey

In August 2008, the Coordinator of the Middlesex-London Health Unit Healthy Workplace Program began to make follow-up contact with the fifty-nine workplaces requesting post survey consultation.

Of those fifty-nine workplaces, nine were workplaces who had received some significant intervention from the Healthy Workplace Program Coordinator in the past, while fifty workplaces had not. In total, the Coordinator made several brief telephone contacts, (sometimes multiple times to one organization), as well as eighteen lengthier telephone consultations to a variety of workplaces. Seventeen workplaces of the fifty-nine received email messages only from the Coordinator, as this was their preferred method of communication. Numerous workplaces did not respond to the Coordinator's telephone contacts, and as a result were sent emails describing the Middlesex-London Health Unit Healthy Workplace Program services.

Many of workplaces were interested in starting a wellness program, forming a wellness committee, guidance in conducting an employee wellness survey, and receiving information about our e-Network, regular mailings, e-bulletin, and program topic list. In addition, information was shared with most workplaces about resources found on the Middlesex-London Health Unit website as well as the Healthy Living website.

In total, two onsite consultations took place between the Coordinator of the Healthy Workplace Program and workplace contacts, with two more scheduled for a later date. Five new organizations joined the e-Network, and five requested our regular mailouts.

Completing the follow-up contacts with workplaces post survey proved labour intensive. Despite this, the administration of the survey and identification of workplace contacts provided an excellent opportunity to reach workplaces that were unfamiliar with the Middlesex-London Health Unit Healthy Workplace Program and its resources.

Recommendations

Based on the information gathered the following prioritized recommendations are being made:

- The Middlesex London Healthy Workplace Program continues to offer programs and services to area workplaces free of charge.
- The Middlesex London Healthy Workplace Program continues to offer workplaces the opportunity to provide feedback for program development and suggests for improving program on an ongoing basis.
- The Middlesex London Healthy Workplace Program continues to offer mailouts at its current frequency of three times per year.
- The Middlesex London Healthy Workplace Program make their programs and services more widely known within the business community through community networking, campaigns, and media outlets.
- The Middlesex London Healthy Workplace Program engages in relationship building with business associations through mutual committee membership and/or through listservs.
- The Middlesex London Healthy Workplace Program develops and maintains an electronic database containing email contact information of area workplaces.
- The Middlesex London Healthy Workplace Program consider more intensive workplace involvement with workplaces who identify and require additional assistance with establishing committees, conducting employee surveys, and requiring more consultative support.
- The Middlesex London Healthy Workplace Program plan future program direction and resources to anticipate program growth and expanded capacity for delivering programs and services.
- The Middlesex London Healthy Workplace Program evaluate menu of services to determine areas of highest use and workplace priority needs to better inform program plans and direction.
- The Middlesex London Healthy Workplace program targets sectors that might not be as widely represented in the current healthy workplace program.
- The Middlesex London Healthy Workplace Program considers an expanded model of the existing Network that incorporates a more interactive component.

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Appendix A

You are being asked to take part in a workplace wellness survey being conducted by the Middlesex-London Health Unit Healthy Workplace Program. The purpose of this survey is to inform programs and services offered by the Middlesex-London Health Unit Healthy Workplace Program, and to gain an understanding as to how best to improve the services. Approximately 500 workplaces will be approached to participate in this survey over a one-month period beginning the end of May.

This electronic workplace wellness survey will take approximately 20-25 minutes to complete. Participation is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the survey at any time. Your participation may help public health professionals, community partners, business stakeholders, and the general public to understand the importance and need for workplace wellness programs. Also your participation will help local Health Units and wellness service providers to develop programs, services and policies that can better help meet the needs of workplaces. You may also learn about how these services will benefit the health of your workforce.

Information from this study will be shared in a Health Unit report, on the internet, at presentations, conferences, in policy documents and public talks. Neither your name nor identifying information will be used. You may receive a copy of the survey findings report by contacting the Middlesex-London Health Unit at 519-663-5317 ext. 2412.

In appreciation of your participation in our healthy workplace survey, your organization will be entered into a draw for a healthy workplace basket valued at \$100.00. This basket will be presented to the winning workplace within one month following survey data collection.

The confidential information on this form is collected under the Health Protection and Promotion Act, R.S.O. 1990, (as amended) and will be maintained on file. This information will be used for program planning purposes for the Middlesex-London Health Unit Healthy Workplace Program. If you require further information about this collection, contact Brenda Marchuk at Middlesex-London Health Unit at 663-5317 ext. 2412.

I have read the above and consent to participate in the Healthy Workplace Survey.

I agree _____

Appendix B**MLHU Healthy Workplace Survey –Final DRAFT**

To begin, please provide us with some background information about your workplace

Name of Workplace:

Address:

Title of person completing survey:

Business Information

Sector type (insert MLHU template here)

Art Culture	Health Social Services	Trades
Business & Finance	Hospitality	Transportation
Communications	Manufacturing	Utilities
Education	Recreation & Sport	Other (specify)___
Food Services	Sales and Services	
	Social Services	

Business hours: Days per week_____ Hours per day_____

Shiftwork Y N

Unionized Y N

Health and Safety Committee Y N Wellness Committee Y N

Number of Employees Total_____ Full Time_____ Part Time_____

Casual_____

Average age range of employees (please select one) under 20 20 -29 30-39 40-49 50-59 60+

Does your workplace have multiple locations in Middlesex-London Area

yes—please specify how many_____ N

Workplace wellness programs are programs that enhance your organization and employee health. The following questions focus on workplace wellness programs and services that you may have in your organization, the benefits of such programs and also asks for your recommendations for workplace wellness programming.

1. Do you currently have a workplace wellness program?

yes – **GO TO # 2** no

1a). If you do not have a workplace program please select from below the statements that best describes why you do not: (Select one)

- a) it is not an organizational priority
- b) lack of management support
- c) limited human resources
- d) limited financial resources
- e) other _____

GO TO QUESTION # 4

2. Please identify the benefits of the workplace wellness program to your organization (select as many that apply)

- Benefit plan savings
- Decreased absenteeism
- Increased retention
- Increased recruitment
- Increased productivity
- Increased moral
- Other _____

3. What challenges have you experienced in implementing a workplace wellness program in your organization?

Please explain _____

4. Are you using the Middlesex-London Health Unit Workplace Wellness Program?

yes no

IF NO, GO TO QUESTION # 5

4a) How well is the Middlesex-London Health Unit Workplace Wellness Program meeting your needs?

Not at all minimally moderately well very well

4ai) Please provide examples of how the Middlesex-London Health Unit Workplace Wellness Program meets your needs.

4b) Please provide suggestions as to how the Middlesex-London Health Unit could help support your wellness needs in the future.

GO TO QUESTION #6

5. Are you aware that the Middlesex-London Health Unit offers a variety of workplace health programs and services to local businesses free of charge? Yes No

The next few questions relate to employee wellness surveys that assist in identifying employee health needs (i.e. physical, emotional and social health)

6. Have you completed a survey of employees' wellness? yes no

yes – **GO TO # 7**

no – **GO TO # 8**

7. What needs were identified in your survey of employee wellness?

8. Would you like information about: (Please check all that apply)

Starting a workplace wellness program

Forming a wellness committee

Conducting a wellness survey

Joining a confidential electronic workplace network

E-bulletin

Other: _____

12. How would your workplace like to receive workplace wellness information? (Check all that apply)

Email

Newsletter

E-bulletin

Mail-out (pamphlets and info sheets)

Consultation

Presentations

Workshops

Displays

Other: _____

13. May we contact you to share information about the Middlesex-London Health Unit Healthy Workplace Program? Yes No

14. Please indicate below who we should contact about the program

Name _____ Title _____ Phone Number _____

Email _____

Thank you for your valuable feedback and for your participation in the Middlesex-London Health Unit Healthy Workplace Program survey. Your workplace will be entered into a draw for a healthy workplace basket valued at \$100.00. This basket will be presented to the winning workplace in June 2008.