ACT Government
Health

ACT Healthy@Work Pilot
Summary Evaluation Report
January 2013

SUMMARY EVALUATION REPORT

Contents

Introduction

This report describes the implementation process and activities of a workplace health promotion pilot program conducted in five diverse ACT workplaces over a 13-month period (September 2010 – October 2011), as well as the key process and (early) impact evaluation findings of the pilot. Impact evaluation reporting concluded in June 2012.

Funded under the ACT *Healthy Future – Preventative Health Program*, the ACT Healthy@Work Pilot (the pilot) was overseen by Health Promotion (HP), Health Improvement Branch, within the ACT Government Health Directorate.

Its findings, together with outcomes from a range of complementary research activities, have informed the ACT Healthy Workers Initiative under the Council of Australian Governments' *National Partnership Agreement on Preventive Health* (NPAPH)[1], with funding from July 2011 to June 2018.

The pilot was found to have led to substantial and sustained benefits for both participating employees and workplaces. These benefits and findings included:

- Notable improvements in most lifestyle chronic disease risk factor behaviours amongst employees
- Notable improvements in employee perceptions of how much employers care about their health and wellbeing
- Improved work environment – culture, team building, supportive environments
- Building an image of employer of choice – potentially improving staff retention
- Workplace health and wellbeing programs may pay for themselves if they lead to reduced turnover of only 0.7 FTE per annum.

It also led to significant learnings for the rollout of the ACT Healthy Workers Initiative post pilot, including a better understanding of the critical success factors and barriers to implementing and sustaining successful workplace health programs, as well as the benefits and costs of such programs.

The pilot has informed the progression of a range of subsequent activities as part of the ACT Healthy Workers Initiative, including:

- establishment of a new workplace health facilitation and coordination service – *Healthier Work* – within WorkSafe ACT. This service provides advice and support to all ACT workplaces developing and implementing workplace health programs
- development of a website providing a range of workplace health tools (including refined versions of the tools trialled in the pilot) to support *Healthier Work* – available at www.healthierwork.act.gov.au
- development and endorsement of an ACT Public Sector Workplace Health and Wellbeing Policy, requiring all ACT public sector agencies to establish a workplace health and wellbeing program and providing guidance on how best to do so.

The structure of this report is as follows:

Section 1: Discusses the context for the pilot, the recruitment and implementation processes and key activities of the pilot.

Section 2: Outlines the aims and methodology of the pilot evaluation.

Section 3: Summarises the key process evaluation findings.

Section 4: Summarises the key impact evaluation findings.

Conclusion: Provides a summary of key outcomes.

1 Council of Australian Governments (2008). National Partnership Agreement on Preventive Health. Available at: http://www.federalfinancialrelations.gov.au/content/national_partnership_agreements/health/preventative_health/national_partnership.pdf (accessed 3 October 2012)

Section 1: Pilot Implementation

This section sets out the context for the pilot, the recruitment and implementation processes and key activities of the pilot.

1.1 The Pilot Context

The ACT Healthy@Work Pilot (the pilot) was funded under the ACT Government *Healthy Future – Preventative Health Program* budget initiative. Three year funding for this program commenced in July 2009 and included the development of workplace health promotion programs.

The pilot was one of a number of formative research activities undertaken by HP to inform the directions of the ACT Healthy Workers Initiative under the NPAPH – funding for which commenced in July 2011.

1.2 Pilot Aims and Activities

The pilot aimed to trial a variety of workplace health promotion strategies focusing on the areas of nutrition, physical activity, smoking, alcohol consumption and mental health/stress management. It also aimed to assess how these strategies could be effectively implemented and sustained in a range of workplaces.

Healthcare Management Advisors Pty Ltd (the Implementation Consultant) was contracted to implement the pilot in five ACT workplaces over a 12 month period (later extended by one month to accommodate delays experienced in reaching the intervention stage of the pilot). The Implementation Consultant was required to plan, manage, coordinate and report on the pilot under the guidance of HP and the pilot steering committee made up of the Implementation and Evaluation Consultants and key members of the Health Directorate's Workplace Health Advisory Group.

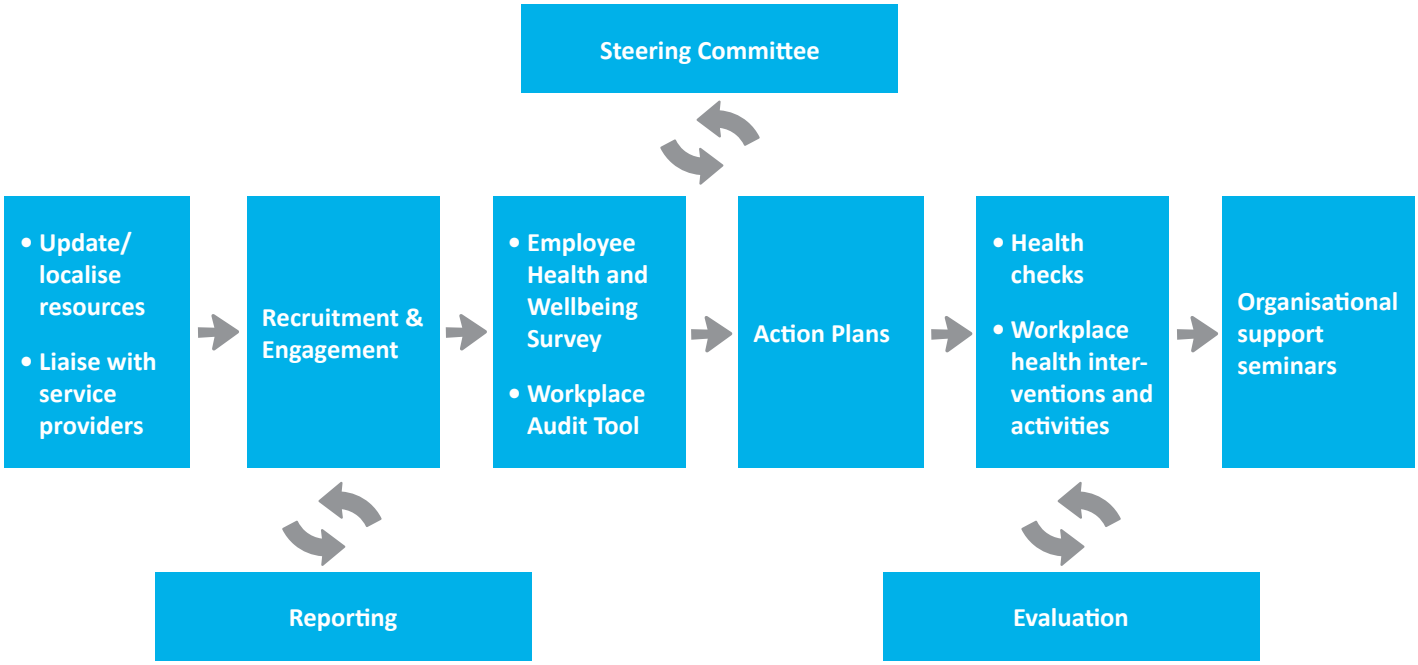
Health Outcomes International Pty Ltd (the Evaluation Consultant) was contracted to undertake process and impact evaluation of the pilot (concluding six month post pilot).

The key elements of the pilot included:

- updating and localising resources
- liaising with local health promotion service providers, particularly those on the Health Directorate's Chronic Disease Services Panel (expired 30 June 2012)
- recruiting and engaging pilot workplaces
- conducting a needs assessment in each pilot workplace – covering both the workplace environment (e.g. policies, facilities and cultures) and employees
- developing an implementation action plan for each pilot workplace, focused primarily on short term goals for the life of the pilot but also flagging longer term goals where appropriate
- implementing the action plan, including health checks with a range of individual referrals and risk modification programs and health promotion interventions
- delivering organisational support seminars to each pilot workplace to help facilitate program sustainability – covering the topics of project management, project evaluation and organisational culture change
- reporting and evaluation.

These key implementation steps are summarised in Figure 1.1 and are discussed in some detail on the next page.

Figure 1.1: Key pilot implementation steps



1.2.1 Updating and Localising Resources

HP identified a number of resources to be updated and localised (where applicable) for trialling in the pilot based on its review of the evidence and existing workplace health resources in both the ACT and other Australian jurisdictions. The selected resources were:

- the 'Online Employee Health and Wellbeing Survey', developed under the Tasmanian Premier's Physical Activity Council *Get Moving at Work* program
- the 'Workplace Audit Tool', also developed under the Tasmanian *Get Moving at Work* program
- the *ACT Guide to Promoting Health and Wellbeing in the Workplace*, developed by the Office of the ACT Work Safety Commissioner – based on a Guide supporting the Tasmanian *Get Moving at Work* program.

These resources were updated and localised (where applicable) through a collaborative effort between the Implementation Consultant and HP.

The Employee Survey was expanded to ask not only about lifestyle risk factors, but also about: health knowledge; readiness, importance and confidence to change; and preferences for workplace health and wellbeing programs (initiatives, timing and costs). The feedback report automatically generated by the original Survey, for both the workplace and individual employees completing it, was rewritten to refer to ACT and national health information and supporting programs.

The original lifestyle risk factor questions in the Survey included a number of existing health and wellbeing question sets, for example: the externally validated questions from LifeScripts[2]; the National Nutrition Survey[3]; and the Kessler 10[4] measure of psychological distress. The original workplace specific questions evolved partly from pilot workplace health and wellbeing programs undertaken by the Tasmanian Premier's Physical Activity Council.

The new ACT questions relating to health knowledge and change were informed by Wellness Coaching Australia resources, and the new program preference questions were informed by the Work Safe Victoria, Work Health 'Workplace Health and Wellbeing Needs Survey'[5].

The Workplace Audit Tool – which aims to establish a baseline against which improvements in workplace health and wellbeing policies, leadership, risk management, culture, environment, knowledge and community involvement can be measured – was re-badged with the ACT Government Health Directorate logo without content change.

A significant review of the ACT Guide was undertaken with the view to making it more user-friendly and to co-badge it with WorkSafe ACT and the Health Directorate logos.

1.2.2 Liaising with Local Service Providers

The Implementation Consultant contacted members of the Health Directorate's Chronic Disease Services Panel (as the Directorate's preferred providers) to ascertain what services they offered that could benefit the pilot. The Implementation Consultant was authorised to utilise alternative providers, with prior approval from HP, where services beyond the capacity or availability of the Panel were required.

2 Australian Government Department of Health and Ageing. Lifescripts Physical Activity Assessment Tool, Canberra
3 Australian Bureau of Statistics (1995). National Nutrition Survey. Canberra
4 Andrews G, Slade T. (December 2001) Interpreting scores on the Kessler Psychological Distress Scale (K10). Australian and New Zealand Journal of Public Health. 25(6): 494-7

5 Work Health, 'Workplace Health and Wellbeing needs survey', Work Safe Victoria. Available at: http://www.workhealth.vic.gov.au/files/wh_beactive_poster-download/?a=18762 (accessed 3 October 2012)

1.2.3 Recruiting and Engaging Workplaces

Potential pilot workplaces were identified through a targeted call for expressions of interest (EOI) using stakeholder networks (including the Health Directorate's Workplace Health Advisory Group) and selected using criteria that ensured a mix of sectors, sizes, locations, genders, as well as degrees of existing support for/engagement in workplace health.

EOI templates were provided to 12 organisations with six EOIs being received by the due date of 8 October 2010. The Advisory Group endorsed the shortlisted workplaces and final approval was received from the ACT Minister for Health on 11 November 2010.

The five workplaces recruited were:

- a small community sector organisation (NGO)
- a medium, city based, ACT public sector agency
- the head office and one work site of a large construction company
- two hairdressing salons (one franchisee) located in outer suburban shopping centres
- a small corporate IT company located in a largely industrial area.

Profile information on the five workplaces is provided at Appendix One.

Participation in the pilot required each workplace to nominate a workplace health and wellbeing champion and program coordinator, ensure staff were encouraged and facilitated to participate in pilot initiatives, and commit to participating in all aspects of the pilot.

This recruitment stage was conducted alongside the resource development stage discussed at 1.2.1. It should be noted that the time required to complete both these stages was significantly longer than anticipated by all parties due to the complex and unique nature of these activities. A decision was made at this time to reduce the pilot intervention stage by six weeks to ensure the pilot could be completed within set timeframes.

Once recruited, the Implementation Consultant delivered seminars to each pilot workplace to outline the objectives and key activities of the pilot, ensure buy-in and promote the messages of the Australian Government 'Swap It, Don't Stop It'[6] preventive health campaign. Each workplace was provided with a copy of the ACT Guide and given access to password protected pages on the Health Directorate website providing information on the pilot and access to supporting resources, such as the Employee Survey.

1.2.4 Conducting Needs Assessment

The Implementation Consultant facilitated each workplace to register for and conduct the ACT Online Employee Health and Wellbeing Survey (Employee Survey), and also complete the Workplace Audit Tool (discussed at Section 1.2.1). These resources were generally completed during February/March 2011.

Once the workplace closed its Employee Survey, a summary report (of about 17 pages) was automatically generated by the survey software and made available to the workplace. This report was also provided to the Implementation Consultant to assist in the development of action plans. The summary reports included both aggregate employee results by lifestyle risk factor areas and generic ideas for workplace initiatives. Some pilot workplaces established location categories within the survey that respondents could identify with. For these sites, survey results could be filtered by these categories.

Through discussions with the construction company, it was identified that the online survey was not practical or appropriate for use by construction site workers. As the construction company had already scheduled the OzHelp Foundation (ACT) to conduct its 'Tradies Tune Up' program for its construction workers at this site, the Implementation Consultant worked with OzHelp to include questions from the Employee Survey in their program to ascertain needs of construction workers.

The Workplace Audit Tool was completed by the key contact officer at each workplace, followed by a meeting with the Implementation Consultant. The meeting sought to review the results, clarify questions, identify problems with the tool and encourage setting timeframes for action.

6 Australian Government 'Swap It, Don't Stop It' preventive health campaign – www.swapit.gov.au

1.2.5 Developing Action Plans

Based on the findings of the needs assessment, the Implementation Consultant developed tailored action plans in consultation with each of the workplaces. The format for the action plan (about 24 pages in length) was developed by the Implementation Consultant and comprised three chapters and an appendix, as follows:

- Chapter 1: general background and introduction
- Chapter 2: presented the action plan under the health and wellbeing topics used in the Employee Survey, with a summary of the aggregate survey results
- Chapter 3: contained project management and support information
- Appendix A: contained a simple and clear summary list of the action plan in tabular format with details of who was responsible for the action and space for the inclusion of an agreed timeframe.

In the main, activities were not commenced at any of the workplaces until management signoff was obtained for each of the action plans. This was in part a decision by the Implementation Consultant based on the methods used to plan and budget for action plan activities (utilising an intervention budget specified in their contract). An equitable allocation of the intervention budget was ensured across the workplaces.

As there were some delays experienced in the action plan signoff process, this led to time delays in initiating the implementation stage. Given that the implementation stage had already been shortened by six weeks to accommodate the time needed to complete the beginning stages of the pilot, a decision was made at this time to extend the pilot by one month to ensure an adequate time for implementation. The implications of these delays are discussed as part of the process evaluation findings in Section 3 of this report.

1.2.6 Implementing Action Plans

The Implementation Consultant facilitated a range of activities being undertaken in each of the pilot workplaces, based on the agreed action plans. Activities were generally conducted over the June/July to September/October 2011 period.

Some of these action plan activities were coordinated by the Implementation Consultant and simply scheduled in with the workplaces, whereas others were coordinated and driven by the workplace itself.

In addition to the activities identified in the action plans, some workplaces continued existing health and wellbeing initiatives or decided to initiate new activities alongside the action plan activities.

The Implementation Consultant coordinated the following Initiatives for all of the workplaces:

- Health checks (these were run as part of the 'Tradies Tune Up' program for construction workers – see Section 1.2.4)
- National 'Swap It, Don't Stop It' campaign seminars and information (run by Nutrition Australia – ACT Division)
- Provision of general smoking, nutrition, alcohol, physical activity and mental health information, as well as water bottles.

The health checks provided were a 20 minute one-on-one confidential health consultation and discussion between a health professional and the employee, assessing: total blood cholesterol; blood glucose; blood pressure; resting heart rate; body fat percentage; Body Mass Index (BMI); and waist circumference. The subsequent discussion of assessment results included behaviour change recommendations, e.g. around physical activity, nutrition, emotional wellbeing, and other modifiable risk factors for chronic disease.

Workplace specific initiatives included:

- Fruit and vegetables being supplied at work (in all workplaces)
- Yoga, Pilates, exercise groups (in all but one workplace)
- Flexible time for staff to participate in physical activity (in all but one workplace)
- Stress management seminars (in three workplaces)
- Online self management program (set up in two workplaces, but reported as not utilised by the conclusion of the pilot).

A full list of activities undertaken as part of the implementation stage of the pilot is provided in Appendix Two.

1.2.7 Delivering Organisational Support Seminars

As part of the agreed process, three support seminars were prepared by the Implementation Consultation, approved by HP and offered to all pilot workplaces. The topics were focused on capacity building and related to project management, project evaluation and organisational culture change.

The Implementation Consultant reported that all three seminars were delivered to each of the workplaces, except for the construction and IT companies which declined the offer of the project management seminar as they felt they already had expertise in this area. Seminars were delivered in September 2011 to one or two key staff in each workplace.

1.2.8 Reporting and Evaluation

The Implementation and Evaluation Consultants provided regular reports to HP and participated in monthly Management Group teleconferences/meetings with HP to ensure effective communication and coordination between parties.

The Implementation Consultant provided a final report (unpublished) on the pilot implementation to the Health Directorate at the conclusion of the 13 months, as well as tailored final reports to each of the pilot workplaces setting out activities undertaken and recommendations for future planning to facilitate the workplace in continuing the momentum achieved in relation to its health and wellbeing program.

The pilot evaluation activities and findings are discussed in the remainder of this report.

This section sets out the aims and methodologies of the process and impact evaluation of the pilot undertaken by Health Outcomes International (the Evaluation Consultant) – key findings of which are then summarised in Sections 3 and 4 respectively.

2.1 Evaluation Aims

The overall aim of the evaluation was to assess the effectiveness of the pilot and its impact in relation to nutrition, physical activity, smoking, alcohol consumption and mental health/stress management in the pilot workplaces, to inform the development of ongoing ACT workplace health programs and related resources.

The objectives of the process evaluation included:

- assessing the implementation of the pilot, such as whether it was implemented as intended, factors impacting on implementation and the effectiveness/acceptance of each component of the pilot in each workplace
- identifying key opportunities for effectively implementing cost-effective workplace health promotion strategies and developing/refining supporting resources.

The objectives of the impact evaluation included:

- assessing short term changes (at an aggregate level) to behaviours, attitudes and knowledge of pilot workplace employees in relation to targeted lifestyle risk factors (note: pre and post tracking of individuals was not possible)
- assessing ongoing commitment of employees to maintain lifestyle changes
- assessing changes in pilot workplace environments (e.g. policies, facilities and cultures) in relation to targeted lifestyle risks factors
- assessing the demonstrated ongoing commitment and capacity of pilot workplaces to sustain changes
- assessing barriers and enablers for employees and workplaces impacting on maintenance of health promotion behaviours and strategies.

It should also be noted that the impact evaluation sought to identify early outcomes from the pilot (within practical timeframes and the allocated budget), acknowledging that substantial changes in relation to both employees and workplace environments may take significant time (e.g. 3-5 years).The evaluation was particularly interested in ascertaining how workplaces can be engaged and developed into health promoting settings.

2.2 Evaluation Methodology

The Evaluation Consultant undertook a range of activities to inform the process and impact evaluations. Tools utilised included the Employee Survey and Workplace Audit Tool, conducted both at the beginning of the pilot (to inform the needs assessment discussed at Section 1.2.5 and to provide baseline data) and six months post pilot.

The Evaluation Consultant also undertook management interviews and conducted additional employee surveys at the end of the pilot (focusing on the pilot processes and activities) and six months post pilot (focussing on the impacts of the pilot on individuals and their workplace). Further, the Evaluation Consultant sought cost benefit information from the pilot workplaces. Finally, the Evaluation Consultant consulted with the Implementation Consultant and HP to inform findings.

The key tasks undertaken to inform the evaluation, as well as the response rates (RR) to any surveys, are set out in Table 2.1.

In terms of the surveys, the construction company had the lowest response rates and the NGO had the highest. The construction workers were not followed up after the initial 'Tradies Tune Up' as the company advised that most of the workers had "moved on to other construction projects" and that they would be very difficult to track.

It should be noted that any survey results should be considered indicative rather than definitive due to: the inability to match baseline and post pilot results; the low response rates from the construction company; the possibility that people who had made improvements may have been more motivated to complete the surveys; and all results were self-reported.

Section 3 and 4 of this report provide an overview of the key process and impact evaluation findings (respectively).

2.3 Evaluation Reporting

As with the Implementation Consultant, the Evaluation Consultant provided regular reports to HP and participated in monthly Management Group teleconferences/meetings.

The Evaluation Consultant submitted an Evaluation Baseline Report in June 2011, a Process Evaluation Report in December 2011 and a Final Evaluation Report in June 2012 (all unpublished).

Table 2.1: Key evaluation tasks

Task	Baseline collection (Feb/Mar 2011)	Process evaluation (Oct/Nov 2011)	Impact evaluation (Mar/May 2012)
ACT Online Employee Health and Wellbeing Employee Survey	✓ RR: 62%		✓ RR: 46%
ACT Workplace Audit Tool	✓		✓
Interviewing workplace management		✓	✓
Additional employee surveys		✓ 'End of Pilot Survey' RR: 21%	✓ 'Post Implementation Employee Survey' RR: 29%
Identifying costs and benefits		✓	✓

Section 3: Key Process Evaluation Findings

This section summarises the key findings from the process evaluation of the ACT Healthy@Work Pilot, as reported by the Evaluation Consultant. Key opportunities for improvement identified by the evaluation are also discussed (in boxed text), as well as any responses to these that have informed subsequent work under the ACT Healthy Workers Initiative.

3.1 Workplace Recruitment, Engagement and Satisfaction

The evaluation found that the selected workplaces represented a cross section of organisations in the ACT in terms of its aim of recruiting differing sized organisations from a cross section of industries. The limited size of the pilot meant that not all key sectors could be included in the pilot (i.e. education and hospitality).

The engagement process undertaken by the Implementation Consultant was found to be effective in informing and engaging the workplaces in readiness for the pilot and a key step in the implementation process.

All pilot workplaces reported valuing being part of the pilot, felt it added value to their organisation and remained committed to improving the health and wellbeing of their staff. All workplaces thought the Implementation Consultant conducted its duties diligently and professionally. All workplaces expected they would learn from the pilot – the purpose of having a pilot – and reported that they did.

The evaluation found that 77% of employees who responded to the End of Pilot Survey were either 'very satisfied' or 'somewhat satisfied' with the pilot.

3.2 Resources

The evaluation found that the ACT Online Employee Health and Wellbeing Survey (Employee Survey) was seen as an essential component of the pilot and provided sufficient information to inform action plans. The majority of employees (63%) responding to the End of Pilot Survey reported that the Employee Survey had a positive impact on their motivation to reduce lifestyle risk factors.

The evaluation identified questions in the Employee Survey that could be clarified, however, and noted that the workplace feedback report format and printing feature could be simplified.

The Workplace Audit Tool was also found to be an important component of the pilot by all stakeholders and helped to raise awareness of issues that needed to be addressed within the workplace. Limitations with this tool were identified, however, along with areas of potential improvement. For example, feedback identified that the tool made an assumption that workplaces already had a health and wellbeing program/policy in place, resulting in many of its questions not being applicable to the pilot workplaces and not acknowledging smaller advances in areas that support workplace health.

The *ACT Guide to Promoting Health and Wellbeing in the Workplace* (made available to pilot workplaces during the initial engagement activities) was reported as not being used by workplaces during the pilot; but the evaluation suggested that it was likely to be useful to some workplaces into the future. It was felt that workplaces may not have had a high need to refer to the Guide given the level of support being provided to them by the Implementation Consultant. The Consultants also suggested that the format and length of the Guide could be improved to be more user-friendly.

Key opportunities for improvement

The process evaluation recommended that:

- questions in the Employee Survey be clarified and the workplace feedback report format and printing feature be simplified
- the Workplace Audit Tool be redesigned to make it more useful and relevant to organisations, whether they have an existing workplace health program or not
- an easy to read, concise summary of the *ACT Guide to Promoting Health and Wellbeing in the Workplace* be prepared.

Based on these findings, HP has made a revised Employee Survey available to all ACT workplaces through the Health Directorate website (as well as through the *Healthier Work* website). HP has also revised both the Workplace Audit Tool and Guide, which are now available from the *Healthier Work* website (www.healthierwork.act.gov.au).

3.3 Action Planning

The action planning process with management was found to be an essential component of the pilot by all stakeholders. The evaluation found that this process engaged pilot workplaces and in most cases resulted in plans that pilot workplaces found useful.

The action plans were not found to include strategies for engaging staff (although they were based on initiatives that employees expressed interest in through the Employee Survey). Importantly, the time period between pilot commencement and finalisation of action plans was considered too long and resulted in a loss of momentum for the pilot.

The evaluation noted that it was unlikely that workplaces, post pilot, would have the capacity or time to develop lengthy action plans of the type developed for the pilot.

Key opportunities for improvement

The process evaluation recommended that a simple action plan template be developed for use by workplaces. Based on these findings, HP has developed such a template, which is now available from the *Healthier Work* website (www.healthierwork.act.gov.au).

3.4 Workplace Initiatives and Activities

The evaluation found that a wide range of pilot activities were successfully conducted across the lifestyle risk factor areas over a relatively short period of time. Overall, 95% of employees who completed the End of Pilot Survey reported that the activities met their expectations.

3.4.1 Health Checks

Health checks were found to be a key component of the pilot and 41% of employees across the pilot workplaces had a health check. The majority of employees (62%) responding to the End of Pilot Survey who had a health check reported feeling it had a positive impact on their motivation to reduce lifestyle risk factors. There was also a high level of satisfaction with the 'Tradies Tune Up' process utilised for construction workers (see Sections 1.2.4 and 1.2.6 for more information on this process).

By comparing the aggregate health status of those having health checks with those completing the Employee Survey, the evaluation found that it was not just the "worried well" (i.e. employees of relatively good health but with concerns about possible areas of risk) who had health checks; but rather, that the makeup of employees having health checks was representative of those completing the Employee Survey.

The evaluation suggested that the health checks could have been conducted much earlier in the process to maximise their benefit and participation rates, as well as allow the results to be fed into the action plans – although the latter was not a requirement of the pilot.

3.4.2 Action Plan Activities

The evaluation suggested that action plan activities should have commenced closer to the completion of the Employee Survey and health checks, as they tended to be too cramped into a limited timeline towards the end of the pilot; although the evaluation noted that, to some extent, this was driven by pilot timeframes and delays in finalising approved action plans.

In some cases, participation in planned activities was found to be low. At least in some cases, time constraints were found to have prevented activities being more strategically coordinated and linked.

The evaluation found that successfully engaging staff, particularly those unwilling or unable to participate in activities, was a key issue in terms of effectively running activities. This said, the evaluation suggested that some employees will never be 'happy' about participating in work time activities when they are busy.

Pilot workplaces and the Implementation Consultant reported that service providers supplied professional and high quality services.

When asked to identify strengths of the pilot about half of staff completing the End of Pilot Survey referred to the workplace presentations and seminars in that they were 'easy to understand and interesting'.

Key opportunities for improvement

The process evaluation recommended that:

- a readily accessible forum/mechanism be made available to help identify innovative health and wellbeing ideas and learnings from other workplaces
- innovative multimedia approaches be utilised to help present the key messages to workplaces, including using pilot workplaces to assist in the promotion of the benefits of having a workplace health and wellbeing program
- strategies be developed for engaging unwilling staff and maximising participation in health and wellbeing activities
- the evidence around mental health and wellbeing related workplace programs be explored, with a view to promoting successful and available resources/services.

Based on these findings, HP has developed workplace health case studies and a case study template – available from the Healthier Work website (www.healthierwork.act.gov.au) – to assist workplaces share ideas and learnings. All pilot workplaces have been encouraged to complete and submit such a case study. *Healthier Work* is also establishing networks of workplace health coordinators to facilitate this information sharing and identification of mentoring opportunities.

Multimedia approaches have been utilised as part of the *Healthier Work* website, including a motivational video in which a number of pilot workplaces participated.

Healthier Work will continue to investigate and communicate ways in which workplaces can effectively engage staff and maximise participation. This service will also continue to identify the evidence and available supports for workplaces wishing to offer programs in the key health areas, including mental health – in line with the National *Quality Framework*[7] being developed by the Australian Government to support the Healthy Workers Initiative under the NPAPH.

3.4.3 Noteworthy Activities

Of the activities undertaken in the workplaces (either directly facilitated through the pilot or initiated by the workplace itself), the evaluation identified the following as being particularly noteworthy in their success or innovation:

- fruit and vegetable deliveries (in all workplaces)
- improved healthy options available from vending machines (in the construction company)
- yoga and 'power 45' (i.e. yoga/Pilates combined) in work time (in the NGO and hair salons)
- gym membership take up that informally allowed people to swap/share memberships (in the NGO)
- activities scheduled to coincide with social group activities, such as morning tea fundraisers (in the public sector agency)
- activities to coincide with other community events, such as walking groups during Canberra Floriade (in the public sector agency)
- subsidised massages (in the public sector agency)
- mental health checks (in the construction company)
- sexual health checks (in the construction company).

3.5 Organisational Support Seminars

The three support seminars (on project management, project evaluation and organisational culture change) delivered to pilot workplaces by the Implementation Consultant were not found to add value to the process nor assist with program sustainability. The evaluation suggested that these seminars were too generic and could have been more effective if tailored to the needs of each workplace.

7 Quorus (December 2011). Quality Framework for the Healthy Workers Initiative. Prepared for the Australian Government Department of Health and Ageing. Available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/E544605F8BEE417DCA2578E30015E9D2/$File/120316-quality-framework.pdf (accessed 3 October 2012)

Section 4: Key Impact Evaluation Findings

This section summarises the key findings from the impact evaluation of the ACT Healthy@Work Pilot, as reported by the Evaluation Consultant.

4.1 Impact of Pilot on Employees

4.1.1 Health Behaviours

Based on responses to the Employee Survey, notable improvements were found in the proportion of employees reporting healthy behaviours across most lifestyle risk factors at six months post pilot compared with at the commencement of the pilot. That is, behaviour changes were made and sustained over the life of the pilot.

Changes across the lifestyle risk factors are summarised in Table 4.1 below.

Table 4.1: Lifestyle risk factor changes

Lifestyle risk factor	At baseline	Six months post pilot	% point change
In healthy weight range (i.e. body mass index between 18.5 and 24.9)	49%	53%	4%
Sufficient intake of vegetables (i.e. 5 or more serves a day)	7%	13%	6%
Sufficient intake of fruit (i.e. 2 or more serves a day)	60%	67%	7%
Sufficient intake of water (i.e. 8 or more glasses a day)[8]	16%	21%	5%
Low or no risk alcohol consumption (2 or less standard drinks per day)	40%	61%	21%
Sufficient levels of physical activity (i.e. at least 30mins of moderate-intensity activity or 20-min of vigorous-intensity activity on at least 5 days of the week)	76%	77%	1%
Low or no psychological distress	44%	43%	-1%
Non-smokers	89%	89%	0%

8 Note: The validity of the findings around water consumption may be compromised due to some confusion experienced with the survey question at the commencement of the pilot. The question could have been misinterpreted as asking about water consumption during work hours only rather than for a 24 hour period. The question was rewritten for clarity before the survey was repeated six months post pilot. This said, the behaviour changes reported in the Post Implementation Employee Survey support this finding of employees drinking more water post pilot.

Improvements in healthy weight were driven by the NGO, construction company and hair salons, offset by a small deterioration experienced within the public sector agency. Improvements in the intake of vegetables were particularly apparent within the public sector agency, construction company and hair salons, whilst improvements in fruit intake were evident across all sites.

Improvements in water consumption were particularly apparent in the public sector agency and hair salons. Improvements in low or no risk alcohol consumption were evident across all sites.

The marginal one percentage point improvement in the proportion of employees with sufficient physical activity levels was driven by improvements at the NGO, public sector agency and hair salons, offset by deteriorations at the construction and IT companies. The evaluation noted, however, that most employees across the workplaces already undertook sufficient levels of physical activity at the commencement of the pilot.

The marginal one percentage point negative change in the proportion of employees with low or no levels of psychological distress, was driven by deteriorations within the NGO and public sector agency, offset by improvements within the hair salons, construction and IT companies.

Of those who responded to the Post Implementation Employee Survey, 94% reported having taken up additional health and wellbeing activities since commencement of the pilot. The four most common types of new activities were: drinking more water at work (63%); bringing own healthier lunch (39%); undertaking other forms of physical activity before, during or after work (34%); and using a fruit/vegetable basket at work (33%).

4.1.2 Health Knowledge, Readiness, Importance and Confidence to Change

Responses to the Employee Survey demonstrated good levels of knowledge of the impact of all the lifestyle risk factors on health and wellbeing and, overall, knowledge improved across all risk factors over the life of the pilot, except for alcohol. An increase in the percentage of employees with low knowledge of the impact of alcohol increased from 18% to 21% – with this increase driven by the public sector agency and hair salons.

The evaluation also identified positive shifts in the readiness to change amongst employees. In particular, Employee Survey responses demonstrated that:

- the proportion of employees reporting making changes in relation to healthy eating increased from 39% to 50%
- there was a big drop in those employees identifying as 'not needing to change' their alcohol consumption behaviours, from 36% to 26%, which suggests a greater awareness around unhealthy alcohol consumption levels.

The percentage of employees responding to the Employee Survey who rated it as important to make behaviour changes increased substantially across all risk factors, with the exception of emotional wellbeing, which declined from 65% to 61% of staff.

Further, the proportion of employees with a high level of confidence to change increased in relation to healthy eating, alcohol and smoking, but decreased for emotional health and wellbeing, and physical activity. Interestingly, the evaluation found an increase in the proportion of employees expressing an interest in initiatives related to depression and anxiety, and work/life balance six months post pilot.

4.1.3 Willingness to Co-Contribute to Costs

Based on Employee Survey responses, the proportion of employees willing to pay for workplace health and wellbeing initiatives six months post pilot was comparable to that at commencement of the pilot (75% compared to 79% at baseline).

4.1.4 Main Benefits of Participating

The main employee benefits arising from the pilot, as reported by employees responding to the Post Implementation Employee Survey, were:

- better awareness regarding health behaviours
- changed behaviours towards making better health and wellbeing choices
- renewed focus on healthy behaviours
- more positive commitment to work/life balance by both employers and employees.

4.2 Impact of Pilot on Workplaces

4.2.1 Policies, Facilities and Cultures

The evaluation found substantial improvements in the total Workplace Audit Tool score at six months post pilot compared to at commencement of the pilot, with all workplaces found to have experienced notable improvements. To recap, this tool assessed health promoting elements within the workplace, focusing on health and wellbeing policies, leadership, risk management, culture, environment, knowledge and community involvement.

The smallest improvements were found at the public sector agency, which the evaluation attributed to the fact that this workplace had a pre-existing health and wellbeing program.

In aggregate, all Audit Tool elements had a 100% or greater percentage improvement, except in the areas of organisational capacity (18% improvement) and risk management (67% decline) – resulting in a 38% increase in the total aggregate score. According to the evaluation, improvements in the organisational capacity element were limited due to workplaces already scoring quite well on this element at baseline; and the risk management element was found to have declined as a result of different interpretations on the question by organisational assessors at the NGO and construction company.

The greatest score increases were for the areas of policy, leadership and administration, environment and community involvement. The **policy element** of the tool focuses on the development and promulgation of a formal policy and development of program objectives that are meaningful and measurable. A key achievement in this area was the development of a new policy by the IT company; however, due to downsizing experienced by this workplace during the pilot, it reported that this policy implementation was informal.

The **leadership and administration element** of the tool focuses on commitment, recording, evaluation and action planning. Notable improvements in this element included: the public sector agency commencing tracking of participation rates for health and wellbeing initiatives, with regular review planned to ensure appropriately targeted investment in initiatives; and the hair salons reviewing program results and feedback to inform planning of new initiatives.

The **environment element** focuses on assessment of the work environment (both the physical environment and worker characteristics and preferences) and planning programs based on identified needs. The implementation of the Employee Survey and health checks made a direct contribution to the improvement in these element scores.

Finally, the **community involvement element** focuses on whether external providers and resources are accessed, whether community health and wellbeing activities are promoted to staff and whether workers are encouraged to participate in community activities. The pilot activities and the ongoing promotion of activities and external events by workplaces were found to have a direct contribution to the improvements in these scores.

The evaluation found that 70% of employees who completed the Post Implementation Employee Survey thought that their employers cared 'quite a bit' or 'a lot' six months post pilot compared to 50% prior to the pilot and 76% at pilot end. The evaluation noted that this level of perceived care six months post pilot was very positive and was a marked improvement since the commencement of the pilot.

The evaluation also found that 69% of employees who completed the Post Implementation Employee Survey thought their workplace was more supportive (29% slightly and 40% significantly) of healthy behaviours than before the pilot. The most common ways employees thought workplaces were more supportive were: flexible working times to participate in activities (50%); a more supportive work culture (59%); and access to fresh fruit and vegetables (54%).

4.2.2 Activities Post Pilot

Workplaces reported the key (new or sustained) health and wellbeing activities conducted in the six months post pilot , as summarised in Table 4.2 below.

Table 4.2: Key health and wellbeing activities conducted by workplaces six months post pilot.

	NGO[9]	Public sector agency	Construction company	Hair salons	IT company
General	Proposal submitted to General Committee for health and wellbeing reimbursement scheme ($100 per staff member)	Health and wellbeing reimbursement scheme (only used by a small number of staff)	Employees independently signed up for Heart Foundation Healthy Heart Challenge	Health and wellbeing reimbursement scheme ($100 per staff member – includes self-development, social and emotional wellbeing) Team speakers – e.g. personal trainer, yoga teacher, nutrition seminar Suggestion box available for staff	
Nutrition	Healthy recipe exchange Bringing in a healthy lunch to share (planned for quarterly basis) Providing healthier alternatives when catering for seminars and events	Fruit and vegetable baskets (not continued at a whole agency level for a variety of reasons, but some teams initiated a local arrangement)	Provision of drink bottles with belt clips Provision of a fruit bowl	Healthy breakfast/walking group on alternate weeks Provision of water and fruit	Fresh fruit and vegetables continued, but not all the time
Physical Activity	Lunch time team walks		Wednesday walk – 10-12 people participating, including management	Healthy breakfast/walking group on alternate weeks Yoga (also relates to 'wellbeing')	
Alcohol		Responsible service of alcohol implemented at external work social functions			

9 Note: Reported through email correspondence between HP and the NGO.

4.2.3 Main Benefits of Participating

The major benefits to workplaces arising from their participation in the pilot were found to include:

- notable improvements in most lifestyle risk factor behaviours amongst employees
- notable improvements in employee perception of how much their employer cared about them – a 20 percentage points improvement from the pre pilot baseline
- an improved work environment in terms of culture, team building and creating a more supportive environment generally
- becoming an employer of choice, potentially contributing to improved staff retention.

4.3 Critical Success Factors for Program Implementation and Maintenance

Key critical success factors identified by the evaluation in terms of successfully implementing and sustaining a workplace health program included the need for:

- an active champion(s)
- a set of strategies to successfully engage employees and workplaces, including well developed and easy to use tools
- a close alignment with health and safety programs and corporate objectives more broadly
- demonstrated support and commitment from executive and local management
- program flexibility
- a clear point of accountability for all activities
- ready access to skilled and experienced service providers
- adequate resourcing
- a supportive work environment
- at least some team based activities.

4.4 Key Barriers for Program Implementation and Maintenance

Key structural/systemic challenges and barriers for the pilot implementation, identified by the evaluation, included:

- engaging reluctant and/or time poor employees
- internal structural change that occurred during the pilot
- delays in commencing pilot activities and then too many activities occurring in too short a timeframe.

The key barrier identified by the evaluation in terms of improving or maintaining good health and wellbeing in the workplace for employees was lack of time. For employers, the key barriers identified were recognising that changing cultures and attitudes takes time, and maintaining employee enthusiasm.

The evaluation concluded that some industry types – e.g. construction – and some employee types – e.g. part timers, younger parents – can be harder to engage than others.

4.5 Costs

Based on pilot and post pilot workplace reports, the three key pilot cost indicators identified by the evaluation were the:

- direct cost of the program per workplace as a percentage of actual workers compensation premiums, which was 18% across all pilot workplaces
- direct cost of the program per employee per annum, which was $221 across all pilot workplaces when including health checks, reducing to $150 if health checks are excluded
- total cost of the program expressed as equivalent to the cost of staff turnover, with the program cost found to be equal to turnover of 0.7 full-time equivalent (FTE) staff across all pilot workplaces. (Note: total cost includes the cost of management time in organising the program and staff time in participating during work time where applicable).

The smaller pilot workplaces were found to have relatively higher costs in running their programs when compared to the larger workplaces.

The inference to be taken from the last of these pilot cost indicators is that workplace health and wellbeing programs have the potential to pay for themselves if they lead to a reduced staff turnover per annum of only 0.7 FTE. The evaluation suggests that this finding could be an effective driver for workplaces to develop and implement workplace health programs.

Conclusion

The Evaluation Consultant concluded that the ACT Government Health Directorate successfully developed and implemented the ACT Healthy@Work Pilot.

Substantial benefits from the pilot were identified for both employees and workplaces, which were sustained post pilot. The evaluation concluded that the pilot also led to significant learnings for the rollout of the ACT Healthy Workers Initiative post pilot. These learnings included a better understanding of the critical success factors and barriers to implementing and sustaining successful workplace health programs, as well as of the benefits and the costs of such programs. Importantly, the pilot also informed the improvement or development of a range of resources and tools to support workplaces long-term in developing and implementing workplace health programs.

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Organisations, programs and campaigns

Australian Government 'Swap It, Don't Stop It' preventive health campaign – www.swapit.gov.au

Get Moving at Work, Tasmanian Premier's Physical Activity Council – http://www.getmoving.tas.gov.au/resources/workplace

Healthier Work, WorkSafe ACT – www.healthierwork.act.gov.au

OzHelp Foundation ACT – https://ozhelp.org.au/site/ozhelp_in_act.php

Wellness Coaching Australia – www.wellnesscoachingaustralia.com.au

Appendix 1

Table A.1: Workplace Profile

	NGO	Public sector agency	Construction company	Hair salons	IT company
Number of sites	One	Two main sites	Two locations, three groups of workers	Two	one
Total staff (FTE)	Nine	235 at commencement 130 in implementation phase	55 office staff 21 construction workers	22	16 at commencement Eight post pilot
Type of work	Desk based/ administration and policy	Desk based/government administration and policy	Desk based/administration Construction	Service – hairdressing	Desk based/software engineering
Key characteristics/ observations	Small NGO with stable staffing and regular office hours Management very engaged and articulate NGO sector struggle with health and wellbeing of their staff generally; management wants organisation to be role model for other NGOs Pre-existing workplace health and wellbeing related policies included employee assistance program and informal "dry" (alcohol-free) office policy	Large organisation that underwent a major restructure during the pilot (note: unrelated to the pilot) Pre-existing initiatives included: health and wellbeing strategy; reimbursement strategy; web portal page with links to health information; on site yoga/Pilates/ massage; and health and wellbeing seminars Organisation hoped to reignite enthusiasm for workplace health as was having difficulty with participation, engagement and executive buy in	Large construction company Construction workers are sub-contractors and/or can be transient Varied employment types, working environments and cultures add complexity to implementing workplace health programs Management very focused on work safety and wellbeing	Small retail business with multiple shift/ casual workers Staff are relatively active during the day (on their feet) No pre-existing health and wellbeing policies or initiatives in place Owners were very enthusiastic and engaged and committed to staff welfare	Small IT company No pre-existing workplace health and wellbeing policies or initiatives CEO was main driver after observing unhealthy lifestyle behaviours of employees Down sized during pilot (note: unrelated to the pilot)

Appendix 2

Table A.2: Workplace activities by workplace

P = initiated directly as a consequence of the pilot | O = initiated by organisation without direct pilot support

	O/P	NGO	Public sector agency	Construction company	Hair salons	IT company
General						
Health checks	P	✓	✓	✓	✓	✓
Swap It campaign information	P	✓	✓	✓	✓	✓
Education pamphlets and posters	P	✓	✓	✓	✓	✓
Internal promotion – national newsletter	O			✓		
Flu shots	O				✓	
Sexual health – chlamydia checks	O			✓ Construction site only		
Skin cancer seminars	O			✓ Construction site only		
Healthy workplace policy	P					✓
Smoking						
Access to education pamphlets and posters	P	✓	✓	✓	✓	✓
Quit smoking seminar	P	✓	✓	✓ Construction site only	✓	✓
Quit smoking program	P	Offered to all sites but no attendance				
Nutrition						
Access to education pamphlets and posters	P	✓	✓	✓	✓	✓
Access to computer based programs to track progress[1]	P			Software installed August. Not used[1]		Software installed August. Not used[1]
Swap It seminars[2]	P	✓	✓	✓	✓	✓
Trial fresh fruit and vegetables supplied at work	P	✓	✓	✓ Fruit only	✓	✓
Better access to fresh drinking water	P	✓	✓	✓	✓	✓ Limited interest
Healthy recipe exchange	O/P	✓ Recent strategy			✓	✓
Healthier options in vending machine	O			✓		
Healthy cooking class	O	✓				

	O/P	NGO	Public sector agency	Construction company	Hair salons	IT company
Physical Activity						
Access to education pamphlets and posters	P	✓	✓	✓	✓	✓
Participation in yoga, Pilates or group exercise	P	✓	✓	✓ Group stretching – site office	✓	
Walking group	O	✓		✓		Tried – no interest
Computer based programs to track progress[1]	P			Software installed August. Not used[1]		Software Installed August. Not used[1]
Facilities to support physical activities including gym and shower facilities	O			✓4		✓ Already had shower facility
Information on local groups or venues for physical activities	P			✓	✓	✓
Flexible time to participate in activities before, during or after work	O/P		✓	✓	✓	✓
Workers rotate duties	O			✓		
Access to local fitness centre	O/P	✓	Provides subsidy to staff			

	O/P	NGO	Public sector agency	Construction company	Hair salons	IT company
Alcohol						
Access to education pamphlets and posters	P	✓	✓	✓	✓	✓
Information seminar[3]	P	Offered to all sites				
Responsible alcohol policies	O/P		✓		✓	Not documented
Wellbeing						
Access to education pamphlets and posters	P	✓	✓	✓	✓	✓
Seminars on stress management /mental health and wellbeing	P	✓	✓	✓		
Other	O		Employee Assistance Program	A no. of people sought individual assistance		One person sought individual assistance
Organisational Support Seminars						
Project management seminar	P	✓	✓		✓	
Project evaluation seminar	P	✓	✓	✓	✓	✓
Organisational culture change seminar	P	✓	✓	✓	✓	✓

Note (1): A corporate online program was set up at a number of sites, but use was not commenced during (or after) the pilot. Sites reported no interest in using the software.

Note (2): Swap It seminars, including presentations on assistance with planning for healthy eating, information or talks on buying healthy food on a budget, cooking demonstrations, benefits of healthy eating, and demonstrations on how to shop for healthy meals.

Note (3): Alcohol information seminars were offered to all pilot sites at a central location during work hours – no one attended.

Note (4): The construction company was able to utilise their outdoor break space more efficiently to create more room for physical activity.

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