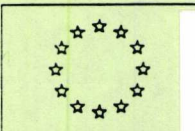# A Manual for Promoting Health Activity at Work

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Introduction

1. Structure of the Manual

This manual is divided into three parts:

- ✓ Introduction
- ✓ The methodology for promotion health activity in the workplace
- ✓ Tools to support the methodology

In the Introduction, the methodology is introduced in general terms, and the philosophy behind it is explained. The methodology itself consists of a set of activities which need to be followed if maximum benefit is to be gained from undertaking health action in the workplace. The final part, the Tools and Techniques section, consists of a set of aids to support the health activities which take place. These enable the user to undertake the activities of the methodology itself.

2. Introduction

This methodology has been developed to help organisations increase their level of health activity in a planned and systematic way. It has been developed to service the need many companies and organisations feel to improve the health of their workforce beyond undertaking the standard health and safety activities they are required to do by law.

Companies are active Many companies throughout Europe now recognise that their workforce are the prime asset in the way they do business. They invest large sums in training and equipping the workforce and in protecting the health of their workforce from hazards which may exist in the workplace. Now many companies recognise that the health of the workforce is not only influenced by these hazards, but is also subject to health hazards from outside of the workplace and from the behaviours which the workforce engage in.

In some ways this has been recognised for some time. For example, many companies have in place alcohol abuse control programmes and counselling programmes to deal with absenteeism due to alcohol abuse and psychological or social problems among the workforce. Similarly, some companies have put in place programmes to deal with long-term absenteeism, which can include activities to improve the health of workers with problems in this regard.

A planned approach However, this methodology goes beyond a piecemeal response to health problems as they arise - it provides a method to address problems before they become serious through a systematic and comprehensive approach to improving the health of the workforce. It does this through outlining a set of activities to be undertaken which are grouped into meaningful phases and by providing a set of tools and a range of advice which enable the methodology to be used by people who do not have expertise in health improvement.

3. What do we mean by health improvement ?

A definition of health

In defining health improvement, we must first examine what we mean by the word health. In this methodology, health is defined as :

✔ *A feeling of wellbeing in physical, psychological and social terms*

This means that a person's health is made up of three inter-related dimensions, physical wellbeing and absence of illness or disease, psychological wellbeing and absence of mental or emotional symptoms, and social wellbeing, i.e. being well integrated into social networks at work and outside of work.

Health improvement

The term 'health improvement' means:

✔   *any action which can be taken to improve an individuals health*

By this we understand that a wide range of factors coming from both inside and outside of the workplace can influence an individuals health status. Actions which are taken to minimise the effects of negative factors and actions which maximise the effects of positive factors are all part of this definition. For example, health improvement actions can range from discouraging smoking to trying to improve the levels of social support available to the individual.

4. How does health improvement relate to occupational health and safety ?

In theory .....

Theoretically, health and safety actions in the workplace carry many of the characteristics of health improvement actions, but they are always confined to dealing with health hazards which arise in the workplace. Health improvement actions, on the other hand, deal not only with these factors, but they also can deal with health hazards which come from outside of the workplace.

In practice .....

In practice, the relationship between health and safety procedures and personnel and health improvement procedures and personnel is also close. The procedures which are detailed in this methodology share many features in common with the hazard control cycle used almost universally in health and safety practice, while research has shown that many health improvements actions in the workplace are conducted by health and safety personnel, or at minimum, they often have a major involvement in health improvement actions.

This does not mean that health improvement actions are always initiated by health and safety personnel - in practice they can be started by a wide range of people who can originate from within or outside the workplace. In most cases however, health and safety staff have a major role to play in the actual implementation of health improvement actions, especially where the actions are directed at improving the workplace environment in the widest sense.

It should also be pointed out, however, that health improvement actions can take place with little reference to health and safety activity - many examples of this kind of implementation exist. However, it is preferable for reasons of integration of health activity that there should be a clear and useful relationship between the two programmes.

5. Why should you undertake action for health improvement ?

There are many good reasons for undertaking health improvement actions in the workplace, not all of them related to the benefits of improved health. Research undertaken throughout Europe reveals that this kind of action is undertaken for a variety of reasons, and that most organisations have multiple reasons for doing so.

A health philosophy

There are three kinds of reasons why organisations implement health improvement actions. Firstly, some organisations have as part of their mission statements, a philosophy to care for the health and welfare of their employees in the widest sense of the term. This can include specific commitments to undertake health actions and can be expressed in terms of an explicit health policy for the company.

Dealing with problems

A second reason relates to current or ongoing problems which a company may have, where the company views health improvement actions as having a role to play in solving them. Problems such as health problems in the workforce, absenteeism problems, productivity problems and low morale in the workforce have all been cited as reasons why organisations undertake health improvement.

The benefits

Finally, companies may undertake health actions because of the benefits they expect to gain from doing so. Such factors include reductions in health related costs, improvement in absenteeism and productivity, improved workforce morale and improved public image of the company.

Companies say it works

While these may not seem to be compelling reasons for undertaking health improvement activities on their own, perhaps the most convincing argument in its favour is provided by a survey of over 1400 companies throughout Europe. In this survey, managers were asked if their organisation had a budget for health actions (as opposed to one for health and safety actions), and if they intended to increase or decrease this budget in forthcoming years. In response, more than 90% of organisations indicated that they would either maintain or increase this budget in the future. In short, managers involved in implementing health improvement in the workplace see that the benefits outweigh the costs, in other words, it works.

6. The Workplace Health Improvement Approach

A number of important features are embodied in this manual which are central to developing effective workplace health improvement programmes. These include:

- ✓ Employee participation in the programme
- ✓ Marketing of health improvement actions
- ✓ Communications and feedback
- ✓ A focus on the whole health of the employee
- ✓ A commitment to a balanced approach to designing health actions
- ✓ An integrated approach
- ✓ A focus on causes of ill health not only on consequences
- ✓ The programme should be based on the needs of the workforce

Because one of the main goals of workplace health improvement programmes is to enable the employee to make more effective decisions about the factors which influence his or her health, it is essential that the principles of approach mentioned above are adhered to if the programme to be developed is to be

credible, effective and is to generate high levels of support among the workforce. Failure to implement these principles will lead to programmes which are unbalanced, unsupported by the workforce and which will ultimately be a waste of time and money.

Participation

Employee participation should be an explicit goal in designing the health improvement programme, and this principle is expressed explicitly in many of the activities defined in the methodology. Participation should be a goal of the programme, not for doctrinaire reasons, but rather because it is an essential prerequisite of programme effectiveness. If you are trying to achieve health benefits for the workforce, then it is a basic requirement that the health actions of the programme reach their intended target. This can only be achieved through effective employee participation - health improvement cannot be inflicted on employees from above.

Marketing

Because the concept of workplace health improvement is a relatively new one, and because it is not a compulsory activity from a legislative point of view, the entire process of workplace health improvement needs to be marketed to the principle stakeholders to be involved in the process. Marketing here does not refer to a 'selling' activity, where money changes hands, rather to the process whereby the idea of workplace health improvement is effectively communicated to all who will make a decision on the process. These decisions can be in relation to whether the process is to proceed or they can also be concerned with whether an individual chooses to take part in the process or not. The issue of marketing the health improvement programme is dealt with throughout the methodology, but especially in the early phases, and a number of tools are provided to support this activity.

Communications

Communications in this context refers to the need to keep people informed of the progress of the health improvement project. The targets for these communications are twofold - firstly there are the participants themselves, who should be informed about the developing programme, and secondly, there is a need to communicate progress to management structures within the organisation.

Communications with employees serve a number of functions - they help to generate interest in the programme, they keep people informed and they boost the credibility of the programme. For management and management structures, good communications serve similar functions. However, they also address what has often been a weakness in many health improvement programmes, i.e. they have become detached from organisational policy and practice and have been marginalised within organisational life. Since one of the goals of the health improvement programme is to improve the work environment in all its forms, it is essential that communications at this level are aimed at integrating the health improvement measures into organisational policy and practice. Good communications are an essential requirement for this to happen.

Whole Health

One of the major features of workplace health improvement is that it focuses on the whole of the individual, i.e. it seeks to deal with all of the factors which influence the health of the person. In addition, it does not focus only on physical symptoms of disease, but also targets the psychological and social health and wellbeing of the person. This principle of approach is embodied in the range of activities which are considered as part of the health improvement programme.

Balanced Activities

The methodology takes as its starting point the position that health improvement actions should address both the individual and the work environment in the broadest sense. This need for balance in activities exists

for a number of reasons - it improves the credibility of the programme because it then addresses all of the factors which may influence the employees health and it avoids the possibility of 'victim blaming', i.e. the perspective that the individual can control all of the factors which influence their health and that it is their own fault for not doing so. Most of all however, adopting this balanced approach is far more likely to be effective in improving health, as it deals with all of the causes of ill-health, rather than just a few.

Integrated Activities
The range of factors which potentially influence health is potentially very wide, and the actions which can be taken to address these are correspondingly numerous. This feature means that not all of the activities which can be taken are medical in nature - effective interventions can come from a wide of sources, e.g. engineering, psychology, management theory, education, safety science and so on. As a consequence, this methodology is based on the belief that activities originating from a range of areas are needed if the health improvement programme is to be successful.

Causes and Symptoms
One of the goals of health improvement programmes supported by this methodology is to deal with the causes of ill health, not just the symptoms. Many workplace health programmes, and often those supplied by the medical profession are effectively symptom treatment programmes. For a health improvement programme to be truly effective, however, it is important that it also deals with the causes of ill health.

This is important for a number of reasons:

✓ Programmes which focus only on symptoms are likely to have poor credibility with employees
✓ Dealing only with symptoms does nothing to prevent ill health from occurring
✓ Dealing only with symptoms is much less cost-effective than prevention

Of course, it is appropriate to provide symptom treatment facilities of a number of kinds, but to do so alone will mean that the programme will be less effective than it might otherwise have been.

Needs-Based
A final feature of the methodology is that it is based on the needs of the workforce. In this context, needs refer to the a collection of different health related issues - personal preferences for action and objective and subjective risks. The factors which influence people's health can be defined in a number of ways - they can be assessed by experts in the field, they can sometimes be measured objectively by tests on the environment and by medical tests on the individual, and they can be self-defined, i.e. where the individual reports on what factors they see as influencing their health. In addition, the individual can report their preferences for action. All of these factors are of potential importance in providing a basis for action.

It is especially important to take into account the full range of needs of the workforce when designing a health improvement programme, and in particular to take account of employees preferences for action. Doing so provides a reliable way of ensuring high levels of participation in the programme.

7. Who should use this manual

This manual can be used by a wide range of people, either within or outside of the organisation which will implement the health improvement programme.

The manual is intended for use as a resource which a team of people can use to plan and manage a health improvement programme.

Internal actors

No health related expertise is assumed on the part of the user of the manual. It has been deliberately designed to provide support to non-health experts who wish to develop a health improvement programme, though there may be a need to call in health and other expertise during the programme, depending on the resources available to the health improvement project.

Most, of not all of the types of expertise needed to use the manual to generate interest in, plan, manage and monitor a health improvement project are generally easily found within large organisations. The health improvement project can be implemented in much the same way that any other organisational change process or specific project is managed - it involves selling or marketing the concept, setting up a project team, analysing the problems to be addressed, designing a programme, and implementing and monitoring the programme. It therefore follows that the kinds of people who are typically involved in these kinds of processes can use this manual to develop and implement a health improvement programme.

These people might include the following:

- ✓ Human Resource specialists
- ✓ Project managers
- ✓ Occupational health nurses
- ✓ Occupational physicians
- ✓ Health and safety personnel
- ✓ Staff or trade union representatives
- ✓ Workers

External actors

In addition, there are a range of actors external to the implementing organisations who could benefit from using this manual, where they are seeking to establish health improvement programmes in other organisations as part of their work. Such people might come from the following kinds of organisations:

- ✓ Health education/promotion agencies
- ✓ Health and safety agencies
- ✓ Insurance companies dealing with workplace health
- ✓ Local health authorities
- ✓ Private health consultants
- ✓ Occupational health practices
- ✓ Management consultants

These suggestions regarding who might use the manual should not be viewed as being exclusive - any person who feels that they want to establish a health improvement programme can use the manual, once they are in a position to put together the necessary team of people with the relevant skills and authority to make it happen.

8.   What are the commitments ?

Money

The commitments involved in implementing a health improvement project are dependent largely on the size and scope of the project, and the decisions which are made about resourcing the project. Case studies of companies which have implemented health improvement programmes indicate a wide variation in time, personnel and financial commitments. For example, companies which

have budgets devoted to health activities typically spend relatively small amounts of money on an annual basis - a figure of between £5 and £25 of additional expenditure per worker per year is not unusual, though some companies would spend more. In addition, there may be more costs associated with establishing a health improvement programme for the first time.

Time and personnel
The additional time commitments of setting up a health improvement programme are difficult to estimate, since they depend of the size and scope of the programme and also on whether the company already has in-house resources which can be used or redirected towards setting up the programme. Typically, the main time commitment is made by the project team, which can vary in size but which may involve up to ten employees. During the course of a health improvement project which lasts for a year (which is not an unusual duration), It is likely that each project team member would need between 5 and 10 days to fulfil their responsibilities.

Project Duration
Finally, the issue of project duration is also variable. Smaller health improvement projects can effectively be completed within a period of a few months, and specific health improvement activities may take only a matter of days to implement (e.g. provision of some free areas within the workplace, development of specific health policies), while others are of a more long term nature (e.g. improvement of communications between management and staff, changing the physical environment).

The three main factors to affect the duration of a project are the scope of the project (e.g. how many health improvement actions are to be taken), the numbers of employees to be reached by the programme and the level of commitment to the project by the organisation.

It is not unusual for health improvement programmes to generate an agreed list of perhaps 10-20 health improvement actions to be implemented. Typically, these would include actions which can be implemented more or less immediately (and it is important that some of them should be capable of immediate implementation), while others may take a period of months, or even years to implement. Where such actions are agreed, it is best that programmes of action are drawn up on an annual basis.

The number of employees to be reached is also a factor to be considered. In very large organisations (i.e. with more than 1000 employees) it is advisable to set up a number of smaller health improvement projects, catering for no more than 300-500 employees each. In this way, the duration of the project can be minimised, while at the same time maximising the impact the project will have.

Finally, the level of commitment to the programme, and the quality of project management which is associated with the programme also influence the duration of the project. Projects which are not fully committed to and professionally managed will not alone struggle to meet their objectives, but they also will take longer to complete.

One of the goals of using this manual is to set up self-sustaining health improvement programmes, i.e. to have health improvement programmes to continue over a sustained period and which involve a number of cycles through the methodology. If this continuous process becomes established, it is likely that the set of programmes will last a number of years. Experience in Canada with a similar methodology indicates that where companies are satisfied with the process (and most are), then it can continue for five years or longer.

9. Contents of the Methodology

The methodology is organised into 5 phases of activity. These are outlined below in Figure 1.
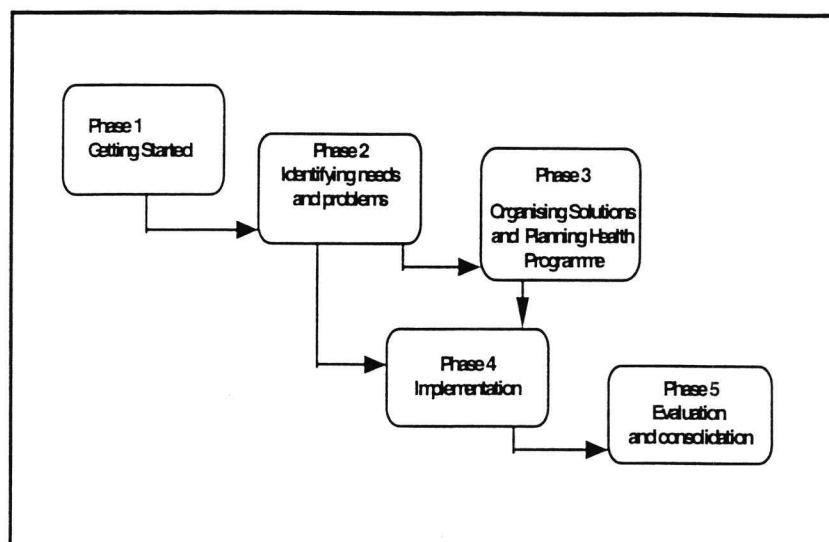
Figure 1. Overview of the phases of the methodology

Within each of these phases the following contents are to be found:

- ✓ *Overview and map of the phase* - This section overviews the phase and provides a visual representation of the activities to be undertaken
- ✓ *Objectives of the phase* - This section states the aims of the activities
- ✓ *What needs to be done and how to do it* - This section describes the range of activities needed to complete the phase
- ✓ *Activities* - this section provides details of the work which has to be undertaken within each activity. These are described in terms of aims, what needs to be done, who is involved, the tools to support the activity and the outputs of activity.
- ✓ *Barriers, pitfalls and solutions* - this section provides advice on commonly encountered problems with the activities of the phase
- ✓ *Checklist* - this section lists the activities and outputs which need to be completed before proceeding to the next phase.

Each of the phases is illustrated with practical examples and with advice on when to use the tools available in the tools manual.

Getting Started

This phase of the methodology is concerned with generating support for and setting up structures for the health improvement process. It is of vital importance, since it sets the scope of the health improvement programme, establishes the structures to run the programme and integrates the programme with existing organisational policies, practices and structures.

Identifying Needs and Problems

This phase describes activities which are at the heart of the entire methodology. It describes what kinds of information can be gathered, how to analyse the information and how it can be used as a basis for programming of health actions.

Organising Solutions

This phase is concerned with prioritising the health related issues which are to

and planning health Programme	be addressed by the programme, and with developing and prioritising solutions to these issues. As part of this phase the health programme plan which details the activities selected for implementation is drawn up and a timetable which proposes a scheduling for the activities is also produced.
Implementation	This phase is concerned with developing an implementation plan for each of the selected health activities and with the implementation of these health activities.
Evaluation and Consolidation	This phase is concerned with two related processes - the evaluation of the successes and failures of the health improvement programme, and with the consolidation of the programme. In this context consolidation refers to ensuring that the successful programme activities are integrated into ongoing company policy and practice and also to the process of building a second cycle of the health improvement programme. This latter feature is in line with one of the objectives of the methodology which is to ensure that an effective and ongoing process of health improvement is established.
Relationship between the phases	While the methodology is capable of being followed from beginning to end in a sequential manner, it is probable that most uses will adapt the phases and activities to the demands of their own situation. One of the more important flexibilities of the methodology concerns how quickly the process moves into implementing health improvement activities. It has been found that early implementation of health activities is a considerable boost to the momentum of the process, and that there can be a danger of delaying too long during the activities of needs analysis and organising solutions. Consequently, the methodology allows for this possibility by allowing early implementation of health activities before detailed planning is undertaken.
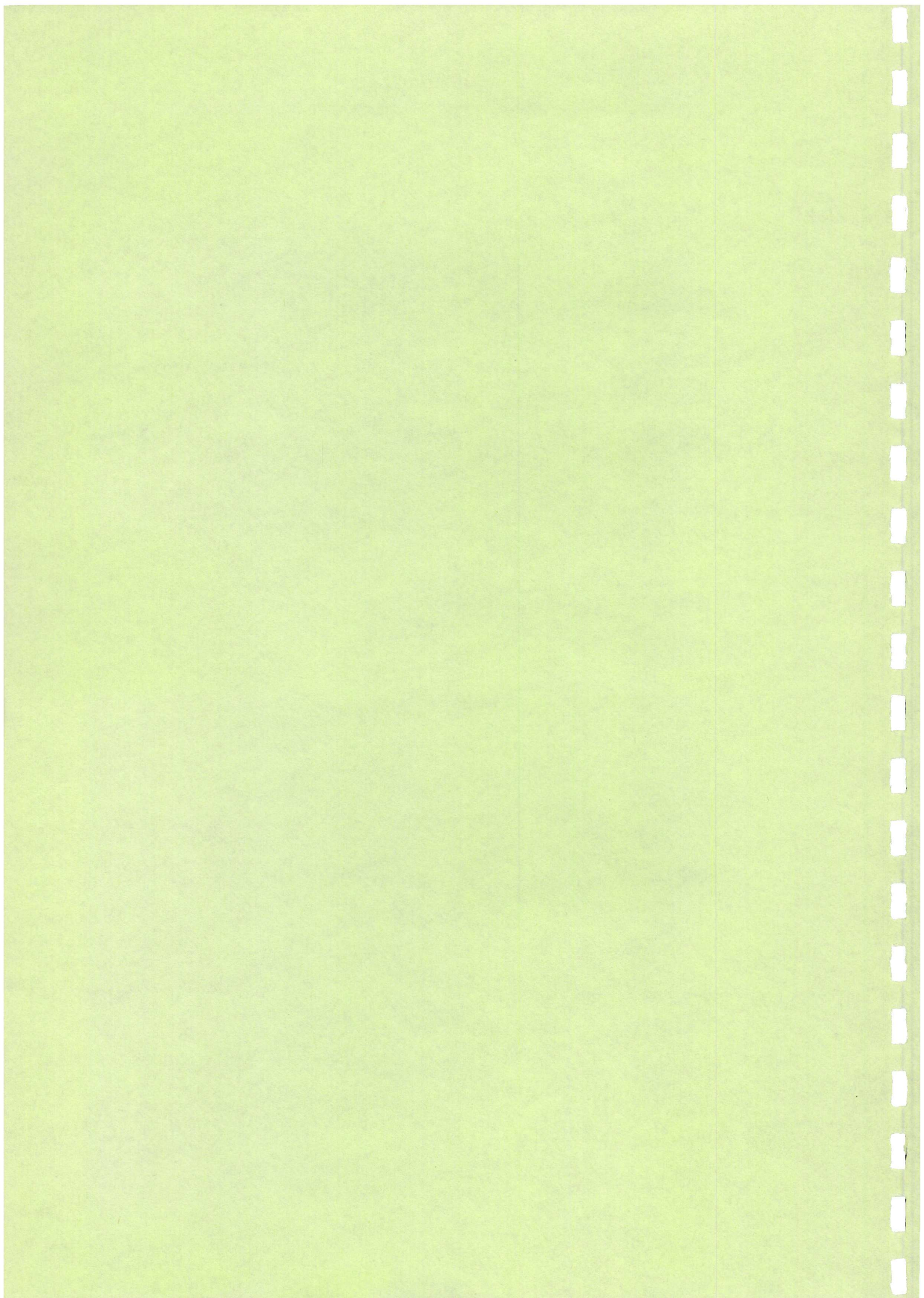
Getting Started Phase

Overview of Getting Started Phase

Making a good beginning is the basis for any sound project which involves change, and setting up a health improvement project is no exception. It is especially important in the case of workplace health improvement, since it is likely to be a new phenomenon to most companies and organisations, and also because health issues generally and health improvement projects specifically are usually not high on the organisations list of priorities.

Against the background of the barriers of lack of awareness of workplace health improvement and also that of it being relatively low on the list of priorities, it is essential that the health improvement project is inserted into the ongoing stream of company activities as smoothly as possible, and that the early activities in establishing workplace health improvement are both soundly and broadly based. This phase of the methodology supports this process of making a good beginning by specifying the range of activities which need to be undertaken, who should be involved, and by providing a set of tools to support the process.

As you move through the activities in this phase it will become clear that there is a philosophy underlying the health improvement process. This philosophy can be stated simply - workplace health improvement is concerned with promoting the involvement of all relevant actors in the process from as early a stage as possible. In addition, setting up the process should involve using the best practices from project management - it should be treated as any other organisational change project would be. These principles of approach are reflected in the four activities of this phase - Canvassing support and identifying potential stakeholders, Scoping the extent of the problem, Setting up health improvement structures and getting agreement on proceeding with the process.

The success of the health improvement project relies on a number of factors, of which the main one is building a committed project team which has a clear brief to manage and implement the project. This team should have representatives of the major stakeholders in the organisation as well as people with the expertise to contribute meaningfully to the development of the health improvement project. Furthermore, the health improvement project cannot proceed without being actively supported by the major stakeholders in your organisation. A significant function of this phase is to build support for the idea of creating a health improvement project. This means getting the <u>visible</u> approval of top management, middle management and representatives of the workforce. In order to ensure the project has the desired impact the project team will have to set up appropriate structures to support the health improvement project e.g. communications channels, reporting relationships, policy development structures. These may be achieved by adapting existing structures or if appropriate, by setting up new structures. Finally, one of the aims of this phase is to develop an overview of the areas which the health improvement project might address by interviewing stakeholders with regard to what they consider to be the main problems within the organisation and identifying whether they consider that health improvement activities can reduce the effects of any of these problems.

This phase of the health improvement process can often be one of the longest phases, particularly where it is difficult to gain support for the project. Getting started demands persistence on your part and a good knowledge of how projects of any kind develop within your organisation.

Objectives

1. To generate real and visible commitment to the health improvement process

2. To establish a project team

3. To establish appropriate structures for the health improvement process

4. To develop a view of possible areas which the health improvement project will address

5. To monitoring and assess how well this phase was run

Map and overview

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│   ┌───────────────┐      ┌─────────────────┐                              │
│   │ Phase 1       │      │ Phase 2         │                              │
│   │ Getting Started│─────▶│ Identifying needs│     ┌─────────────────┐    │
│   │               │      │ and problems    │     │ Phase 3         │    │
│   └───────────────┘      └─────────────────┘     │ Organising Solutions│ │
│                                        │         │ and Planning Health │ │
│                                        │         │ Programme       │    │
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│                                        └────────▶│ Phase 4     │  │ Phase 5      │
│                                                  │ Implementation│─▶│ Evaluation   │
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Map shows Phase 1 Getting Started connecting down to five activity boxes:

| Canvassing Support and Identifying Stakeholders | Scoping | Setting up Structures | Getting Agreement | Monitoring |
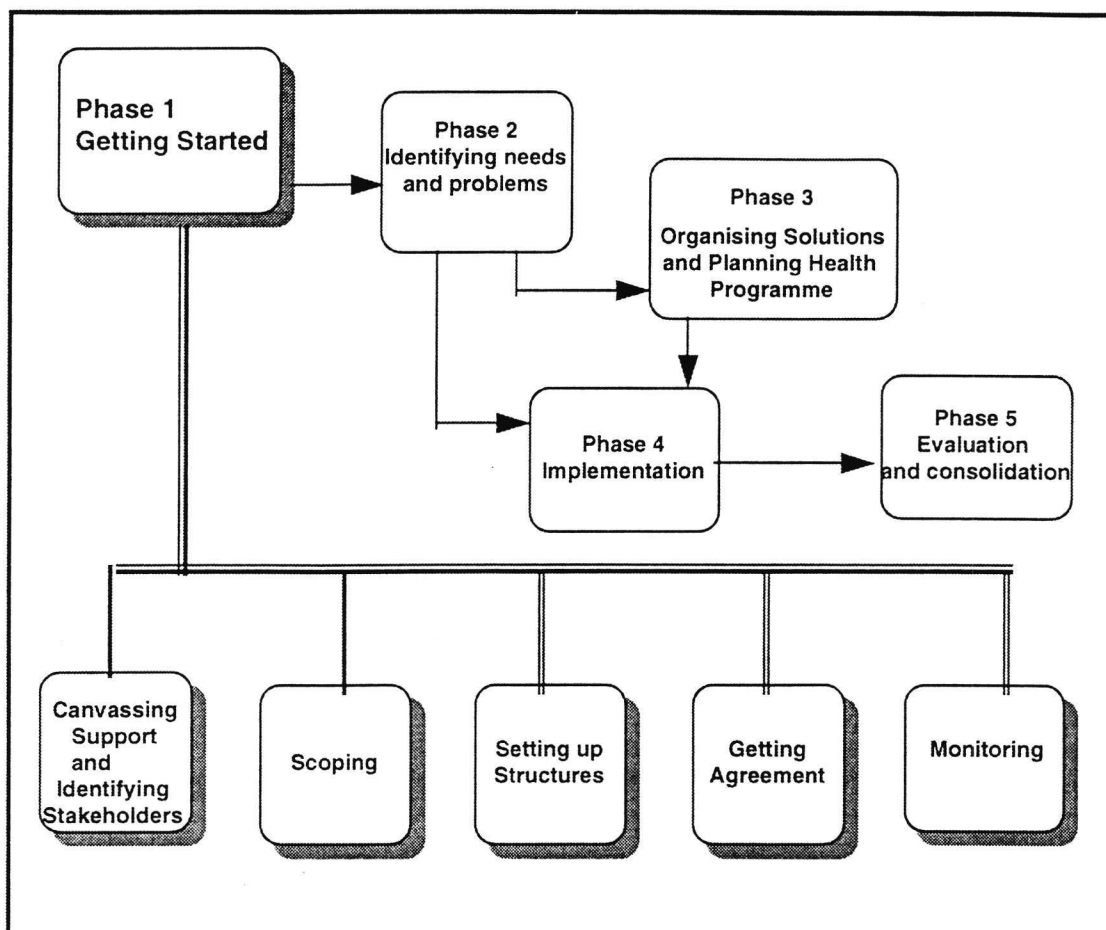
What needs to be done and how to do it

There are four principle activities which take place during the Getting Started phase. These are:

1. Canvassing support and identifying potential stakeholders in the process
2. Scoping the extent of the problem/health improvement process
3. Setting up health improvement structures
4. Getting agreement - gaining explicit commitment
5. Monitor how well the phase was run

These activities do not necessarily run consecutively, many can run concurrently, and the order in which they take place is not always fixed. Each of these activities is described in detail below.

A variety of tools are provided to support each activity in this phase. Not all of these tools will be necessary for every health improvement project, but they will be especially useful in large scale projects or within large organisations. Even if the tools are not used directly, the kinds of information which they seek will need to be obtained in order for an effective health improvement project to proceed.

1. *Canvassing support and identifying potential stakeholders*

Aims

Build a network of people interested in the health improvement process
Raise awareness amongst this group of what health improvement is and why it is important
Promote the health improvement project
Establish the people who are important to the health improvement process

What needs to be done

The successful initiation of a workplace health project in an enterprise usually relies on a core group of people within the organisation who share a vision of the health improvement project and who are in a position to influence the setting up of the project. The person who initiates the idea of the health improvement project needs to build up a network of potential supporters for the health improvement project from management and workforce representatives in the enterprise. Part of this activity involves finding out who are the major stakeholders within your organisation. Tool 1 - the Stakeholder Identification Checklist - can help with this task.

As well as setting up a network of people to promote the health improvement project within the company, Tool 1 may be used to identify the important people in the process, i.e. those people who would have a stake in the process or outcomes of the health improvement programme. These are the people who will need to be involved in the health improvement programme. Usually the following kinds of people will have a stake in the health improvement process:

- Higher management
- Middle management
- Supervisors
- Trade Union representatives
- Workers representatives
- Health and safety personnel
- Training personnel
- Human resources management

It is important to remember that even though all of these groups may have an interest in the health improvement process, they may not need to be involved to the same degree in the process, particularly at these early stages. The goal of this activity is not to involve all stakeholders, rather to identify them, to inform them that a health improvement process is about to start, to identify allies in the process.

When setting up the network, a useful tip is not to spread the network too widely so that it contains people who are only lukewarm in their support for the project. It is far better to have a small number of people (even two or three) who are genuinely committed to the project, rather than a larger group of people who will not put in sufficient effort to ensure that project begins.

In order to gain support for health improvement project from this group it is important to clearly communicate the benefits of such a project for the organisation and its personnel. Formal and informal meetings are a useful way to promote awareness of what health improvement refers to, to outline the benefits of and typical content of a health improvement project, to disseminate information on the process and to clarify gaps in knowledge to this network of people. Tool 2 - Promoting health improvement to management and employee representatives - can be useful in this task.

Who is involved?	The person who initiates the health improvement concept will usually be someone with some knowledge of what workplace health improvement involves, they see an opportunity to establish a project, are in a position to identify and influence the major stakeholders and have a plan of action to establish a health improvement project. In practice, these skills are often found in people coming from two types of background - occupation health departments (e.g. Occupational Health Nurses, Occupational Physicians) or Human Resource Management departments but in effect, this person may come from any area of the organisation.
Tools	**Tool 1 Stakeholder identification checklist** **Tool 2 Promoting Health Improvement to Management and Employee Representatives**
Outputs	A network of people interested in promoting the health improvement project within the company Identification of the important stakeholders in the health improvement project

2. Scoping the extent of the problem/health improvement process

Aims

Establish the brief of the health improvement project
Gather existing information on the health activities within the enterprise

What needs to be done

The overall goal of this activity is to situate the health improvement project within the context of ongoing organisational life. This activity involves establishing the brief for the health improvement project, what problems it is expected to solve, what resources are likely to be involved etc. It also involves gathering information on existing health activities within the enterprise. This activity is essentially an exercise in understanding the organisation, the nature of its current health related activities and the nature of the problem, if any, which the health improvement project will address. Tool 3 - The Scoping Checklist - will help you undertake this task.

A further task at this stage is to make an inventory of health activities which already take place within the enterprise. Tool 4 - Audit of existing activities - will help you undertake this task. This information is important, not only because it prevents duplication of effort, but because it will provide a good level of insight into the health philosophy of the enterprise.

One of the main Issues which typically arise during this activity concerns lack of awareness of the nature of workplace health improvement and lack of information on its benefits. Other issues relating to stakeholders include stakeholders having multiple motivations for undertaking the project, some stakeholders having differing expectations of the project and some stakeholders being hostile to the project. However, during this activity the main aim is to be aware of and understand the nature of these issues rather than to reconcile them.

Information about current health activities and possible workplace problems which may be solved by health improvement programmes is usually gained by conducting interviews with the principal stakeholders. It is important for the interviewer to be able to deal with any enquiries which arise. Tool 5 - Motivations and obstacles to be found among the major stakeholders - may be helpful in preparing yourself for possible queries.

Who is involved?

Scoping the extent of the problem/health improvement project needs to be undertaken by someone who has an in-depth knowledge of the health improvement process and who can provide information on what the project typically involves in terms of resources, types of activities, levels of commitment, etc. Some companies will have the expertise in-house, usually from the occupational health department, the human resource department or from strategic management whereas other companies may need to bring in an external consultant to support this activity.

Tools

Tool 3	**Scoping checklist**
Tool 4	**Audit of existing activities**
Tool 5	**Motivations and obstacles to be found among the major stakeholders**
Tool 2	**Promoting Health improvement to Management and Employee Representatives**

Outputs

Establish the scope of the health improvement project
Identify existing activities

3.   Setting up health improvement structures

Aims: *Establish project team*
                           Establish communication channels and reporting relationships for the project

What needs to be done This activity is perhaps the most important activity within the Getting Started
                           phase, as it builds the concrete structures which will be necessary for the health
                           improvement process to proceed. The more secure the foundations which are
                           built here, the easier the process will become and the more far-reaching the
                           effects of the health improvement project will be. Two main actions which
                           correspond to the aims of this activity need to be undertaken during this
                           activity.

To establish   There are two ways of establishing a project team:
a project team   1.   by adapting existing workplace structures (e.g. health and safety
                                 committees) or
                           2.   by setting up a new team with the explicit brief to support the health
                                 improvement process.

                           When establishing a project team the issues which need to be addressed
                           include what will be the membership of the team to run the project, who will
                           the team report to, what will the function or brief of the team be, and what
                           communications channels will it use. The focus here is on considering these
                           issues, rather than formalising them, which takes place during the final activity
                           of this phase. Tool 8 - Project team development - offers support on how to
                           develop a project team.

                           The brief which the project team has will vary according to the size of the
                           health improvement project, the level of formality within the organisation, the
                           resources available to the project and the nature of the health improvement
                           project itself. Tool 6 - Model agreements (also to be used in the final activity
                           of this phase) - suggests a number of elements which need to be addressed
                           when developing the project team's brief. Another issue which is important for
                           the project team is the management of meetings and Tool 8a - Managing
                           effective meetings - describes the elements needed to run a successful meeting.

Communications   The final task which is to be addressed during this activity concerns the setting
and Reporting   up of communications channels and reporting relationships.   Most
                           organisations already have these structures in place and it is important to assess
                           whether it is possible to integrate communications and reporting procedures
                           for the health improvement project into the existing structures or whether new
                           channels and reporting structures need to be established. As one of the more
                           difficult tasks in any organisational initiative is that of communications, it is
                           essential that appropriate channels are set up at an early stage if all of the
                           stakeholders are to have effective participation in the project. Tool 7 -
                           Communication strategies - is useful for assessing the types of communication
                           strategies which it is possible to use when setting up communication channels.
                           Consideration should be given to the following issues when setting up these
                           channels:

                           - What groups are the targets of communication
                           - What kinds of messages are to be sent
                           - What mechanisms exist for communications within the organisation
                           - How is feedback of information to the project team on progress to be
                             arranged

The final issue to be addressed concerns reporting relationships. One of the dangers in setting up a health improvement project is that it becomes isolated from the normal decision making machinery of the organisation. Since one of the goals of the health improvement process is to achieve some level of change in the working environment, it is essential that the project team is linked into this machinery through developing reporting relationships with the decision making structures within the organisation. This involves seeking and maintaining reporting relationships with the strategic, financial and human resource functions within the organisation.

Who is involved?   The network of people involved in the initiation of the project and also members of top management will be involved in selecting/approving of people to participate in the project team. Top management, union and worker representatives will also be involved in identifying channels of communication and agreeing reporting relationships for the project.

Tools   Tool 6   **Model agreements**
Tool 7   **Communications strategies**
Tool 8   **Project team development tool**
Tool 8a   **Managing effective meetings**

Outputs   Establish a project team
Identify channels of communication within the enterprise
Establish reporting relationships within the enterprise

4.   *Getting agreement - gaining explicit commitment*

Aims

Get explicit commitment and support for the project from top management
Identify the goals of the project and draw up an initial project plan
Identify the resources available to the project

The successful running of the health improvement project requires support from top management, an agreement on the goals of project and a commitment of resources to the project.

What needs to be done This activity involves setting out an explicit agreement for the health improvement process, to be agreed between the person responsible for the project (these can be either internal or external to the enterprise), the decision makers within the enterprise and the other major stakeholders. This agreement may take the form of a 'contract', which while not having legal standing, serves to provide a visible commitment to the health improvement process, especially by decision makers, but also by the other stakeholders. Tool 6 - Model Agreement, sets out some of the areas which may be part of a health improvement agreement.

Setting the scope of the project in terms of its philosophy and the range of issues to be addressed is of crucial importance at this stage. In particular, it is important to gain visible commitment in the project agreement to taking a twin track approach to the health promoting activities which will be part of the project, i.e. the activities which are undertaken must include activities targeted at improving the work environment in all its forms and activities directed at improving the health behaviours of the individual. Failure to ensure this twin track approach will result in a much poorer health improvement project which will be considerably less effective in improving the health of the workforce and which will have credibility problems in the eyes of the workforce. Programmes which focus only on modifying the health behaviours of the individual worker may be seen as management manipulation.

It is also advisable to deal with the issues relating to the resourcing of the health improvement project. Such as the budget available to run the project, the personnel available, whether it is possible to hire in expertise if required and when activities related to the programme will take place (i.e. on company time or on the individual employee's time). While it is not appropriate nor usually feasible that all activities take place on company time, it is advisable that at least some of them do. In particular, it is beneficial that the activities in the next phase - Identifying Problems and Needs - and also the meetings of the project team take place on company time. Doing this demonstrates real company commitment to the health improvement project, and in the case of the Identifying Needs and Problems activity, it considerably enhances participation rates by employees.

Finally, it is important to publicise the stages involved in the project, when these are planned and how they will be resourced. Using the information gathered during the previous activities, it is possible to draw up an initial project plan which describes the goals of the project, the resources available to the project, who is involved in running various stages and approximate time-scale of the project. Tool 9 - Process checklist - Project planner - is useful here.

Who is involved?	The project team are responsible for this activity.

Tools	**Tool 6**	**Model agreement**
	Tool 9	**Process checklist - Project planner**

Outputs	Establish agreement on the project
	Gain visible support from the stakeholders

5. Monitoring the phase

Aims
To assess how well the phase was run

What needs to be done Monitoring allows you to establish what progress is being made in the phase being run and allows you to modify or introduce new procedures when and where difficulties are encountered. Monitoring can be undertaken during and or after the phase. Tool 10 Monitoring - Getting started phase - provides a list of questions which are useful in monitoring the activities of this phase. Findings from the monitoring phase can also be used to demonstrate to key personnel how well the programme is working and what the initial impression of the project is amongst those who participate.

Who is involved? The project team, management and any other personnel involved in the phase.

Tools **Tool 10 Monitoring - Getting started phase**

Outputs Report on how well the phase was run
Identification of problems which arose and why
Proposals on ways to overcome these problems.

Barriers, pitfalls and solutions

Lack of awareness

One of the main barriers at this stage of the project is likely to be the lack of awareness of health improvement projects and their benefits amongst management, union and worker representatives. It is important that the person(s) involved in introducing the concept to these groups is familiar with the process of undertaking a health improvement project and of the benefits which can accrue to stakeholders.

Expectation management

Another issue to consider during this activity is the management of expectations. The expectations people have of health improvement projects can be very high, particularly at the beginning of a project. It is therefore very important to encourage realistic expectations among the stakeholders during this activity, and this can be achieved by setting clear and realistic aims for the project and by specifying the kinds of activity which will take place during the project. (At this stage, it is not possible to specify the exact activities to take place - this is dependent on the outputs of the Identifying needs and problems phase of the project. However, the classes of activity which might take place can be specified, e.g. environmental activities, health education activities, individually oriented activities and so on).

Publicity for agreement

The level of publicity given to the formal agreement is also an important issue at this stage. Participation in the project depends on the support given to the project both in terms of resources and of management support. It is advisable that the agreement is treated in an open manner, with a high degree of publicity within the enterprise and with individual employees having rights of access to it.

Convincing Management

During times of budget cutbacks, management may be unwilling to commit resources (human, financial and/or material) to the process. It is important to emphasise to management that the long-term benefits outweigh the costs and that even in times of financial difficulties there are several low-cost, high-impact programmes which can be implement with almost immediate benefits.

Checklist of activities and outputs

During this phase the following activities and outputs should be achieved. You can place a 'tick' in the appropriate box when they have been completed. It is not intended to imply here that all of these activities and outputs should necessarily be produced - however, there should be good reasons for not having done so, and alternatives to these specific outputs will almost certainly be needed for the project to proceed.

Activity	Completed	Output	Produced
1) Canvassing support and identifying potential stakeholders		✓ Network of people interested in promoting health improvement project ✓ Identification of stakeholders	
2) Scoping the extent of the health improvement project		✓ Establish scope of the project ✓ Audit of existing activities	
3) Setting up health improvement structures		✓ Establish a project team ✓ Identify communication channels ✓ Establish reporting relationships	
4) Getting agreement		✓ Establish agreement on project ✓ Get visible support from stakeholders	
5) Monitoring		✓ Report on how well phase was run ✓ Identification of problems ✓ Proposals to overcome problems	
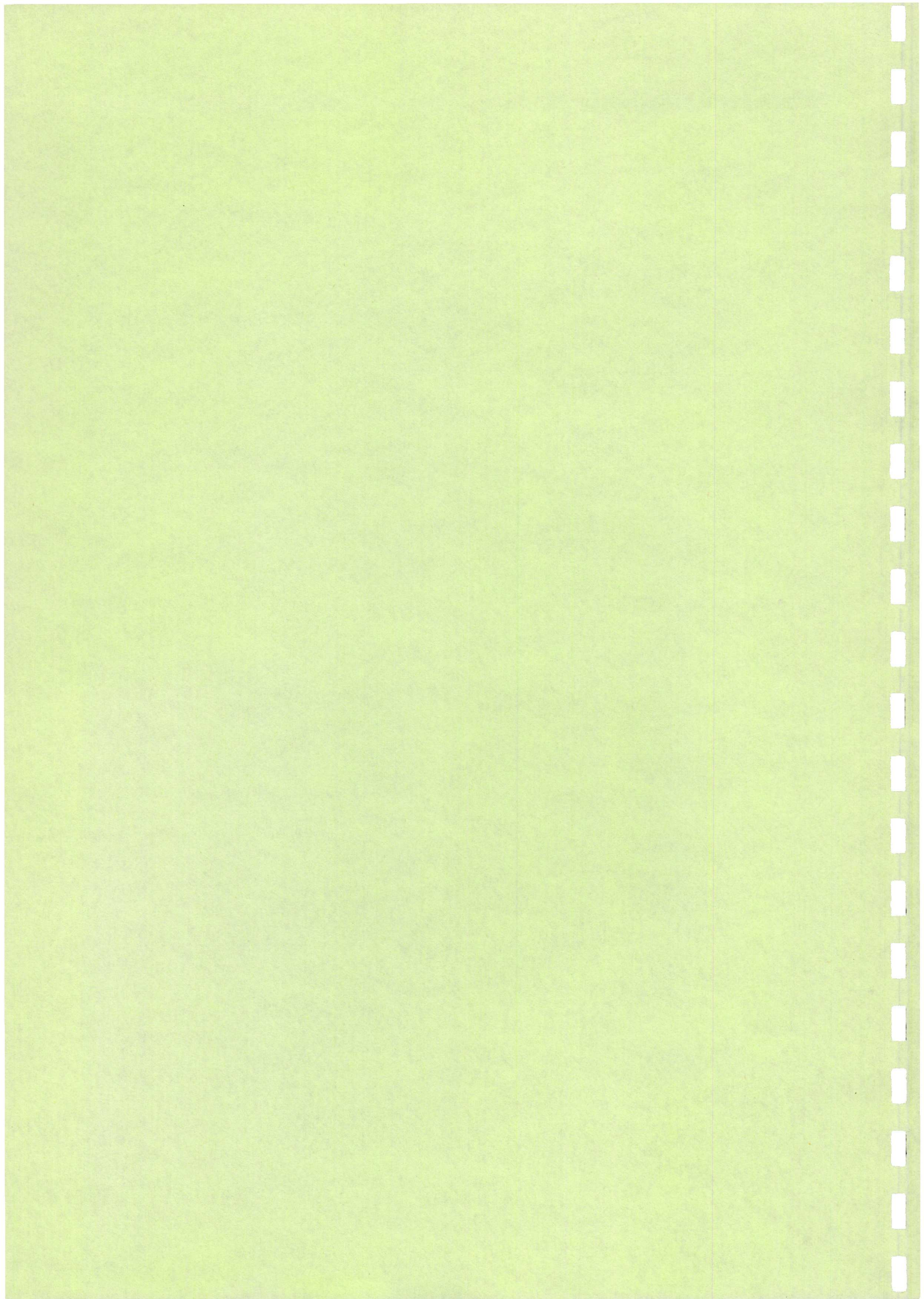
Identifying Needs and Problems Phase

Overview of Identifying Needs and Problems

This phase is central to the workplace health improvement project, because it establishes the current health status within the company and identifies areas of organisational health which need to be improved. Identifying the real company health problems in a systematic way is essential to ensure that the activities which will be designed and implemented in the company will be targeted to meet the needs of the employees and the company. The output of this phase provides the basic information on which decisions about the health improvement project will be based.

The identifying needs and problems phase can take quite a long time. To try and overcome the problems associated with activities which are spread over long periods (loss of interest etc.) two levels of needs assessment are proposed. The first level builds on the problem areas identified in the Getting Started phase and redefines them using already existing data, for example rates of absenteeism, labour turnover, accidents, injuries. This data combined with interviews with key personnel will provide an initial, high-level overview of whether health related problems exist and also an initial description of the type of health-related problems experienced by the company. The findings from this first level analysis will also provide a focus for the second level analysis which aims to examine in detail the needs and problems experienced by the employees using either specific tools like a questionnaire or group meetings. Other advantages of using two levels of analysis is that after the first level of analysis, it is possible to undertake some health actions. Ultimately the aim is to undertake action and problem solving oriented assessment.

During this phase the project team should be interested in collecting a range of information including, information on exposure to classic health and safety hazards; the psychosocial work environment; a demographic organisational profile in terms of age, gender, shiftworking, and conditions of work; an organisational health profile in terms of diseases and work-related injuries, health-related behaviours, psychological stress and job satisfaction and aspects of the organisation that should be considered when designing health improvement programmes - level of involvement, organisational and individual values, existing resources and type and magnitude of barriers

The success of this phase depends on a range of issues. Most important of these is the participation of employees in the data gathering exercise. To ensure employees participate, they need to be well briefed about the project and its activities, why it is being undertaken and how they stand to benefit from it. Open communication ensures that potential difficulties and conflicts are avoided. As well as communication, it is essential that issues like confidentiality, anonymity and security are explicitly assured for two main reasons. Firstly, it guarantees that the information gathered from the employees is reliable, and secondly because personal information from medical services or human resources records may be used, it is essential to have appropriate procedures in place.

Finally, the needs identification activities are likely to generate quite a lot of expectations within the workforce. People will be aware that something related to health is taking place in the organisation, and often rumours will be spread as to what the company's agenda in relation to the project might be. For this reason it is essential that information, feedback, communication actions and transparency of activities are considered.

Objectives

1. To gather information on health needs and problems using existing data and/or survey data
2. To analyse data related to organisational health in order to identify health-related problems and needs
3. To obtain a comprehensive organisational health profile. This profile will detail all relevant factors relating to the health of the workforce, and will serve as the basis for prioritising problems and needs.
4. To report needs to the project team and other stakeholders in a clear and simple manner.

Map and overview


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┌─────────────┐      ┌─────────────────┐      ┌──────────────────┐
│ Phase 1     │      │   Phase 2       │      │   Phase 3        │
│ Getting     │─────▶│ Identifying needs│─────▶│ Organising Solutions│
│ Started     │      │  and problems   │      │ and Planning Health│
└─────────────┘      └─────────────────┘      │   Programme      │
                                              └──────────────────┘
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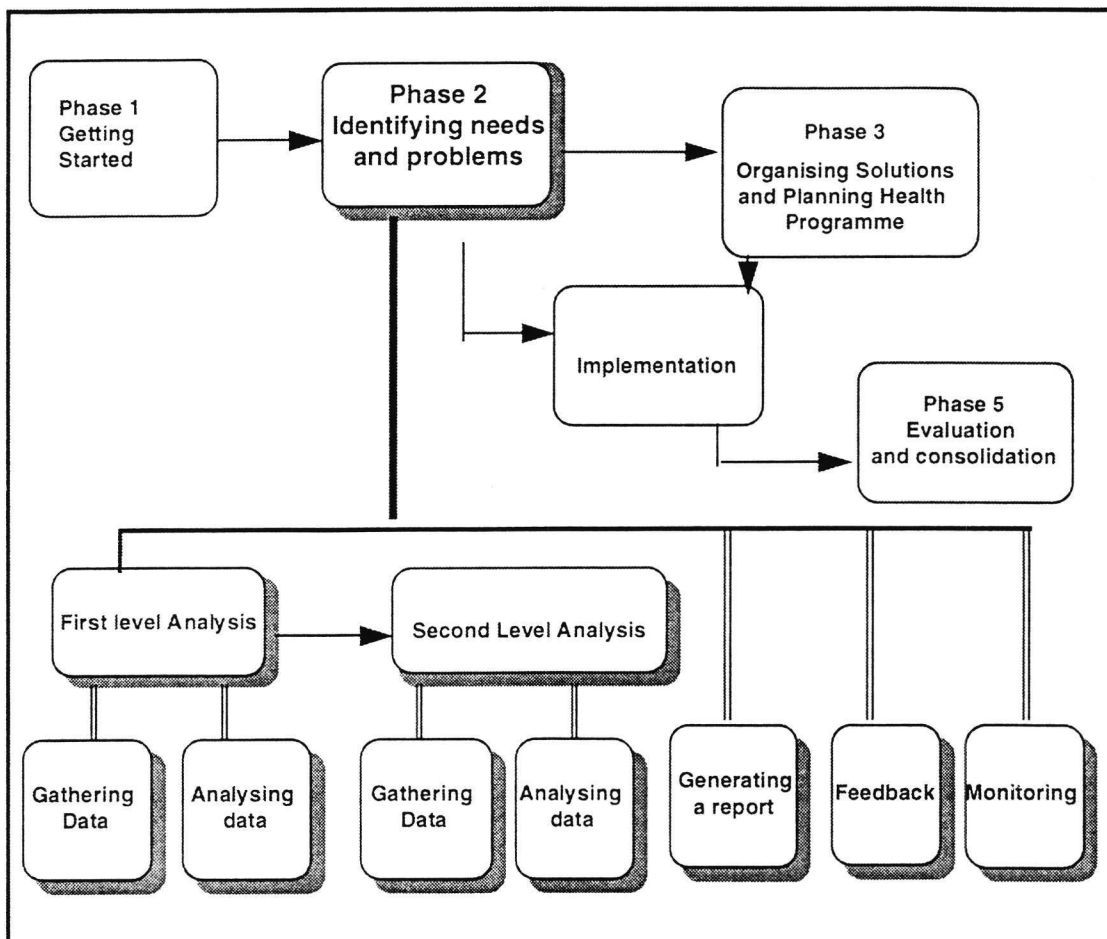
What needs to be done and how to do it

Seven main activities take place during the Identifying needs and problems phase. These are:

1. First level of analysis - Gathering data
2. First level of analysis - Analysing data
3. Second level of analysis - Gathering data
4. Second level of analysis - Analysing data
5. Generating a report
6. Feedback
7. Monitoring phase

It is not essential that the two levels of analysis are run sequentially and the project team must decide whether these activities can be partially overlapping in time.

In the case of larger organisations, there are advantages and disadvantages in relation to the sequencing of these activities. Running them sequentially can take a long time, but it also provides a sound basis for developing the second level of analysis (the reality of big enterprises is more complex). Running the activities in parallel can save time, but may hinder the development of the needs analysis instrument which is dependent on the outcomes of the first level of analysis.

In smaller organisations, where communication between departments is more direct and the quantity and complexity of data is not so high it is likely that both levels can run sequentially as less time will be needed for each level.

1. First level of Analysis - Gathering data

Aims   To obtain an initial definition of the company's health problems using the outputs of the Getting Started phase and existing organisational data.

What needs to be done This activity involves gathering existing organisational data. It is not necessary to use all existing data (it only complicates decision making), only the most significant and reliable data. It is important to realise that trying to define complex problems can result in the simple problems being overlooked. The results of the first level of analysis are: the definition of size and range of problems (defining the health problem space) and the definition of potential risk-groups.

Gathering data   Since the purpose of this phase is to develop an initial profile of the company's health problems, identifying the range of existing data sources within the company is the first step in the process. The types of data which can be useful include hard data on absenteeism, work-related injuries, labour turnover, early retirements or indicators of quality control. It is also important to gather less tangible information on politics within the company, regulations and cultural information related to health by reviewing documents relating to company policy, and to gain different perspectives on the problem or set of problems through interviews with key actors (like human resources management or health and safety management) or through group work (like feedback sessions with different stakeholders). Other data which may not be recorded but which have a significant impact on workplace health are also important and may be recorded using observational procedures (for example gathering information on physical hazards or ergonomics problems).

Data collection for this activity is supported by a range of tools. The data needs to be recorded in as standardised a way as possible with a clear definition of issues and formal recording forms so as to make data analysis as simple as possible.

Tool 11 Checklist of potential data sources - this checklist will help you to identify the sources of data which are available in your company. Not all potentially relevant data for all companies is listed and the project team have to establish what data exists and make a selection of data which is readily available and easy to interpret. The tool also provides you with some recommendations on how to record and analyse the data.

Tool 12 Demographic profile of the organisation - supports the demographic description of the organisation (emphasising age and gender) in an easy to complete format. This instrument also provides guidelines on how to use demographic data in the analysis and interpretation of organisational health.

Tool 13 Checklist of physical hazards - is a self-administered questionnaire which aims to identify the physical hazards affecting your company. In this questionnaire, employees are also asked to suggest improvements which can be made to their work conditions. It is also possible to use this tool as a recording form for observational data in situations where it is not possible to ask employees to fill in the questionnaire.

Tool 14 Interview guidelines - provides information on how to conduct interviews with management. (An example is provided with this tool). Tool 16 - Feedback sessions - discusses how to organise and run feedback sessions. These sessions are a particularly useful method of verifying needs and problems and gaining more detailed information on them. They also provide

an important means of communicating progress in the project to groups of people.

Who is involved? The project team is responsible for identifying needs and problems. They also manage the identification, collection and analysis of the data. During this data gathering exercise, the group should try to enlist the services of someone with a good knowledge of the availability and configuration of relevant existing company data. The ideal is to ask this person to be part of the project team.

Tools

Tool 11	**Checklist to identify existing data sources within the company**
Tool 12	**Demographic profile of company**
Tool 13	**Checklist of physical hazards**
Tool 14	**Interview guidelines**
Tool 15	**Feedback sessions**

Outputs The output of this activity is an identification of data sources and a collection of data relating to the principal health problems and needs in the organisation. The output from this level of analysis will form the basis for the comprehensive employee health assessment which takes place in the second level of analysis.

2.   *First level of Analysis - Data analysis*

Aims

To analyse the data gathered from existing sources in order to generate an initial list of problems and needs.

What needs to be done

Depending on the type, quality and quantity of data, appropriate data analysis procedures must be applied. In most cases, data analysis may be undertaken by the project team or by the project team under the supervision of an expert. However, in cases where working with confidential data is a significant concern, it may be necessary to consider appointing someone outside the company like an external expert, or someone trusted within the company like occupational physician to perform the data analysis.

The focus of the data analysis activity is to have a problem and action orientation. Interpretation of the data in this phase will require the data to be broken down by the major demographic factors and the conditions of work factors. For example, information on the rate of absenteeism is in itself not meaningful in terms of needs identification, however absenteeism broken down by its distribution over the different departments or workplaces can provide useful information. Support for data analysis is given in tools 11 and 12.

This initial analysis of data will provide a preliminary diagnosis of the company's health status. It will give a non-detailed health profile of the company on which it will be possible to propose a set of immediate actions. For example, a company in Germany identified that a significant element in their absenteeism statistics related to older workers who reported back pain as the cause. They immediately initiated a programme of exercise designed to improve back strength, and found that absenteeism from this cause reduced dramatically.

The company health profile will also provide guidance on the types of issues which need to be examined in more detail in the survey of employees (second level of analysis), or for interviews with employees and will help provide general guidelines to orient employees to the health improvement programme.

This first level of analysis is not intended to yield in-depth detailed, information on company health, but to clarify the issues which need to be examined in more detail. It also enables the project team to consider some preliminary actities which could be run to solve specific and simple problems which don't require further analysis (e.g. improve communications between management and employees) It is strongly recommended that some health improvement activities are implemented at this stage in order to keep people interested - remember, the second level of analysis may take some time.

Who is involved?

The project team is responsible for the analysis of the data and may engage an expert (internal or external) to assist them with this task

Tools

Tool 11   Checklist to identify existing data sources within the company
Tool 12   Demographic profile of company

Outputs

The output of this activity is a preliminary listing of the principal health problems and needs in the organisation. In addition, some preliminary health improvement activities may be identified and implemented. These actions can be used as a reference/examples for the activities to be proposed during the planning and implementation phase.

3. Second level of Analysis - Gathering data

Aims

To generate a survey instrument (e.g. questionnaire) based on the outputs of the first level of analysis which will examine the health problems and needs of the entire workforce.

To gather data on health problems and needs from employees using this instrument

What needs to be done

Assessing the real problems and needs of the entire company requires that all the people in the company are invited to take part in the exercise. To ensure that results are useful and represent the major problems in the organisation, a minimum of 50% response rate is required (response rates in excess of 50% should be achieved if the health improvement programme is to have credibility. In practice, it can be possible to approach 100% if the situation in the organisation is favourable and the process is managed properly). An economical and efficient way of asking everyone about their health related experiences is to use a questionnaire. Tool 16 - (a modular) Questionnaire - is useful for this purpose. The questionnaire asks for information on organisational health, individual and environmental health concerns. It also seeks to identify employees preferences for ways to improve their own and the company's health. This questionnaire provides a set of questions and should be modified by the project team to include issues specific to your company which were identified in the first level of analysis.

Tool 14 - Interview guidelines, and Tool 15 - Feedback sessions, are also useful in this section.

Gathering data using specific instruments:

Gathering data with a questionnaire relies on conducting three main activities - the promotion and communication of the questionnaire, the development of a questionnaire, and the administration of the questionnaire.

Promotion and communication

This first activity refers to providing employees with information about the questionnaire such as its objectives, what is expected from employees, deadlines for receipt of completed questionnaires and what the project team intend to do with the findings from the questionnaire. Experience has shown that when the project team explains and promotes the questionnaire before distributing it to employees, much higher response rates are achieved.

Example: In a project undertaken in a medium sized company located in Barcelona, the issues of participation and identification of needs were conducted with success. The project team managed to achieve a good rate of involvement within the organisation during identifying needs and problems phase. They decided, to undertake some communication activities prior to questionnaires administration including: image campaign (logo and posters) and formal communication about the health programme through the corporate news-paper. Even though the reason the programme was initiated was because of a specific demand for alcohol intervention, in the end the programme was extened to include a comprehensive set of health activities. The identifying needs and problems phase was also useful for transmitting values and morale of change. It was consistant with the idea that transmitting philosophy and methodology is better than transmitting programs.

The questionnaire will allow employees at all levels of the company to identify the conditions and issues which have a negative effect on their own and the

company's health. Since employees will be concerned about the personal nature of information they are asked to provide through a questionnaire, for example, questions concerning stress at work, drug and alcohol abuse, it is important that confidentiality and anonymity are assured. It is also important to establish at least one feedback channel, if possible, in order to gather opinions and ideas that could support the process and diminish potential barriers.

If proper and sufficient orientation is done the questionnaire will present a powerful message to employees that the company is interested in the health needs and preferences of all employees. This message, and the related actions, will create great expectations within the workforce, which should be channelled to develop momentum in the project and to encourage a climate of change during the project.

Development of a questionnaire

The project team needs to modify the questionnaire presented in Tool 16 in order to tailor it to the needs of the company. The questionnaire should be modified to include questions on the issues identified in the first level of needs analysis. (For example, if stress is a serious issue, them some more questions should be included about its causes and effects). When modifying the questionnaire attention should also be paid to deleting questions in the questionnaire which are not relevant to your company. It is very important to include the section of the questionnaire dealing with personal and workplace demography and modify it to suit your company since this data is vital for statistical purposes. It may be useful to enlist the support of an expert in the development of the questionnaire, in order to have a final format which is easy to analyse and which enables you to obtain the maximum amount of information with the minimum amount of effort.

You will also need to draft a letter to accompany the questionnaire, which states the purpose of the questionnaire, provides instructions on how to complete it, and the deadlines for returning the questionnaire. The letter is also an important place to stress the anonymity and confidentiality of information.

Administration of the questionnaire

Decisions need to be made about the administration of the questionnaire, such as methods of questionnaire distribution, length of time for employees to complete the questionnaire and how to get it back. Distribution can take place in two main ways, handing out questionnaires either in person or by placing them in employees post-boxes. Both these methods rely on using employee volunteers or project team members for distributing questionnaires. Other ways include setting up information times and giving out the questionnaire forms in central locations like cafeterias, staff lounges, etc. In order to achieve good response rates, allocate a short but reasonable time between questionnaire distribution and questionnaire return (two to three weeks should be the maximum). It will usually be necessary to issue a reminder to employees to return questionnaires (for example, posters, letters, e-mail messages). When selecting a time for distribution, avoid holiday periods and times when there are major events going on in the company. To be sure of questionnaire reliability and that the results are useful and represent major problems in the organisation, a minimum of 50 % response rate is required.

The project team needs to ensure that people who are working in different places, people who work shiftwork, or people who spend a great deal of time working outside the company (and also those who are absent, seasonal workers etc.) have the opportunity to receive and fill in the questionnaire.

Who is involved?

The project team is the main group responsible for questionnaire development and administration. It is recommended that the groups enlists the assistance of

an expert (internal or external) in the development of the questionnaire in order to ensure that the survey instrument is comprehensive, easy to use and easy to analyse. The person (or persons) able to offer this type of expertise are generally found in three main areas of the company: human resource section, occupational health section or the marketing section. An example of a good combination of expertise, might be a member of the human resource or marketing section - to work on the structure of the instrument - and an occupational health person - to work on the contents of the survey instrument.

Tools	**Tool 14 Interview guidelines** **Tool 15 Feedback sessions** **Tool 16 Questionnaire**

Outputs

A tailored questionnaire for distribution to the workforce

A plan and structure for administration of the questionnaire

Data collection from questionnaire, demographic information, documents, group work, observation and interviews, that will define size and range of problems, health problems space and potential risk-groups, and will be transformed by the project team into a list of needs and problems and a health organisational profile.

Participation and involvement in problem definition and solution from the complete workforce, thereby creating a demand for change among the workforce.

Consolidation of the project team. The first major activity that the project team will develop is the identification of needs and problems. So, the activities related of this phase are of importance, not only for its aims, but also to consolidate the team.

4.   Second level of Analysis -Analysing data

Aims   To analyse the survey data and identify the main problems and needs of   the employees.
To generate a report on the outcomes of the questionnaire analysis and report this to the key stakeholders in the company.

What needs to be done At this stage, a definition of methods to analyse data, and forms to summarise and reproduce data in terms of problems are generated. In addition, the analysis itself has to be conducted.

Data analysis   Most of the data obtained throughout the entire needs analysis phase should be integrated during this activity. In particular, the information obtained from the questionnaire should be focused upon here, and an analysis should be undertaken which allows for a deeper analysis of the health problems which may exist in the enterprise. The analysis which is done here will be more detailed than the one undertaken during the first cycle of analysis of health problems.

The information obtained through the questionnaire will vary according to the type of question which has been asked. These will include open-ended questions where the answer is given in free-text format (e.g. where the respondent is asked to specify what actions can be taken to improve their health), where the answer is a number (e.g. how many times did you visit the doctor in the past year), and where the answer is a number which indicates a choice between several alternative answers (e.g. rating scales on health status, which of the following statements best describes your drinking habits).

Where open-ended questions are used, these yield qualitative data, which is best used to identify major health issues and potential solutions to them. The information collected by these types of questions tends to be more action-oriented and also has high face validity, i.e. because it is written in the respondents own words it has the virtue of being very close to the opinions of the respondent and the workforce. When analysing open-ended data you should be aware that it is possible that different people may interpret the same data in different ways and also that different groups may refer to the same issue in different ways.

The best type of analysis for this type of data involves two stages - grouping similar responses together (often called content analysis) and then applying low level statistics such as percentages to the data.

The numerical data which is collected can be analysed in a much more powerful way. Not only can it easily be described in terms of means (averages), standard deviations (the spread of the data) and classified according to different factors (e.g. age, gender, departments in the company), but a comprehensive set of statistical analysis procedures can also be applied which will not only describe how different factors in the data are related (e.g. are alcohol consumption and smoking related, what are the profiles of the most at risk groups), but can also start to examine causal relationships between the factors (e.g. is workplace stress related to smoking and alcohol consumption and to physical and mental well-being).

However, this kind of statistical analysis (usually called inferential analysis) is too complex to undertake for people who have not been trained appropriately. In any event, it is generally not needed for health programming purposes, but

may be useful for gaining a deeper insight into the factors influencing health within the workforce.

Tool 17 - Analysis guidelines - provides some guidelines on the kinds of analysis which might be most suitable.

Finally, the process of analysing data, while requiring some expertise, should be guided by the project team, and not left to the expert. In particular, it is essential that the project team pose a set of questions which are to be answered by the person undertaking the analysis. Examples of typical questions include:

✓ What are the most important health problems in the workforce ?
✓ What are the most important environmental problems in the workplace ?
✓ Which groups within the workforce report the poorest health ?
✓ What are the most important actions which could be taken to improve health ?
✓ What factors seem to influence health the most ?

Questions such as these (and also more detailed ones) should be presented to the person undertaking the analysis of the data so that the process of identifying the most important problems can be driven by the project team as representatives of workforce.

A final issue which should be addressed in undertaking the analysis concerns confidentiality. While it goes without saying that information security procedures should be maintained, confidentiality can be breached when reporting on the data. This can arise if the groups identified in the analysis are too small. For example, a report which states that a group of five people in a specific department have reported particularly poor health enables the identification of individual workers. As a rule of thumb, it is desirable that no analysis should be performed on groups of less than twenty people.

Who is involved? The Project Team are responsible for undertaking the analysis of the data. However, depending on the nature of the analysis to be undertaken, this may be done with the assistance of an expert (internal or external to the company). This will probably be needed in the case of more complex analyses, but for less complex ones, the requisite computer, analytic and presentational skills can probably be found within the company, in such areas as marketing, sales of accountancy.

Tools **Tool 17   Analysis guidelines**

Outputs A set of analyses describing the sample in terms of it demography, conditions of work and health issues
A set of analyses describing health issues broken down by demographic and workplace factors
A set of analyses describing the associations between health factors and workplace and personal demographic factors (optional)

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5.   *Generating a report*

Aim   To provide all stakeholders with an overview of the findings of the data
                               analysis

What needs to be done Once the data analysis is complete, the findings should be written up and
                               reported. The report should be written in a simple and easy to follow way and
                               should provide feedback to all of the stakeholders - the workforce,
                               management and the project team. The aim of the report is to provide a
                               summary of the data, and to outline the problems and needs of the workforce
                               in order to develop and organise focused solutions.

                               The following is an example of the structure of a report will help project team
                               to write up the report. Also, information is given on the methods used to
                               analyse needs and the issues proposed for orienting the next phases of the
                               health improvement programme.

Example of report: 1. *Background to the project*

                               2. *Organisational description - the working environment, organisational
                                  structures and workforce health*

                               3. *Data, tools and process of needs assessment description*

                               4. *List of identified problems and needs*

                               5. *Possible advice on solving the problems and general issues to be
                                  considered*

                               6. *Conclusions and suggestions for solutions organisation, planning,
                                  implementation and evaluation*

Who is involved?   The Project Team are responsible for this activity. Help may be called upon
                               from departments or individuals within the company which are skilled at
                               presentation of data.

Tools   No specific tool is recommended for this activity, however, the information
                               gathered in the previous activities of both this phase and the last phase, as well
                               as the example above provides guidance as to what the content of the report
                               should be.

Outputs   A report on the survey results

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6.   Feedback

Aim

To provide feedback to employees and management on the findings of the identifying needs and problems phase and to inform them of the future phases and activities of the health improvement project

What needs to be done

Depending on the characteristics and size of the organisation, there are different ways of providing feedback to employees on the results of the identification of needs and problems phase. In general, oral communication is better as it provides an opportunity to give feedback and to prepare employees for the next phase at the same time. Too 16 - Feedback sessions - provides you with guidelines on how to organise and run feedback sessions. As well as giving information, oral feedback sessions can be used to verify the problems identified in the analysis and to collect employees' suggestions about possible activities. Finally, feedback sessions help to build commitment among, all of the stakeholders, to future activities in the health improvement programme.

Who is involved?

The Project Team and maybe some key stakeholders. Use may also be made of departments within the company which have responsibility for and experience of communications within the company.

Tools

Tool 15   Feedback sessions

Outputs

No tangible outputs. Feedback in this phase servest to inform employees and management of the needs and problems identified, verify these are the problems encountered by employees and inform them about what is involved in the next phase of the project.

7. Monitoring the phase

Aim
To assess how well the phase was run

What needs to be done
Monitoring allows you to establish what progress is being made in the phase being run and allows you to modify or introduce new procedures when and where difficulties are encountered. Monitoring can be undertaken during and or after the phase. Tool 18 - Monitoring - Identifying needs and problems phase - provides a list of questions which are useful in monitoring the activities of this phase. Findings from the monitoring phase can also be used to demonstrate to key personnel how well the programme is working and what the initial impression of the project is amongst those who participate.

Who is involved?
The project team, management and any other personnel involved in the phase.

Tools
Tool 18   **Monitoring - Identifying needs and problems phase**

Outputs
Report on how well the phase was run
Identification and verification of needs and problems
Proposals on ways to overcome these problems.

Barriers, pitfalls and solutions

Confidentiality

Much of the data to be collected already exists in the organisation (for example, data on absenteeism...), and the rest needs to be obtained through interviews with key personnel and a survey of employees. As far as is possible, employees subject to occupational hazards must define the problems and devise solutions themselves. It can be assumed that they are going to provide what might be perceived as sensitive information, and that they are going to develop expectations about the programme. That is why confidentiality and feedback need to be guaranteed. To ensure participation in identifying needs and problems, employees must have the confidence that their anonymity will be respected and protected.

Involvement/ Identification with the programme

Promoting high levels of participation guarantees key elements for a successful project, such as a high response rate to the questionnaire, or acquiring more detailed and accurate information. High levels of participation allow employees to identify with the problem definition, as well as the opportunity to define their own health goals.

Selection of data

Experience shows that it is not useful to collect all the existing information in the company which may be related to health. Large volumes of data can result in a loss of perspective on the problem and result in a waste of time. Those responsible within the project team should be able to select the most relevant data necessary to elaborate the health diagnosis of the organisation. Concentrate on the most reliable and accurate information available.

Communication

Good communication is important in all phases and especially so during the identifying needs and problems phase as it can help to ensure and maintain high levels of involvement, can offer participants continuous feedback on the programme and also to allow them the possibility to give new suggestions and opinions about the programme. In this phase communication is vital since the employees are the key source of the information you require. During this phase it is common for high expectations and a level of distrust to appear, these should be addressed to assure transparency in the development of activities and aims of the programme by providing information through existing communication channels within the organisation and, when needed, new channels should be created. Communication contributes to the creation of momentum and the necessity for change which is essential when collecting sensitive information.

Complexity and expertise

To successfully achieve the aims of identifying needs and problems phase it is not necessary to develop a complex diagnosis of the problems and needs, but to review the organisation in terms of critical points for employees health (including physical, psychological and social aspects), and to select the most relevant data. Complexity and the use of expertise can sometimes be a barrier to success.

Flexibility

Flexibility is one of the main principles which should be followed in this phase and both the tools and activities of this phase will benefit from a flexible approach. Such an approach will help to match the tools and activities to the organisational reality and to the needs of project team and the employees.

Checklist of activities and outputs

During this phase the following activities and outputs should be achieved. You can place a 'tick' in the appropriate box when they have been completed. It is not intended to imply here that all of these activities and outputs should necessarily be produced - however, there should be good reasons for not having done so, and alternatives to these specific outputs will almost certainly be needed for the project to proceed.

Activity	Completed	Output	Produced
First level of analysis			
1) Gathering data		✓ Set of data sources	
2) Data analysis		✓ Preliminary analysis of problems ✓ Preliminary health improvement actions	
Second level of analysis			
3) Gathering data		✓ A tailored questionnaire ✓ Plan and structures for questionnaire administration ✓ Data collected via the questionnaire ✓ Participation and involvement of the workforce ✓ Consolidation of the project team	
4) Data analysis		✓ Description of the sample ✓ Health issues broken down by demographic and workplace factors ✓ Analysis of the relationship between workplace, demographic and health issues	
5) Generating a report		✓ Report on the survey results	
6) Feedback		✓ Report on how well phase was run ✓ Identification and verification of needs ✓ Proposals to overcome needs and problems	
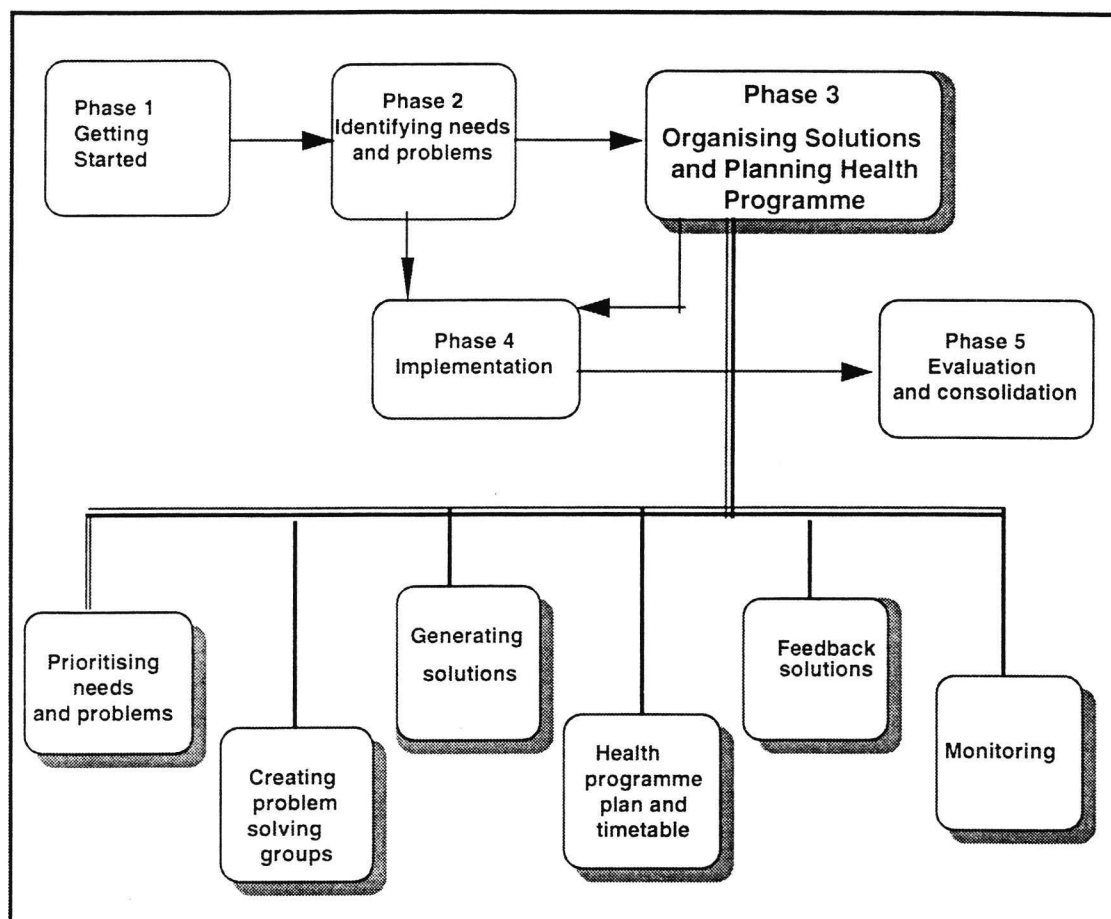
Organising Solutions and Planning
Health Programme Phase

Map

What needs to be done and how to do it

There are five principle activities which take place during the Organising Solutions and Planning phase. These activities generate, define and prioritise a set of solutions to meet the needs and problems identified in the last phase and are as follows:

1. Reviewing and prioritising needs and problems
2. Organising and creating problem solving groups
3. Generating and prioritising solutions
4. Draw up health programme plan and timetable
5. Feedback solutions
6. Monitoring phase

It is recommended that these activities are followed consecutively. The duration of this phase can be quite short and the number of problem solving sessions run is determined by the number of problems and their complexity.

1.   Reviewing and prioritising needs and problems

Aim   To agree on the prioritisation of those needs and problems for which solutions need to be generated

What needs to be done   The project team will review the list of needs and problems generated in the previous phase to ensure that the group members understand all the problems. They will then undertake a redefinition of the problems in order to prioritise problems based on criteria proposed in Tool 19 - Checklist to create criteria to prioritise problems.   The criteria assesses problems based on frequency, severity, feasibility and effectiveness.   (The tool also provides the user with guidelines to help understand these concepts).   When problems have been analysed using this criteria, the project team will draw up a list of problems in order of priority and decide which of these problems or sets of problems require problem solving sessions.

Not all problems require problem solving sessions to identify suitable solutions.   For example, in a company where one of the main problems identified is a desire to stop smoking the solution is straight forward - all you need to do is identify companies who provide "Stop Smoking " programmes. However, if one of the main problems identified is relating to possible illnesses contracted due to contact with some toxic substance - the problem will usually require a problem solving session.

In some cases the project team may require additional information on problems, access to documentation or the support of an expert.

Who is involved?   Project team members

Tools   **Tool 19   Checklist to create criteria to prioritise problems.**

Outputs   A list of problems for which solutions need to be generated

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2.   *Organising problem solving sessions*

Aim

To organise groups who will use problem solving techniques to generate solutions for the set of problems identified as requiring solutions

What needs to be done

The project team will develop and implement the procedure for developing solutions. A decision needs to be made as to who should participate in the problem solving sessions. Project team members should make up the problem solving group where they have appropriate experience to offer potential solutions to the problem. For problems outside the scope of the project team members, groups which include employees experienced in the problem area will need to be created to generate solutions. If necessary, the project team may decide to call upon an expert to assist in some sessions to provide more information and to support the solutions generation. At least one project team member should be involved in all groups with members from outside of the project team.

A pre-requisite for participation in a problem solving group is that the people selected have an interest in defining solutions to the problem and also in promoting health issues in the workplace. To optimise the performance of problem solving groups it is important to present them with the objectives of the exercise, what is expected of them, what procedures will be employed in the sessions etc. Tool 20 - Management of problem solving groups - describes two specific group techniques that are recommended to stimulate creativity (brainstorming), discussion and prioritisation of solutions (this will be covered in more detail in the next activity) in the group sessions; the tool also describes a set of personal barriers which may influence creativity.

Who is involved?

The project team and where necessary employees with particular expertise in certain problem areas or external experts. One project team member should be appointed to take responsibility for the management of the group session which involves organising sessions, preparing documentation and appointing one member of the project team to run each group. This person may require special training in group management techniques from an expert qualified in this area (there may be a suitable person in human resources or marketing department)

Tools

Tool 20   Management of problem solving groups

Outputs

The creation of a number of groups to develop solutions for those problems which require problem solving techniques to generate solutions

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3. *Generating potential solutions and prioritising them*

Aim   To generate solutions for those problems identified as needing solutions and to prioritise the solutions

What needs to be done The groups created to generate solutions for specific problems will be given a time and place to meet and a time frame within which to develop solutions to a problem(s). When the group meets they need to be briefed on the problem and any information available relating to the problem. They will use creative methods like brainstorming techniques to generate solutions. The aim of this technique is to develop a range of creative solutions to the problems even if some solutions may seem inappropriate. Solutions which are appropriate will be selected at a later stage.

Where circumstances permit, it is useful to encourage group members to discuss the problem with employees prior to the session because this enables group members to consider ideas other than their own and ones which will generally be very practical, realistic and targeted to employees needs. In some cases it may be appropriate to bring experts or employees into the group to discuss particular aspects related to solution generation.

The process of organising solutions involves two main activities, analysis and creativity. (see figure 1)
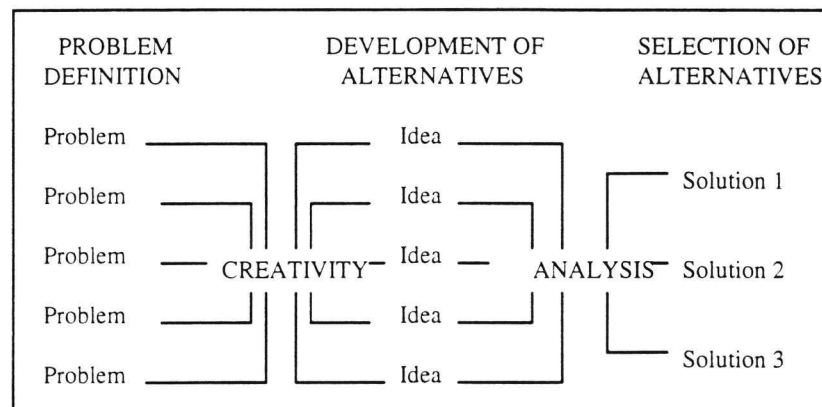
Figure 1

Problem solving group participants, will be asked to discuss and propose as many solutions as they can. It may be necessary to provide special support to problem solving groups (more information, experts collaboration, etc.) depending on the difficulty of the problem. A record should be kept of all solutions proposed and when participants have no further suggestions the group should engage in the discussion and selection of appropriate and feasible solutions for each problem. Tool 21 - Checklist to support potential solutions generation and discussion - is useful when participants are ready to discuss solutions prior to prioritisation.

When one solution per problem has been selected the project team needs to gather together the complete set of solutions (those which did not require a problem-solving session as well as those generated during the problem solving session) and generate a complete list of solutions which need to be prioritised and developed into activities in the next phase of the project - planning and implementation. Tool 22 - List of potential solutions for common problems (low-cost and no-cost solutions) - identifies a range of simple easy to

implement solutions which may be introduced prior to or during the problem solving sessions to demonstrate that some action is being undertaken based on the findings of the data from the last phase.

When considering solutions, it is a useful exercise to examine existing health activities and how well they work. Assessing existing activities both within your own company and also in other companies (through discussions with representatives from other companies which have run similar programmes) will enable you to judge the potential feasibility of the solutions and/or to identify new ones.

Prioritisation of solutions

Tool 23 - Selection of criteria for solutions prioritisation lists the following three criteria for use in the prioritistaion activity:
1. What kind of impact (large or small) does this solution have on the problem?
2. Is this solution available in practice or not?
3. What organisational consequences may be experienced using this solution?

Other suitable and appropriate criteria which could assist in the prioritisation activity may become apparent during solution generation. It is important that if they do, the group manager records them and asks participants to define them clearly and to consider them when prioritising solutions. Criteria such as resources may influence the selection of final list of solutions.

It is useful to check whether the solutions proposed are compatible with the health improvement methodology and whether they meet the aims of the health improvement project. When the list of solutions has been generated Tool 24 - Checklist of solutions requirements - can be used to assess whether the solution meets these aims.

Example

> *Employees working in two companies in the building industry identified a number of problems which were caused by poor ergonomics. In order to reduce the number of problems experienced, a pilot project was started up by the two companies using problem solving group techniques. The group participants consisted of four employees and six external experts. There were five major problems to be solved and each problem was introduced to the group using either video or slides. Each participant was asked to propose two solutions for each problem. In total 50 solutions were proposed and when all the solutions were suggested each one was discussed using the three prioritisation criteria: impact, availability and organizational consequences. The company decided to try out some of these solutions and selected 9 for implementation. These solutions were effective in reducing both the physiological and musculosceletal problems experienced by the employees.*

Who is involved?

Project team members and other employees, experts where and when required.

Tools

Tool 21	Checklist to support potential solutions generation and discussion
Tool 22	List of potential solutions for common problems (low-cost and no-cost solutions)
Tool 23	Selection of criteria for solutions prioritisation
Tool 24	Checklist of solutions requirements

Outputs

A prioritised set of solutions, related to specific problems.

4. Drawing up a health programme plan and timetable

Aim To develop a health programme plan and a timetable which details when prioritised solutions / activities will take place

What needs to be done A plan needs to be drawn up to provide detailed information on those solutions/activities which have been selected for implementation within the company. The plan should outline the objectives of each activity, the costs involved, the resources required (e.g. time) and potential difficulties. Tool 25 - Programme plan - provides a template which may be used to draw up the programme plan.

When identifying resources for activities, you should look for national and local agencies which deliver specialist health programmes to companies (e.g. Cancer organisation may deliver a "stop smoking" programme). Another way to find out about already existing resources is to talk to other companies which have experience of implementing health improvement projects and ask them to recommend people they have used. Tool 26 - Checklist of Programme delivery agencies - provides a template to help generate a list of potential suppliers of programmes.

As well as preparing the programme plan you will need to schedule when each activity will take place. Tool 27 - Timetable of activities - provides an outline for drawing up a timetable. All the activities identified should be timetabled in order to ensure that each activity will be carried out at some time during the course of the health improvement project.

While planning and scheduling activities in this way may seem very rigid, it is necessary to follow this procedure in order to provide a structure for the implementation of activities, however it is recommended that a flexible approach is adopted to the running of activities where things can be changed as regularly as necessary.

Identifying barriers It is useful to undertake a SWOT-analysis of the activities that are to be implemented. In this analysis you will engage in outlining the strengths, weaknesses, opportunities and threats of each of the planned activities. Undertaking such an analysis will provide you with information which will help you to anticipate problems for each activity and enable you work out strategies for dealing with these before you implement the activity.

Communicating the programme plan It is important that all parties - those engaged in making decisions about the running of activities and also those participating in the activities - are provided with information about the activities. The programme plan and timetable are good instruments which can be used to inform key personnel in the company as to what is involved in undertaking various activities (for example, they can be used to make presentations to senior management). These instruments also provide information needed by all levels of management to make decisions about when employees would be available to participate in activities (i.e. during working time, lunch time, their own time, etc.).

To ensure that communication about activities is as effective as possible - identify the existing channels of communication used in the organisation and assess whether these are effective for communicating the health improvement activities. Tool 7 - Communication strategies - is useful to assess the types of communication strategies which may be used.

Who is involved?	The project team is responsible for planning and scheduling the activities of the health improvement project and for seeking support and resources from management to run the activities.
Tools	**Tool 7** **Communication strategies** **Tool 25** **Programme plan** **Tool 26** **Checklist of Programme delivery agencies** **Tool 27** **Timetable of activities**
Outputs	An integrated Workplace Health Improvement Programme plan, based on needs identified and data collected A list of potential programme delivery agencies A timetable of activities to be implemented

5. Feedback of solutions

Aim

To feedback solutions to employees to assess the value they place on the proposed activity

What needs to be done

It is important to inform the workforce of the solutions proposed. The form of feedback used depends on the size of the organisation. If the organisation is not very big or is made up of units/sections which are easy to access then oral feedback is recommended as it enables you to get a direct and immediate reaction from employees. For large or dispersed organisations, other means of communication should be considered (Tool 7 - Communication strategies) will help you select appropriate communication channels for your organisation. Tool 16 - Feedback sessions- provides you with guidelines on how to run feedback sessions.

Providing feedback on solutions to employees enables you to assess potential barriers, acceptability of proposed solutions and to gather alternative solutions (if any). Feedback also offers you the opportunity to gauge employees interest in the activities and to encourage employees to participate in the health activities when they are implemented.

Who is involved?

Project team, management and workforce.

Tools

Tool 7   Communication strategies
Tool 16   Feedback sessions

Outputs

No tangible outputs. Employee support and approval for health activities proposed for implementation.

6.   *Monitoring the phase*

Aims   To assess how well the phase was run

What needs to be done Monitoring allows you to establish what progress is being made in the phase
being run and allows you to modify or introduce new procedures when and
where difficulties are encountered. Monitoring can be undertaken during and
or after the phase. Tool 28 - Monitoring - Organising solutions and planning
health programme phase - provides a list of questions which are useful in
monitoring the activities of this phase. Findings from the monitoring phase
can also be used to demonstrate to key personnel how well the programme is
working and what the initial impression of the project is amongst those who
participate.

Who is involved?   The project team, management and any other personnel involved in the phase.

Tools   **Tool 28   Monitoring - Organising solutions and planning health
                                        programme phase**

Outputs   Report on how well the phase was run
Identification of problems which arose and why
Proposals on ways to overcome these problems.

Barriers, pitfalls and solutions

Display problems

The main input of the organising solutions phase is the list of needs and problems identified in the last phase. To ensure that the solutions generated will meet the needs and problems of the company and the employees it is necessary for the project team to be sure that the data collected is reliable, verify that the problems identified are realistic for the organisation and that they are sufficiently well defined. Furthermore, it is essential that the needs and problems identified are understood by the participants in problem solving sessions otherwise they will not be able to generate appropriate solutions. The group manager is responsible for collecting and providing all necessary information at the start of each group session.

Creativity

The main task for problem solving groups is the analysis of problems and the generation of solutions. In order to generate creative solutions, it is essential that group participants feel free to put forward any ideas and opinions they may have in an unrestricted way. The ideal way to encourage creativity is to create a hetrogeneous group which includes people with different perspectives (with different experiences, abilities, skills and attitudes) on the problem. This is usually achieved by selecting participants who represent different areas and levels of the organisation in the formation of the problem solving group. It may also be achieved by including other participants outside the project team in the problem solving sessions. For problem solving groups to work, it is imporant that group members have an interest in the problem.

Feasibility of solutions

It will not be feasible to implement all the proposed solutions. To ensure solutions are realistic and feasible it is important to assess the solutions in terms of the resources required, the time factor involved and other criteria. This feasibility assessment will be conducted during the next phase. In many cases the simple, obvious solutions are ones which achieve optimal results (for example Low-cost / no-cost solutions).

Examples of low-cost no- cost activities

Rearranging office space, lighting,
Correcting misperceptions through accurate information
Getting employees involved in all aspects of planning and implementation
For more details of types of Low-cost/ no-cost solutions see Tool 22.

Planning

A long period of time between the needs assessment and the implementation phases can have harmful consequences for support of the project. Good communication about what is involved and why this takes so long can help to keep participants interested. Another way to overcome this difficulty is to implement simple readily available solutions (low-cost no-cost solutions) while discussions on the more complex solutions, which will be implemented at a later stage, are taking place.

Flexibility of group sessions and techniques

Group techniques proposed for use in this phase are very effective and if correctly applied they will yield good results. It is important that the techniques are seen as tools which may be applied in a flexible way depending on who is participanting, the characteristics of the manager and type of problem which is being solved. The focus when using the group technique is on achieving results rather than on the rigourous application of the technique.

Checklist of activities and outputs

During this phase the following activities and outputs should be achieved. You can place a 'tick' in the appropriate box when they have been completed. It is not intended to imply here that all of these activities and outputs should necessarily be produced - however, there should be good reasons for not having done so, and alternatives to these specific outputs will almost certainly be needed for the project to proceed.

Activity	Completed	Output	Produced
1) Reviewing and prioritising needs and problems		✓ A list of prioritised problems	
2) Organise problem solving sessions		✓ Establish problem solving groups(s)	
3) Generate potential solutions and prioritise them		✓ Generate solutions to meet needs ✓ Prioritise solutions	
4) Draw up a health programme plan and timetable		✓ Health programme plan ✓ Timetable of activities	
5) Feedback solutions		✓ No tangible outputs. This activity aims to inform employees of activities and gain their support and approval for health activities	
6) Monitoring		✓ Report on how well phase was run ✓ Identification of problems ✓ Proposals to overcome problems	
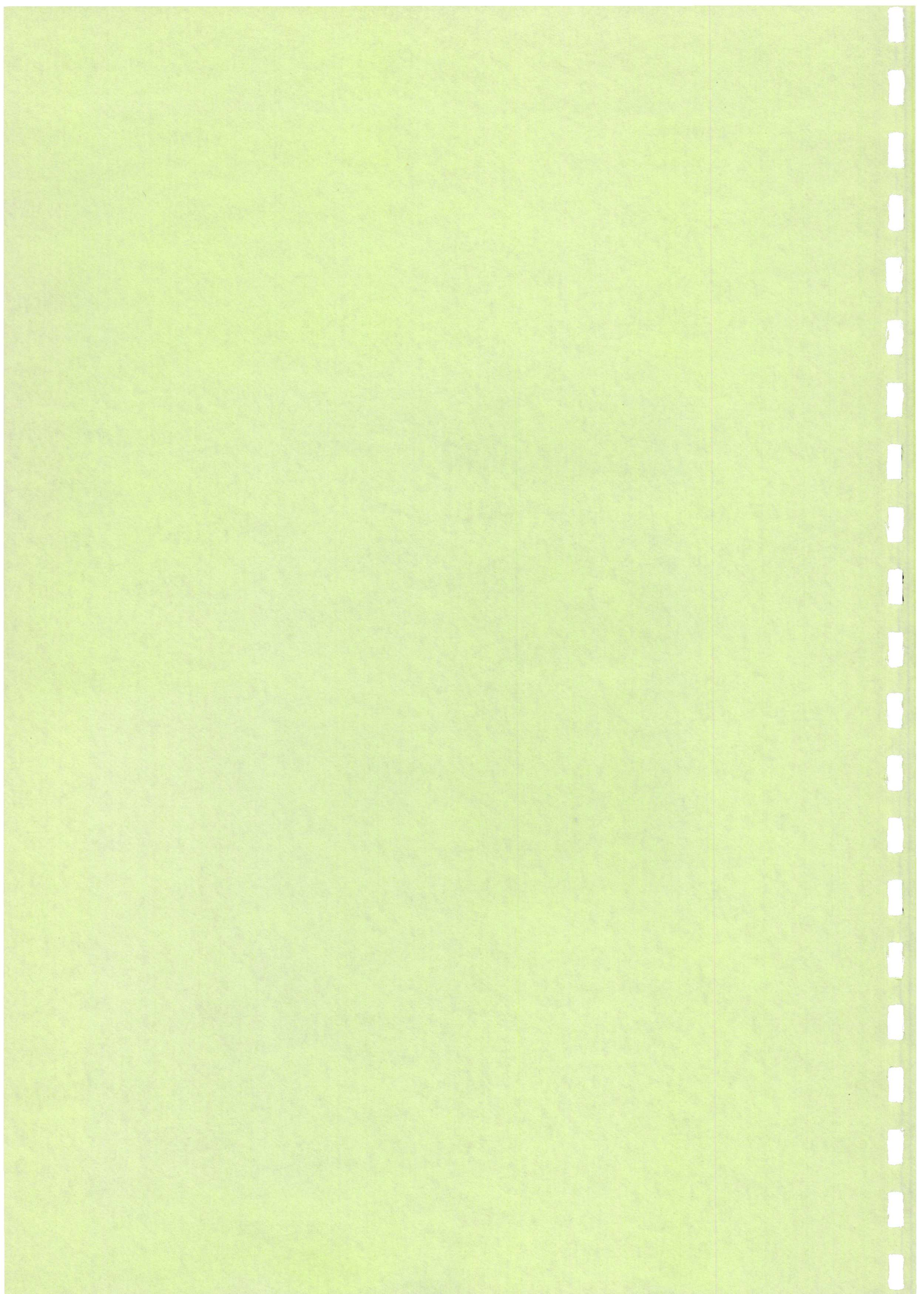
Implementation Phase

Overview of Implementation Phase

This phase deals with the issues relating to the implementation of health activities in the workplace. Using the working health programme plan developed in the last phase, the project team needs to determine which activities it will be possible to finance during the first year and can begin to develop the implementation programme. Before an activity can be implemented the project team has to assess what resources, facilities and personnel are needed to implement the activity. It must be clear what the aims are, how to meet these aims, who is going to do what, when and how. When considering the implementation of each activity it is important to consider how to cope with resistance to activities and how to encourage employees to participate. Finally, when the implementation programme for each activity has been completed, the project team are ready to implement the activities.

To ensure that implementation runs as smoothly as possible it is important to make employees aware of which activities have been selected to be run, when they will be run and the procedures they need to follow to participate in the activity.

It is important to monitor and evaluate the activities when they are being run. Monitoring takes place at periodic intervals during an activity and offers the opportunity to adjust the programme to incorporate any changes due to unexpected events or delays. Evaluation takes place at the end of the activity and is used to assess whether the activity fulfilled its aims.

Objectives

1. To develop an implementation programme for each activity

2. To implement activities

3. To monitor and evaluate activities

Map
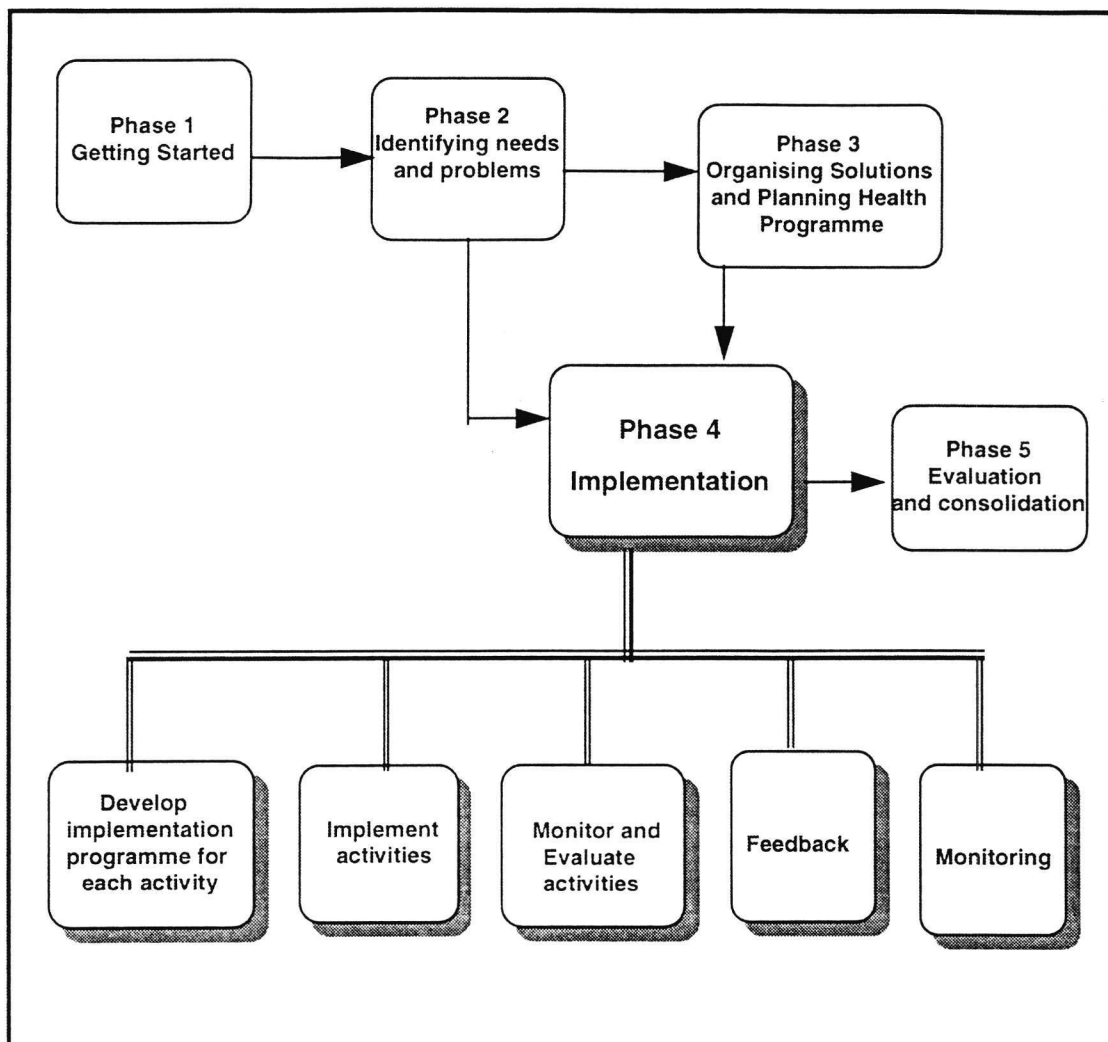
What needs to be done and how to do it

There are five principle activities which take place during planning and implementation phase. It is recommended that these activities are conducted consecutively.

1. Develop implementation programme for each activity
2. Implement activities
3. Monitor and evaluate activities
4. Feedback
5. Monitor phase

1. Develop implementation programme for each activity

Aim
To identify and assign the necessary resources, facilities and personnel to the prioritised activities.

What needs to be done
Each of the activities to be implemented should be listed and the resources, i.e. the aids, materials, personnel, facilities necessary to run each activity should be detailed. Additional information such as when and where the activity will take place, who will pay for the activity etc. should also be considered. Tool 29 - Outline of an Activity Plan - will enable you to map resources to activities.

Activities may be provided in-house by qualified personnel, or by expert personnel outside the company. There are often advantages in using in-house personnel because they are familiar with the organisational culture and climate within the organisation and also they can relate to the problems experienced by the workforce more easily than someone outside the company.

Often off-the-shelf resources (i.e. videos, workbooks etc.) exist which may be used for running an activity whereas in other cases it may be necessary to develop resources and or training programmes specially for the activity. When using off-the-shelf resources always check that they are suitable for the group you wish to use them with.

Before implementing the activity, you should assess whether the activity is well designed and easy to follow or not and also decide who will provide the activity. Tool 30 - Selection criteria for activities - provides you with guidelines on how to do this.

Example
> *One of the workplace health improvement project activities planned for a hospital was a fitness programme. The project team decided to hire external agents to implement this activity. They gathered a list of suitable fitness programme providers using the yellow pages and requested additional information on their activities from them. The criteria in Tool 30 were used to select the best providers and a selected number of providers were asked to tender to run the activity.*

Who is involved?
The project team with the assistance of any in-house personnel who may have experience of providing or obtaining training programmes e.g. human resource department, training department, occupational health department. External experts where necessary

Tools
Tool 29 **Outline of an Activity Plan**
Tool 30 **Section criteria for activities**

Outputs
Allocate resources to activities
Ensure implementation programme is well designed and easy to follow

---

2. Introducing and implementing the activities

Aim

To implement each activity according to the schedule.
To communicate to the workforce what activities have been selected for the first year, for example, and how they may become involved in them.

What needs to be done

Before implementing any of the activities of the health improvement programme it is important to ensure that all products; aids, materials, programme facilities and whatever is needed to run the activity is available in sufficient quantities and ready to use. To check this, tool 29 - Activity plan - can be used. Prior to the implementation of an activity a meeting should be organised for all those involved in the running of the activity to make sure that everything is organised.

For some activities or improvements it can be useful to pre-test them in practice, before introducing them on a larger scale in the organisation. Tool 31 - Pre-test checklist - is useful to determine if the programme is meeting its objectives and that the method of providing the activity works properly. Conducting a pre-test activity is also a useful way to gather employees reactions to the activity.

Communicating activities to the workforce

Prior to running an activity you will need to inform the workforce of when the activity will be run, the duration of the activity, the cost (if any) and determine the number of employees interested in participating in the activity. Tool 7 - Communication strategies - is a useful method for selecting how to communicate up and coming activities to employees.

Using incentives

Incentives are a useful way to encourage and maintain effective employee involvement during the implementation of activities. Incentives such as providing Tee-shirts, rebates on course fees, or cash payments can encourage people to enrol in an activity or programme which will bring about a change in work organisation or a change in lifestyle.

Examples of incentives

> - *Corporate policies and practices which offer to pay the costs of the programme*
> - *Personal or team recognition; post the results each week to encourag teams to try harder*
> - *Team competitions; reward winning teams with money pledged in a pool*
> - *Awards, prizes and gifts*
> - *Health care and employee benefits*

Who is involved?

In-house personnel from training, human resource department or occupational health department may have the necessary expertise to run the activity. If not it may be necessary to bring in some external expertise to deliver the activity (e.g. physiotherapist, dietician)

Example

> *In an office health improvement programme, employees had to adjust their furniture and VDUs to conform to certain guidelines. To ensure that they did this and to make sure the 'new' situation was maintained one of the employees was trained (by an ergonomist) in handling questions about these guidelines and was made responsible for implementing and maintaining the changes.*

Tools	**Tool 7**	**Communication strategies**
	Tool 29	**Activity plan**
	Tool 31	**Pre-test checklist**

Outputs   Inform employees of the various activities and when they will happen
                   Implement activities

3.   *Monitoring and evaluation of activities*

Aim

To monitor activities and to adjust aspects of the activities if necessary
To evaluate if the activity meets the objective it set out to meet.

What needs to be done

Monitoring enables you to establish what progress is being made on the activity being run and to modify or introduce new activities where difficulties arise. Many problems are easily corrected if they are identified but can cause harm if ignored. Evaluation allows you to assess whether the objectives of the activity are met or not.

Monitoring

It is important to make sure that procedures are in place to check that activities are running as planned. It is recommended that a periodic review of the progress of the activity should be undertaken. Doing this will help you to alter plans that might be affected by unexpected events or delays. Monitoring how well the activity is working can provide tangible evidence of the progress of the activity and is also a useful way to provide encouragement and reward to participants and evidence of success to the company. Tool 32 - Monitoring health activities - can be used to assess the progress of the activity.

Evaluation

An evaluation of each activity should be undertaken at the end of each activity in order to assess whether the objectives of the activity were met (the needs and problems of the as identified by the employees). The type of evaluation conducted depends on the activity being run. It is possible to use quantitative or qualitative data for the evaluation assessment. For example, to measure improvement of a weight control programme, you could use weight lost over a set period of time. To measure smoking behaviour you could ask employees at the end of the programme or use a questionnaire to find out whether they had reduced or stopped smoking. Tool 33 - Questions to help evaluate activities - provides an idea of the types of questions which may be used in an evaluation.

Example

> *To reduce the physical load carried by scaffolders the solution was to introduce a set of mechanical aids which included: forklift machines, a trolley and different sized wheelbarrows. When carrying out an evaluation on this activity the project team assessed whether these aids had been acquired by the company, how may of each were available, whether or not the employees used them and did they reduce the physical load.*

Who is involved?

Project team, person(s) involved in delivering activities, activity participants and if necessary experts - internal (occupational health practitioner, personnel manager) or external.

Tools

Tool 32   **Monitoring health activities**
Tool 33   **Questions to help evaluate activities**

Outputs

Assessment of whether the activity worked as planned - monitoring report for each activity
Assessment of whether the activity met objectives - evaluation report for each activity

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4.   Feedback

Aim

To provide feedback to employees and management on the activities run during this phase

What needs to be done

It is important to inform employees an management of the activities which were run and the success and problems encountered when running activities. A lot of useful information can be gained during feedback sessions on what needs to be done to improve activities. Feedback also allows you to gauge the employees interest in the activities and to encourage them to participate in future activities.

The types of communication strategies used to give feedback depends on the size of the company.

Who is involved?

The project team, person(s) involved in delivering activities, participants and experts (if involved).

Tools

Tool 16   Feedback sessions

Outputs

No tangible outputs

5. Monitoring the phase

Aim To assess how well the phase was run

What needs to be done Monitoring allows you to establish what progress is being made in the phase being run and allows you to modify or introduce new procedures when and where difficulties are encountered. Monitoring can be undertaken during and or after the phase. Tool 34 - Monitoring - Implementation phase - provides a list of questions which are useful in monitoring the activities of this phase. Findings from the monitoring phase can also be used to demonstrate to key personnel how well the programme is working and what the initial impression of the project is amongst those who participate.

Who is involved? The project team, management and any other personnel involved in the phase.

Tools **Tool 34 Monitoring - Implementation phase**

Outputs Report on how well the phase was run
Identification of problems which arose and why
Proposals on ways to overcome these problems

Barriers, pitfalls and solutions

Involvement/
participation

Often involvement and participation are difficult to realise in practice. This is not only a problem experienced with middle-management, but also with employees. Quite often work pressure is mentioned as an excuse not to participate. If you have problems with participation it is important to identify what the barriers are.

Technical preparation

It is very important to have good technical preparation prior to the implementation of activities. This can be achieved by making sure all equipment functions well, written materials are available, rooms are available and things like extra food for participants is available in the restaurant on programme days if necessary. Very often the best plans fail due to poor technical preparation. If an activity goes wrong at the beginning it can take a lot of time before this activity and maybe other activities will get the support they need and achieve their objectives. Also, a lot of credibility can be lost due to poor preparation.

Communication

Communication about planned activities is important for a number of reasons. In many cases communication prior to running the activity prepares the participants for the changes introduced by the activities and increases the effect of the changes. Also the way communication regarding activities is handled is very important. Often management have a clear view of the purpose of running the activity but fail to pass this on clearly to employees in lower levels of the organisation. Sometimes this can lead to a refusal to participate in activities or a notion that management has some ulterior motive for running activities. Always remember that employees and management have many formal and informal channels of communication at work and stories and rumours can circulate very quickly.

Change process

Introducing changes into an organisation is often difficult. There are a number of strategies which can help the change process proceed more smoothly. For example, clear, well defined targets which are shared with employees can motivate change. Similarly, involving employees in planning and selecting activities can make them more receptive to change. It is also usually much better to introduce one change at a time. Finally, remember it is very difficult to introduce activities into troubled organisation (i.e. those experiencing industrial unrest, poor morale etc.)

Pay special attention
to middle management

Often all employees, top management and key personnel are involved in activities taking place and middle management may be forgotten. This can cause problems during the implementation phase because middle management play an important role in the organisation and they may also be responsible for releasing employees to participate in activities. Also, in some cases management show the most resistance to changes due to much insecurity about their position in relation to the project.

Checklist of activities and outputs

During this phase the following activities and outputs should be achieved. You can place a 'tick' in the appropriate box when they have been completed. It is not intended to imply here that all of these activities and outputs should necessarily be produced - however, there should be good reasons for not having done so, and alternatives to these specific outputs will almost certainly be needed for the project to proceed.

Activity	Completed	Output	Produced
1) Develop implementation programme for each activity		✓ Allocate resources to activities ✓ Ensure implementation programme is well designed	
2) Introduce and implement activities		✓ Inform employees of the various activities and when they will happen ✓ Implement activities	
3) Monitoring and evaluation of activities		✓ Assessment of whether activity worked as planned ✓ Assessment of whether activity met objectives	
4) Feedback		✓ No tangible outputs The aim of this phase is to inform employees and management about progress of activities which were run and to identify and propose solutions to any problems encountered	
5) Monitoring		✓ Report on how well phase was run ✓ Identification of problems ✓ Proposals to overcome problems	
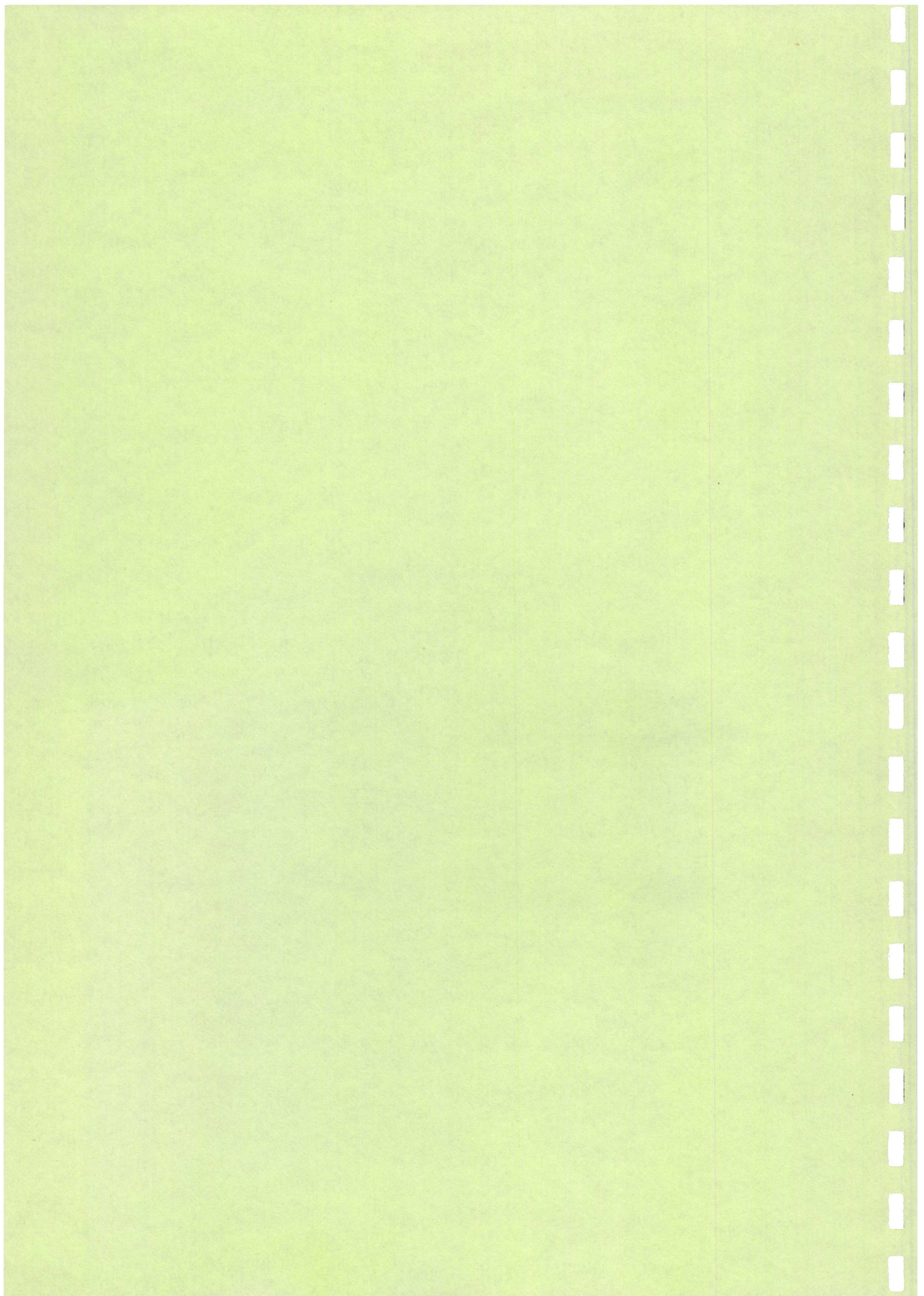
Evaluation and Consolidation phase

Overview of Evaluation and Consolidation phase

The central activities undertaken during this phase - evaluation and monitoring of the health improvement project methodology - provide the basis for reviewing the total value of the project and for making recommendations for changes in the future use of the methodology.

Evaluating a workplace health improvement programme can be a complex exercise. In general, so many different activities are run during these programmes that it is impossible to get clear picture of how each action contributed to changes in health improvement. It is however, possible to say something about the overall effects of the programme and it is important that at minimum a basic evaluation is carried out to find out what effects the health improvement project had on the company. If resources permit (may require expert assistance), additional analyses which provide more in-depth information should be undertaken.

Evaluation of the health improvement project is important to determine whether the project fulfilled its aims or not. Undertaking an evaluation of the methodology enables you to assess the costs and benefits of the project in terms of both hard (reduced absenteeism, reduction in number of accidents, increased productivity) and soft measures (improved employee morale). Both qualitative (interviews, discussions) and quantitative (statistics) data are useful in this analysis. The evaluation results forms the basis for revising future use of the methodology.

In this phase the emphasis is on the total evaluation which is partly based on data collected in earlier phases. For example:
- The general objectives formulated in the getting started phase
- The objectives of the prioritised activities and solutions

Monitoring each phase of the methodology allows the user to judge how well the activities in that phase worked and based on these findings recommendations for new or adapted activities can be made for the next pass through the methodology. Data for the monitoring activity should be collected at the end of each phase and a tool is provided in each phase to this gather information.

Findings from the evaluation exercise are useful for providing feedback to employees, management and other interested stakeholders, on the success and difficulties encountered in the project. Communicating the results to these groups helps maintain their interest and support in the project as well as gathering their opinions on how the project activities may be improved during the next period of the project.

Objectives

The aims of this phase of the process are:

1. To see if the objectives of the programme (general and specific) are met
2. To assess the effectiveness of the programme, activities, costs and benefits
3. To see if the process has worked (what happened between the input and output)
4. To provide feedback to employees, management and project team
5. To gather information to inform future activities

Map
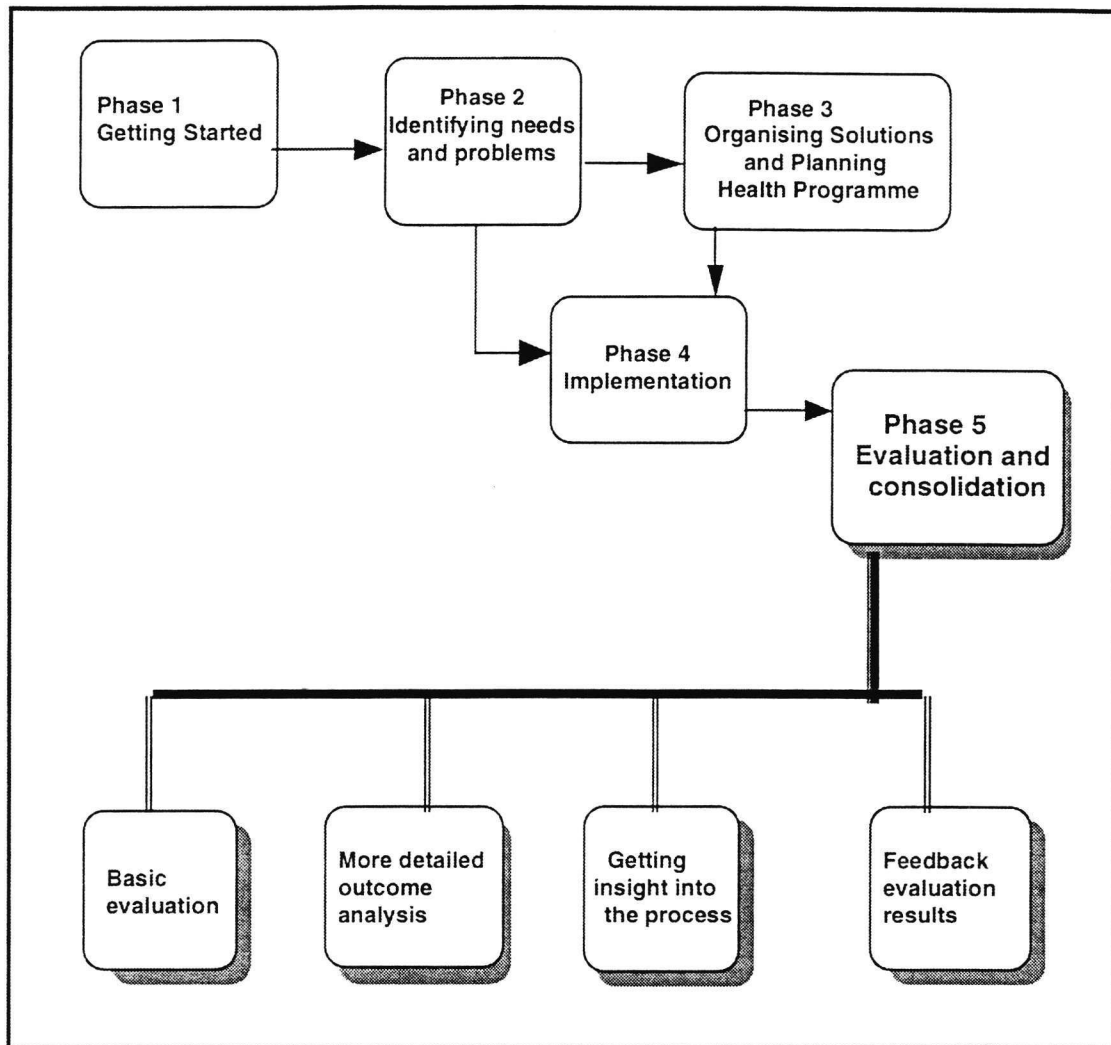
What needs to be done and how to do it

There are four principal activities during this phase. It is not always possible or feasible to carryout a full-scale evaluation. However, it is very important that even a basic evaluation is carried out so that some judgement can be made on the value of the health improvement project as a whole.

1. Basic evaluation

2. More detailed outcome analysis

3. Getting insight into the process

4. Feedback of evaluation results

1. A basic evaluation

Aim	To monitor the progress of the health programme plan and adjust the plan accordingly To assess whether the objectives of the health programme are met or not
What needs to be done	To ensure that the health programme is running according to plan and that it is meeting the objectives which it set out to meet you should conduct and evaluation of the programme and also monitor the progress of the activities as planned.
Monitoring	To make sure that the health programme is running as planned it is necessary to assess the progress which has been made in the implementation of activities against the timetable of activities at periodic intervals (perhaps every 3 to 6 months). It is important to put in place procedures for carrying out monitoring activities. Findings from the monitoring activity will help you to alter the programme if it has been affected by unexpected events or delays. Findings from the monitoring activity can also be used to demonstrate to key personnel how well the programme is working, how many people are participating and what their initial impressions of activities are.
Evaluation	An evaluation of the health programme should be undertaken annually to assess whether the objectives of the programme are being met or not.
Make a list/overview of objectives	In order to carry out an evaluation it is important to put together all the objectives/targets which were formulated during the programme, these include • The general objectives identified in the Getting Started Phase • The objectives formulated during the prioritisation of problems and needs in phase 3 When you have a complete list of these objectives you need to decide what type of evaluation is most suitable for measuring each objective (quantitative or qualitative).
Example	*During the getting started phase one of the objectives of the health improvement project was to reduce absenteeism. You can use quantitative analysis (looking at statistics) to evaluate whether this has been achieved or not at the end of the first year of the programme.* *Another objective was to improve morale within the company. You can use qualitative analysis (talking to workers) to see if this objective was achieved or not.*
Gathering data	Various methods may be used to gather data for the evaluation and monitoring exercise. The method used depends on the type of data you wish to gather. Tool 35 - Monitoring and evaluating the project - provides an outline of various methods which may be used in monitoring and evaluation. One method is simply to ask the people involved in the programme plan development (usually the project team) what they think about the progress of the programme and the activities which have been carried out to date.
Qualitative analysis	Tool 36 - Qualitative questions - provides an outline of the type of questions which could be asked. This is just to get an idea if the programme has worked. It is also important to map unintentional and (un)desirable side-effects of the activities. This can be asked in the same interviews.
Quantitative analysis	Several methods of quantitative analysis are possible. A pre- and post-test comparison is one of the more academic ways of measuring improvements in health. A post-test questionnaire can be developed for completion by

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employees and the results of this compared to the results of the pre-test questionnaire which was completed in the identification of needs and problems phase. The post-test questionnaire should ask the same questions as the pre-test questionnaire, however, in the situation where questions are irrelevant leave them out of the post-test questionnaire.

Example

> *In a Dutch hospital the same questionnaire which was used in the needs assessments phase was used at the end of the project to assess whether or not there were any changes in the problems reported by employees in the work environment. It seems (three years later) that there are significantly fewer complaints on issues such as the content of work, emotional workload and appreciation of work colleagues. However, there were more complaints about the pace of work.*

Another method of quantitative analysis is comparing outcomes with objectives. Using this approach you look back at the objectives which were formulated in the getting started phase and the prioritisation of needs and problems and assess if there is a measurable difference since the implementation of the programme. This can be very simple: for example if the objective was to reduce absenteeism from 8% to 6%, by checking recent absenteeism data and comparing it with the rate of absenteeism at the beginning of the project you will be able to ascertain if there has been a measurable change or not. However if you wish to understand exactly what caused this reduction of absenteeism, then the problem is more complex and may require expert assistance.

Who is involved?

The project team, the participants in the programme, instructors, experts if involved

Tools

Tool 35   Monitoring and Evaluating the project
Tool 36   Qualitative questions

Outputs

Information on how well the project worked
Information on whether objectives were met or not
Information on outcomes of the project

2. More detailed Outcome Analyses

Aim   To measure the total value of the health improvement project

What needs to be done   Measuring the total value of the health improvement project involves assessing the effects or outcomes of the health improvement project against measurable indices.

Absenteeism and   This may be done by comparing percentages on these indices at the start of the
turnover analysis   programme with those at the time of evaluation. Another way of measuring whether or not there have been any measurable changes in these indices is to compare the rate on each of these indices for a group who participated in the programme with a similar group who didn't participate in the programme. Tool 37 - Monitoring and interpreting absenteeism data - provides guidelines and examples for analysing absenteeism data.

Productivity and   An evaluation method which is more meaningful to management and on
return on investments   which further financing of the health improvement project is likely to depend,
(costs-benefits)   is the return on investment or cost-benefit analysis. In this analysis outcomes like productivity changes can be measured and compared with the investments that were made in the health improvement project. It should be noted that cost-benefit analysis is not a simple task for a number of reasons, firstly, any number of factors may influence changes in productivity, secondly, not all costs or benefits are tangible so they are difficult to measure.

Examples of questions
for cost-benefit analysis

• *What were the once off investment costs for implementing improvements? e.g. the purchase of equipment, cost of reorganisation*
• *What was the increase in running costs associated with the implementation of activities? e.g. raw materials, maintenance, electricity*
• *What is the decrease in running costs? e.g. due to increases in productivity?*
• *What is the value of subsidies/grants from the state for implementing improvements?*
• *What are the costs/value of the unintended effects of the health improvement project?*

Tool 38 - Examples of questions to evaluate health improvement project - provides a list of questions which can be used by the project team to assess the what impact the health improvement project had.

Who is involved?   The project team with the assistance of internal or external expertise if required

Tools   Tool 37   **Monitoring and interpreting absenteeism data**
                        Tool 38   **Examples of questions to evaluate health improvement project**

Outputs   Information on measurable outcomes of the project (e.g. absenteeism)
                        Information on return on investment

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3. *Getting insight into the process*

Aim To assess how well each phase of the methodology worked

What needs to be done This activity consists of gathering together all the monitoring information which was collected at the end of each phase. The aim of this activity is to assess how well each phase of the methodology worked, what difficulties were encountered during the phase and how these were overcome. A tool is provided at the end of each phase (Tools 10, 18, 28 and 34 - Monitoring each of these phases) in this methodology and should be completed after all the activities of that phase have been carried out.

This process evaluation will provide you with the information necessary to adapt existing or develop new activities in order to improve each phase of the methodology.

Who is involved? The project team is responsible for undertaking this evaluation

Tools

Tool 10 **Monitoring - Getting started phase**
Tool 18 **Monitoring - Identifying needs and problems phase**
Tool 28 **Monitoring - Organising solutions and planning health programme phase**
Tool 34 **Monitoring - Implementation phase**

Outputs Information on which to base revisions to phases which will improve effectiveness of methodology

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4. Feedback of evaluation results

Aims To provide information and feedback on the complete health improvement project to all employees and managers
To gather information on the health improvement project and propose new activities for the next period of the project (the next year)

What needs to be done It is not always necessary to write up a report on the evaluation results, but it is important to feedback the outcomes of the evaluation (even on a small scale) to all those involved in the health improvement project - employees and management.

Providing feedback This can be done in several different ways. For example you could feedback results by making a presentation to the entire company, through meetings targeted at different sections/units/offices, or by other means for example through articles in the company newsletter, posters on billboards etc. Providing regular feedback of the progress/results of the health improvement activities to employees and management maintains employees interest in participating in the various health improvement activities and encourages management to support activities. The form of communication used depends on the group you wish to target and the information you wish to impart. Tool 7 - Communication strategies - provides examples of the different forms of communication which may be used.

Getting feedback Getting information from employees, management and project team about whether or not their needs have been fulfilled and what activities could be undertaken to further improve the workplace and the health of employees is very important. Employees opinions on the success and possible improvements for the health improvement project can be gained from feedback sessions. Tool 15 - Feedback sessions. The opinions of management and key personnel may be obtained using interview techniques and the opinion of the project team may be gained through discussion amongst team members (see Tool 14 - Interview guidelines).

The information gathered during these sessions should be recorded and when future programme plans are being reviewed these comments should be considered.

It is important that the health improvement project is treated as an on-going activity in the organisation. Once all the activities proposed have been implemented (over whatever period e.g. 4 years) the company should undertake another cycle through the methodology.

Example

> *Feedback of hospital health improvement project*
> *The report containing the evaluation results were discussed in each department with all employees and management. After that, a 'theme-afternoon' was organised, in which the director of the hospital made a presentation about the project. There were also several stands set up to supply information on the various activities run during the health improvement project. A prize was given to the department with most the successful health improvement outcomes. There was also a presentation made by the project team on the success of the programme. Finally, all those present felt they had made some meaningful contribution and were treated to a buffet supper.*

Who is involved?	The project team, management, health activity participants
Tools	Tool 7 Communication strategies
	Tool 14 Interview guidelines
	Tool 15 Feedback sessions
Outputs	Recommendations for follow-up
	Proposed new activities, derived from the evaluation
	Consolidation of health promotion activities in the organisation for the future
	In addition, employees and management are aware of the effectiveness of the health improvement project which will help to create a climate of support for future activities.

Barriers, pitfalls and solutions

Resources

Often companies do not allocate enough resources to the evaluation phase of programmes and projects. It is important to use people with the necessary expertise to conduct reliable evaluations. The type of evaluation needed depends on the organisational requirements and the programme being evaluated. It is not always necessary to conduct in-depth evaluations and in most cases even basic evaluations provide a lot of useful information. Adequate resources (time, money and personnel) should be allocated to this very important phase of the project when assigning the budget for the project.

Difficulties gathering data

A number of difficulties may be encountered when trying to gather evaluation data. One of the most significant of these is often a negative perception by management regarding the value of evaluation. If management do not support the evaluation phase it will be very difficult to conduct. Another major problem sometimes encountered is a lack of interest in the evaluation by the workforce. Communicating the purpose of the evaluation to employees encourages them to participate in the evaluation and can also dispel any fears or suspicions about what results of the evaluation will be used for.

Evaluation objectives

To get reliable data from an evaluation study, the purpose of the evaluation must be clear. Evaluation objectives should be defined when workplace health activities are planed to ensure that relevant data is collected. It is very difficult to assess the success or failure of a programme in the absence of well defined objectives.

Data collection and timing

It is important to collect a variety of data and to ensure that the views and perspectives of different and interest groups are included in data collection. Try to focus on data which is most likely to illustrate the effects of the programme. In some cases the data to be collected may be about sensitive and or disturbing ethical issues. These issues should be identified prior to data collection and handled carefully. The timing of data collection is crucial for measuring effectiveness. Evaluation exercises should be carefully timed. Enough time should have elapsed to be able to measure the impact of the programme yet if too much time elapses between programme implementation and evaluation data collection may be difficult as participants may have lost interest. In the case of organisational change it may take years before the full impact is revealed
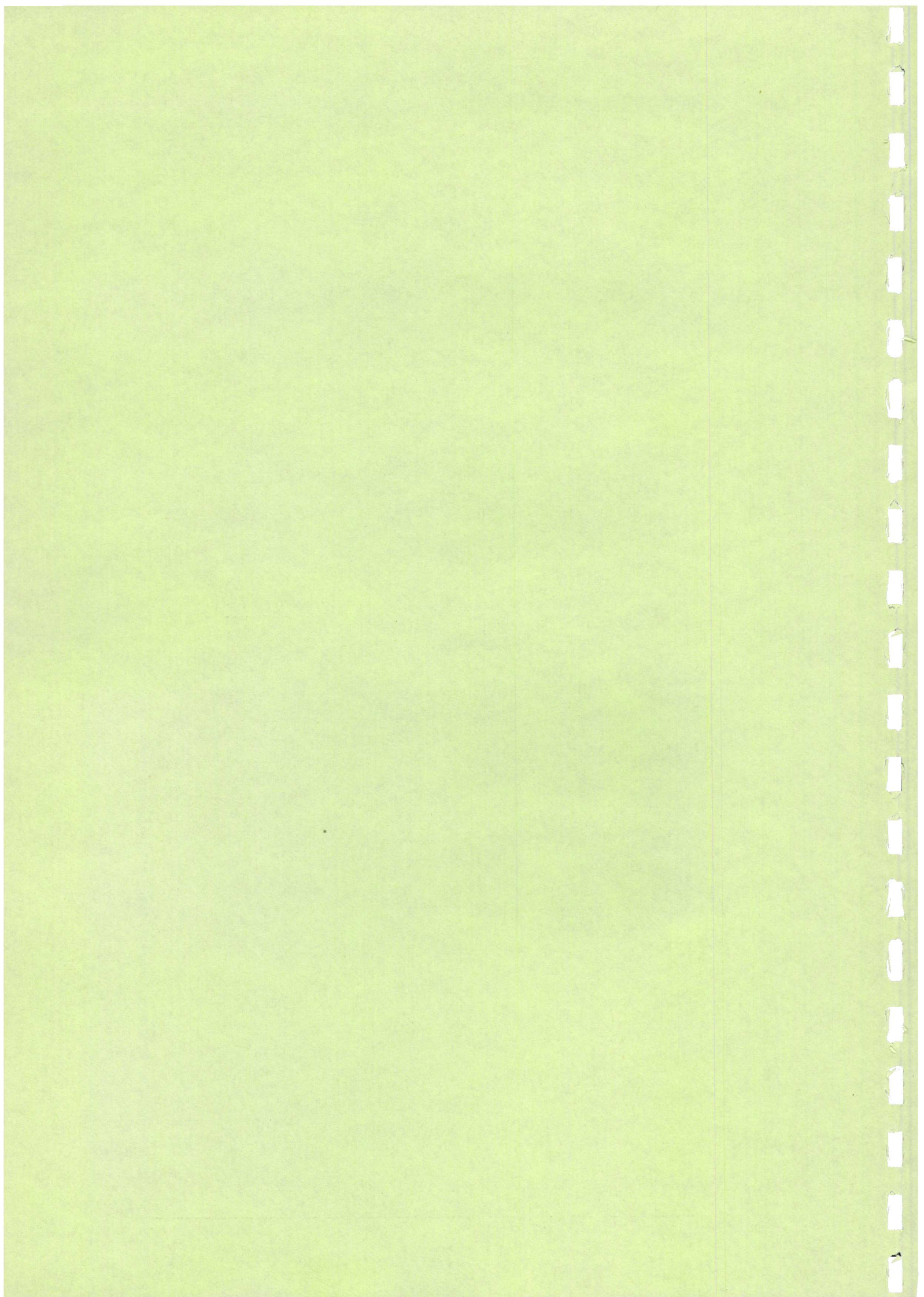
Checklist of activities and outputs

During this phase the following activities and outputs should be achieved. You can place a 'tick' in the appropriate box when they have been completed. It is not intended to imply here that all of these activities and outputs should necessarily be produced - however, there should be good reasons for not having done so, and alternatives to these specific outputs will almost certainly be needed for the project to proceed.

Activity	Completed	Output	Produced
1) A basic evaluation		✓ Information on how well the project worked ✓ Information on whether the objectives of the project were met ✓ Information on outcomes	
2) More detailed outcome analysis		✓ Information on measured outcomes of project ✓ Information on return on investment	
3) Getting insight into the process		✓ Information on which to base revision to phases ✓ Identify communication channels ✓ Establish reporting relationships	
4) Feedback of evaluation results		✓ Recommendations for follow up ✓ Proposed new activities ✓ Consolidation of health improvement activities in the organisation in the future	

Glossary of terms

Barrier
Any action which makes the achievement of an aim or goal difficult or impossible to accomplish. Barriers should be anticipated and identified by the project team members prior to undertaking an activity in order put into place a strategies to counter them.

Communication
Providing information and feedback on the progress of the project to all participants involved in the health improvement process, using the existing communication channels within the company where possible

Company health profile
A short description of the organisation in terms of the health needs, preferences and attitudes of employee groups identified through the assessment of needs and problems.

Confidentiality
The guarantee that all information provided will be treated with privacy and that the information provided will not be disclosed to anyone outside the project team. Confidentiality is essential throughout the duration of the health improvement project and especially during the identifying needs and problems phase.

Criteria
A standard by which something may be judged. Within the health improvement project criteria are used in the tools as a framework on which to base decisions regarding the health improvement project and its activities.

Evaluation
The process of conducing an assessment to see if the objectives of the health improvement project were met

Feedback
The process of eliciting, providing and validating information on the phases or activities which have been completed with participants in the health improvement project. The use of feedback sessions helps to ensure the viability of the project and helps to promote participation amongst the participants

Hard data
Data which is systematically and continuously recorded in a physical format. Hard data usually refers to quantitative data like absenteeism rates and productivity rates for example.

Health activity /programme
An activity or process which improves the health of the individual or which improves the circumstances within the company that affect the health of the individual.

Health
A feeling of wellbeing in physical, psychological and social terms

Health improvement
Any action which can be taken to improve and individuals health

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Health programme plan	A detailed document describing all the activities which have been selected for implementation within the company and which schedules when these activities will take place
Implementation	The process and procedures involved in the execution of the planned activities
Involvement /participation	Refers to the action of taking part in the health improvement project. Involvement / participation provides employees and others involved in the health improvement process with the opportunity to influence the process and the content of the project. It is a central aspect of the health improvement methodology and should be promoted and encouraged by management and the project team.
Marketing	Promoting or "selling" the health improvement project to the management and other stakeholders in the organisation
Monitoring	The process of examining whether an activity or a phase is running as planned.
Identifying Needs Problems	A process or tool designed to gather data on the health needs and preferences of employees. This data is used to determine the content of health activities
Prioritisation	This refers to the procedure involved in determining the order of priority of activities or actions. Decisions on prioritisation are usually made with reference to some pre-determined criteria
Problem solving group	A group which is responsible for generating solutions to the problems identified using creative techniques.
Project team	A group of people who are working together to achieve the common goal of assessing health needs and problems and developing and implementing health activities to improve health within the organisation.
Risk group	Refers to a group within the organisation which is subject to an specific health risk.
Soft data	Describes data which does not usually exist in a recorded format. It refers to qualitative data such as organisational climate, job satisfaction etc.
Stakeholders	Any people who have a stake or interest in the process or outcomes of the health improvement project (e.g. management, workers, trade union representatives, health and safety personnel etc.).
Tools	A set of instruments (such as checklists, questionnaires, etc.) which support the activities of the health improvement project.

Tools and Techniques to support Promoting Health Activity at Work Manual

Table of Contents

TOOLS

Getting Started Phase

Tool 1. Stakeholder Summary checklist

This tool consists of a method for identifying who should be involved in the health improvement project and why they should be involved. You should also use the tool to assess the appropriate level of involvement of each stakeholder.

Definition: A stakeholder is a person or group of people who have an interest in the health improvement project.

Stakeholder summary checklist

1. What groups need to be involved in the project ? For example,

   - Top level management
   - Middle and line management
   - Human resource management
   - Health and safety representatives
   - Occupational health staff
   - Staff representatives
   - Trade union representatives
   - External consultants
   - External health agencies
   - Staff members/Employees
   - Others

2. Why do these people or groups need to be involved, what is the nature of their interest ? For example:

   - They stand to benefit from the project (how)
   - They will pay for the health improvement project
   - They are antagonistic to the project
   - They have responsibilities in the area
   - They have the power to influence the progress of the project
   - Other reasons

3. At what stages of the project should these stakeholders be involved ?

4. At what level should these stakeholders be involved ?

Tool 2. Promoting Health Improvement to Management and Employee Representatives

This tool provides a list of health improvement messages which are useful for communicating the benefits of health improvement to both management and employees. Employees have different values and expectations than management and hence there are two sets of messages - one for management and one for union and employees representatives.

Health improvement pitch for top management

√ Financial cost to employers of poor health amongst employees constitutes loss of profitability
√ In England the CBI estimates that direct cost of sickness absence is £13 Billion
√ Under health and safety directive (1989) organisations have responsibility to employees to provide work and work conditions conducive to good health
√ People in work spend up to 60% of their time in the workplace so they are a captive audience for health messages
√ Promoting good health can reduce absenteeism, premature death, early retirement, costs associated with accidents
√ The workplace offers access to groups who may otherwise be difficult to reach through other settings (e.g. young men)
√ Workplaces can act as a vehicle to transmit health messages to wider community e.g. family
√ Healthy workplaces and healthy employees boost employee productivity and organisational efficiency
√ Physical and psychosocial work environments can influence employee health as much as lifestyle

Health improvement messages for union and employee representatives

√ Traditionally health was seen as the absence of sickness, but today the term has a broader meaning - health is seen as a resource for every day living. Being healthy means having the ability to cope and adapt to constant change. Health refers to our physical condition and also to our state of mental and social well-being.
√ Being healthy is important to enable you to achieve the goal of wellness at work and improve the quality of your working and living
√ Health improvement is the process of enabling employees to increase control over and to improve their health
√ Becoming involved in a health improvement process gives you the opportunity to specify the health-related issues important to you
√ Working people spend up to one third of their waking time at work
√ Your physical environment - air, noise, lighting, quality of workspace, machinery and equipment and your social environment - relations with people at home, design of work (including hours and responsibilities), relations with supervisors and co-workers, can directly or indirectly affect your health
√ Workplace health improvement programmes benefit employer and employee. After all, if we are healthier, we feel better and can be more successful at work.
√ Healthy employees are less prone to accidents, are sick less often and are better able to manage stress.
√ Examples of workplace health improvement programmes include: 'stop smoking' programmes, fitness programmes, programmes aimed at changing the workplace itself to reduce stress or increase safety, for example, change work design, ways of communicating.
√ Your work can affect your health

The following examples can also be used to promote ("sell") the health improvement project.

1 Your health is affected by your work

A survey of staff at the South Thames Regional Health Authority showed that "two thirds of staff believed that their health was affected by their work" and an overwhelming majority felt that "far from being perceived as a marginal or 'bolted on' activity, promoting health in the workplace is seen as inextricably linked to many aspects of organisational policy and practice (Health at Work: A needs assessment in STRHA, 1992)

2 A Definition of healthy working

Healthy working is working in a positive organisational atmosphere in meaningful, well-designed jobs with training, tools and facilities that allow each employee:
- maximum productivity
- achievement of quality standards and performance targets
- opportunity to maintain and improve personal health and fitness and avoid ill-health
- positive collaboration with colleagues
- opportunity for applying skills and developing further
- recognition of personal contribution to the performance of the organisation
(Flanagan, H.D. Henry, P., Healthy working and performance management. Health manpower management, Vol 20, No.2. 1994, pp22-32.

3 Return on investment

The few studies which have attempted to measure the financial benefits of health improvement in the workplace come mainly from the US and demonstrate reductions in absenteeism, with considerable savings in sick pay.

"The bulk of the evidence discussed... leads us inexorably to the conclusion that workplace health education can work in producing behaviour change, reducing risk and even reducing costs...investments in health improvement have been made in the most part as sound business decisions, and are not simply based on idealism or wishful thinking.
(Bovell, V., The economic benefits of health improvement in the workplace - a background paper. Action on Health at Work Seminar, Health Education Authority, London, 1992.)

4 Benefits for employer/employees

Benefits for employers	Benefits for employees
improved morale	improved health and energy levels
reduced staff absence due to sickness	improved morale and better motivation
improved public image	better working conditions
improved staff retention and investment	improved quality of working and home life

Tool 3. Scoping checklist

This tool enables you to obtain information about the scope of the health improvement project - how large it is, what activities it may involve and also to find out the most appropriate way to organise the project so that it fits in with the way your organisation normally conducts its business.

This tool can be used either as an interview guide or as a checklist for the kinds of information you will need to set up the health improvement process. It is likely that you will use this tool in conjunction with Tool 1 - the stakeholder identification checklist.

The scoping checklist is organised into three parts - sketching the organisational boundary, exploring the culture and methods of the organisation and establishing the boundaries of the health improvement project.

This tool is especially useful in large organisations, but some aspects of it are relevant (particularly sections 2 and 3) even to smaller organisations.

The scoping checklist

Identify organisational units and sketch a structure

- What are the boundaries of the organisation for purposes of the health improvement project ?
- How many people work within the organisation who might be involved in the health improvement project ?
- What are the operational units of the organisation (e.g. planning, production, human resources) ?
- What constraints do these units have in relation to the health improvement project (e.g. time, availability of staff, shiftworking) ?
- What organisational units are involved in dealing with health issues ? (formally and informally)

Explore organisational culture and methods

- How much autonomy does each department have ? (flexibility for management, flexibility for individuals)
- To what extent are management and staff typically involved in decisions which affect them ?
- What structures are used to make decisions in the organisation ?
- What structures and mechanisms are used for communications purposes within the organisation ?

Establish the boundaries of the project

- What are the driving forces behind the health improvement project ? (e.g. people, health, image)
- Why is the health improvement project being undertaken at this time ? (what problems is it expected to address)
- What are the priorities of the organisation in undertaking the health improvement project ?
- How far are there shared views of the purpose of the health improvement project ?
- What will the scope of the health improvement project be in terms of the kinds of activities it can undertake ?

Tool 4. Audit of existing activities

This tool provides you with a checklist of potential health related aspects of an enterprise. It includes a range of health related activities and a series of issues related to health policy and health and safety policy. Having used the tool, you should be in a position to know not only what the current health related activities within the company are, but also to have an insight into the health philosophy of the company.

Audit of existing activities

1. **Do any of the following health related activities take place within the organisation ?**

Health screening activities
Executive screening
Screening for all
At risk screening

Activities to improve health related behaviours
Alcohol policy
Anti-Smoking policy
Healthy eating policy
Exercise facilities
Exercise/lifestyle classes
Rest/social/shower facilities
Health education

Activities directed at improving social or welfare provisions
Stress control
Counselling support
Welfare support
Support programmes
Community/social programmes

Organisational level interventions to improve health
Shift schedule design
Human Resources Management training
Job design
Work organisation
Working time flexibility

Activities directed at improving the physical work environment or safety
Toxic substance control
Machinery guards
Protective clothing/equipment
Automating hazardous processes
Improving the design of individual workspaces
Improved Lighting
Improved Heating/air conditioning
Improved Ventilation
Interior design
Noise reduction

2. **Does the company have an occupational health department ? How is this function handled ?**

3. **Does the company have a health and safety committee ? How is this function handled ?**

4. **Does the company have an explicit or written health policy (not a safety policy) ?**

5. **Does the company plan to develop an explicit health policy ?**

6. **Is there a budget dedicated to health activity within the company? What percentage of the company's turnover does this represent ?**

Tool 5. Motivations and obstacles to health improvement projects amongst major stakeholders

This tool enables you to identify the main motivations of the major potential stakeholders in the health improvement process and it also identifies some of the major obstacles (in terms of attitudes) which these stakeholders may place in the way of progressing the health improvement project. This tool will be useful in your preparation for promoting the health improvement project to the stakeholders.

Table 1. Motivations and obstacles to be found among the major stakeholders

Stakeholder group	Motivations	Obstacles
Management	1. To improve workforce morale 2. To improve worker health 3. To reduce absenteeism rates 4. To reduce productivity problems 5. To improve company image 6. To reduce industrial relations problems	1. Lack of awareness of workplace health improvement 2. Lack of interest in workplace health improvement 3. Lack of resources to commit to the project
Worker representatives	1. To improve the health of the workforce 2. To extend their influence in the company 3. To improve conditions of work	1. Concerns about confidentiality 2. Feelings of being manipulated by management 3. Lack of awareness of workplace health improvement 4. Lack of interest in workplace health improvement 5. Concerns about dilution of health and safety procedures
Occupational health personnel	1. To broaden the scope of their activities 2. To increase their departmental budget 3. To improve the health of the workforce	1. Perception of threat from new activities 2. Perception of increased workload 3. Lack of awareness of workplace health improvement 4. Lack of interest in workplace health improvement 5. Concerns about dilution of health and safety procedures
Health promoters	1. To improve the health of the workforce 2. To increase their role 3. To acquire business 4. To make a profit	1. Belief that health is the most important value 2. Hostility to occupational health personnel 3. Narrow focus of activities

Tool 6. Model agreements

An essential feature of any health improvement project is to gain an explicit agreement with the principal stakeholders concerning the scope of the health improvement project, the resources that are needed, who is to be involved, how it is to be organised and so on. These agreements can be formal or informal in nature, depending on the size of the organisation, the scope of the health improvement project and the culture of the organisation. The level of formality of the agreement is not so important as the fact that the agreement must be made public, i.e. it is very important that all participants know that the health improvement project has visible support from the principal stakeholders.

The following tool provides a listing of some of the elements which might be part of the agreement. You may use some or all of these elements depending on how you see the situation.

Model agreement

1. **Aims of the health improvement project**, e.g.

   - To develop a health policy
   - To improve workforce health
   - To improve absenteeism rates
   - To improve the work environment
   - To implement specific activities (e.g. anti-smoking policies, fitness programmes)
   - To reduce accident rates
   - To establish a continuous process of health improvement

2. **Scope of the project**

   - Types of activities to be undertaken, i.e. environmental activities and individually oriented activities
   - Problems to be addressed

3. **What stakeholder groups are to be involved**, e.g.

   - Strategic management
   - Middle management
   - Supervisors
   - Workforce representatives
   - Trade Unions
   - Health and safety representatives
   - Occupational health department
   - Training department
   - External consultants
   - Local health agencies

---

4. **Duration of the project**

- It is useful to specify the duration of each stage of the project here

5. **Organisational structures to be involved** (e.g.)

- Human resource management
- Works Council
- Trade Unions
- Health and safety committees
- Occupational health department
- Training department
- External consultants
- Local health agencies

6. **Budget and resources** (e.g.)

- Money
- Time
- Staff
- Materials
- Premises
- Equipment

7. **Responsibilities of the stakeholders involved**

Tool 7. Checklist - Communication strategies

All organisations have their own much used and widely accepted channels and strategies of communication. This tool aims to help you identify the existing communication strategies used in your organisation as well as new strategies for communications regarding the health improvement project.

The form of communication used will depend on the size of the organisation and the objective of the communication. Different communication strategies may be appropriate to different audiences and during different phases of the methodology. Each strategy may achieve one or more aim. The table below outlines the strategies and when each one is most useful. Communication strategies have different impacts on the audience, in general, written materials have the lowest impact and modelling (role playing) has the highest impact. Usually using a combination of communication strategies achieves better results than using only one.

Communication takes place in all phases of the methodology and this tool will be referred through throughout the methodology.

Communication means	When to use?
Written materials: leaflets, information bulletins, company-newsletter, notice board, poster addendum to payslip, e-mail, memo to staff	To get the attention of the subject To provide information/Feedback As a reminder
Audio-visual materials: video, film or slides of the work situation/the company	Learn factual information Learn technical skills Change attitudes and motivation
Verbal information: interpersonal communication for example, meetings, talk or discussion either between two people or in groups, seminars, training sessions	Influence/change behaviour Exchanging ideas Get consensus, make decisions Impart skills and knowledge
Modelling (e.g. Role playing)	Stimulate desired behaviour Learn tangible skills

Tool 8. Establishing a project team

The success of the health improvement project relies on a committed project team which has a clear brief to manage and implement the project. This tool outlines the issues you need to consider when setting up a project team.

The role of the project team is to co-ordinate the running of the entire health improvement project.

Specifically, the responsibilities of the project team include:
✓ carrying out the activities in all phases of the health improvement project
✓ ensuring the involvement of employees in various activities
✓ communicating progress and developments of the project to employees and management

The project team to run the health improvement project should have three types of members: -
   representatives of the stakeholders
   - people with the relevant expertise to run the project and
   - people with sufficient time and interest to do the work which the project will entail.

Membership should include representatives from management and unions and the key roles within the company (e.g. top management, middle management, health and safety representatives, occupational health staff, human resource manager etc.). It should also represent all job levels of the company and all demographic features (ages, sections, genders etc.) of the company.

For those companies which have existing structures it will be necessary to decide whether the project team should be made up of entirely new people or whether the role of project team can be assigned to an existing group. There are advantages and disadvantages associated with both types of team. The advantages of using existing teams, such as health and safety committees, are concerned with their already established working relationships, their integration with other workplace structures, and their experience of managing workplace initiatives. However, these attributes may also be viewed in a negative light - existing committees may be dysfunctional in a number of ways which may relate to their prior experience of operating in the workplace, poor relationships with other personnel who are members of the team and a less than optimal attitude to new projects such as the health improvement project.

Advantages of new teams include their motivation and commitment to the project. However, setting up new teams also has disadvantages - it may take time for the team to work well, they may have little official standing within the enterprise and they may end up competing with existing structures in the workplace. It is not easy to recommend which course of action should be taken without knowing the exact configuration of specific organisations and the personnel who would be members of the committee. However, it can be said that the desired outcome of this decision is to have a project team which is well briefed, energetic, and which has the mandate, resources and expertise to run the health improvement project successfully.

Issues relating to project teams

Size of team Both very large and very small groups can be unproductive for different reasons. Large groups may be unproductive due to inertia whereas small groups may suffer from limited resources. It is recommended that between 5-10 persons is the ideal size for a productive project team.

Communication Good communications between members of the project team is essential to ensure conflict is avoided and momentum is maintained.

Voluntariness Participation on the project team should be voluntary. Volunteers should be encouraged by top management and by their immediate supervisors.

Project team meetings The frequency of team meetings will depend on the activity of the project which is being implemented. During busy stages of the project the project team may have to meet as often as every two weeks.

Tool 8a. Managing effective meetings

The project team will be involved in many meetings during the life time of the project. This tool provides guidelines on how to ensure meetings are effective.

Place:
Choose a central location, easy to reach for all participants.

Timing of meetings:
Ask members which days and times they prefer to meet on and try to organise a plan (a flexible one) of when meetings will take place over the next few months. To develop this plan you will need to decide how frequently the team needs to meet and how long meetings last. At the beginning of the project the team will need to meet more often than at other stages in the project.

Clarify the purpose of each meeting and what the outcomes of each meeting should be

Agree on the general points
At the end of each meeting agree on the general points to be discussed at the next meeting, and the actions to be undertaken before the next meeting. When listing actions assign responsibility for the action to team member(s).

Only invite team members needed for the purpose of that particular meeting. You may not always require the complete project team for a meeting

Agenda:
Always prepare a meeting agenda which should be distributed to team members in advance

Minutes:
Appoint someone to record the minutes of each meeting. The format for minutes should be simple, include action tasks and responsibilities, members and deadlines. Minutes should be circulated to participants as soon as possible after the meeting. This will prompt them to remember their assignments and the key points of the meeting.

Planning
Careful planning can help to create a positive meeting environment. One example of good plannning is the meeting agenda which provides basic information in advance, gives the perception of formality and thoroughness and acts as a guideline to facilitate a good and productive meeting.

Tool 9. Process checklist - Project Planner

It is important at the early stages of the health improvement project to be able to set up a plan which identifies key phases and activities, key stakeholders the aims of each activity and which also helps to schedule the activities which need to take place to support the project. It is also important that the plan which is produced is flexible, and is capable of being modified in the light of events.

There are many project planning tools which are available both in software and paper-based form. Any suitable one of these may be used to supplement this tool. This tool does not seek to replace or mimic these commercially available planning tools, rather it provides a listing of the crucial events in the health improvement project which need to take place. These can be inserted into a more formal planning tool if the user of this methodology wishes.

Phase	Aim	Activities	Person Responsible	Time needed	....
Getting started	Gain commitment for the project Set up a project team	Canvassing support /Identifying stakeholders Scoping health needs Setting up Health improvement structures Getting Agreement	Person who initiates project	8-12 weeks	
Identifying needs and problems	To identify the health related needs and problems of the company	Gather and analyse data Generate report Feedback findings	Project team Expert if required	10-14 weeks	
Organising solutions and Planning health programme	To propose solutions for needs and problems To prepare a programme plan and timetable of those activities which will take place	Prioritise and review needs and problems Organise problem solving groups Generate solutions Draw up health programme plan and timetable Feedback solutions	Project team Expert	4-8 weeks	
Implementation	To implement activities	Develop implementation programme for each activity Implement the activities Monitor and evaluate activities Feedback progress	Project team Trainers	Varying - depending on the number of activities implemented	
Evaluation and Consolidation	To evaluate and review the project	Evaluation Monitoring Feedback, review and revise methodology	Project team	2-4 weeks	

Tool 10. Monitoring - Getting Started Phase

This tool provides you with a list of questions which may be asked during an activity to monitor the progress of the activity, or after it to assess how well it worked. Monitoring in this way allows you to make changes to the activity if necessary. Each activity should be monitored.

1.   Who initiated the health improvement project? (name and function)

2.   Who are the supporters/stakeholders of this initiative? (names and functions)

3.   Was information gathered on the current health activities and possible workplace problems? (who did this)

4.   Who is in the project team?

5.   What is the brief of the project team?

6.   What is their relationship with other functions in the organisation?

7.   Is there an agreement on the health improvement process, and between whom?

8.   Does the project have the support and commitment of top management?

9. Did the activities in this phase run as planned?

Which ones did not and why (describe)

Examples of How to Get Started

Getting a health improvement project started can take many forms. Perhaps the easiest way is where there is already support for the idea from top management. Examples of this kind of start-up process are often found in US multi-national companies, where there may already be an 'off-the-shelf' programme in place elsewhere in the company (see Box 1 below).

An example with similar characteristics is to be found where health insurance companies initiate a health improvement programme on the basis of health data that they may hold from individual enterprises (see Box 2 below). A variation on this approach occurs where local health agencies initiate a health improvement project.

The kinds of initiatives described above, while typical of many health improvement projects, do not occur in many cases. In these situations somebody from within the company must take the initiative. An example of this kind of start-up situation is described in Box 3 below.

Box 1 - Getting started with an off-the shelf programme

Many US multi-national companies have proprietary health improvement programmes which they encourage their subsidiary and branch companies to implement. This example is taken from such a company which has implemented their programme widely throughout the world.

In this subsidiary company, the initiative to undertake workplace health improvement came from company headquarters. In line with their overall company policy, they encouraged the human resource manager to implement the programme. He did so initially by involving the company training manager who also had responsibility for occupational safety and health. They formed an *ad hoc* committee with a number of staff members and then undertook soundings (effectively a needs analysis) before adapting the proprietary programme for implementation within the company.

Significant features of the getting started phase of this programme included the assignment of a budget to the activity, and the fact that the brief for the project was agreed with company headquarters. This model has proved to be sufficiently successful for the company to have continued the programme over a ten-year period.

Box 2 - Getting started with an external health agency

Health insurance companies are increasingly becoming involved in workplace health improvement in a number of countries. This is occurring for a number of reasons, among them being the desire of the insurance companies to manage health insurance risks by means other than varying premiums and also because in some countries there are financial incentives in the form of reduced premiums for companies who undertake prevention and promotion activities with their workforces.

Box 2 - Getting started with an external health agency (cont).

In this example, a health insurance company approached a large manufacturing company with a view to improving health management practices. The initial approach involved the presentation of an analysis of health data provided by the company's employees which outlined a range of health issues to be concerned about amongst the workforce. Initial presentations were made to the management of the company and to the Works Council, and once outline agreement was obtained that a health improvement programme would be implemented, a specific project team was established.

Significant features of this kind of Getting Started process included the presentation of an initial problem, the involvement of the major stakeholders within the company at an early stage, the scoping of the health improvement project in terms of a set of presenting health (illness) problems and the use of data already existing on the company to set the direction of the project.

Box 3 - Getting started with an internal initiative

This example is taken from an initiative developed within a clothing company based in a rural area in Ireland. The initiative arose because the company was undergoing a rapid phase of expansion, and the intake of new workers brought to light a number of potentially significant health and wellbeing problems. These included a range of women's health issues (the workforce was predominantly made up of women) and a range of emerging social problems (e.g. drugs issues).

These issues were first noticed by the occupational health nurses in the occupational health department and by the human resources manager, both of whom were involved in the selection procedure for new employees of the company. As a result, they initiated discussions with other stakeholders within the company (management, trade unions) and a number of external health agencies. These discussions led to the development of a range of health activities, some coming from the area traditional health improvement activities, some dealing with wellbeing and others dealing with health education in the broadest sense. A health improvement team was set up to control this process, though in this case it had fairly narrow membership (occupational health nurses and human resources department).

The points to be learned from this experience are that the activities of canvassing support, scoping the extent of the problem/health improvement process, identifying potential stakeholders in the process, setting up health improvement structures and getting agreement were all gone through. Though needs analysis took place quite early in the process (though it did continue throughout the entire process), this initiative provides a good example of how to get a health improvement process started.
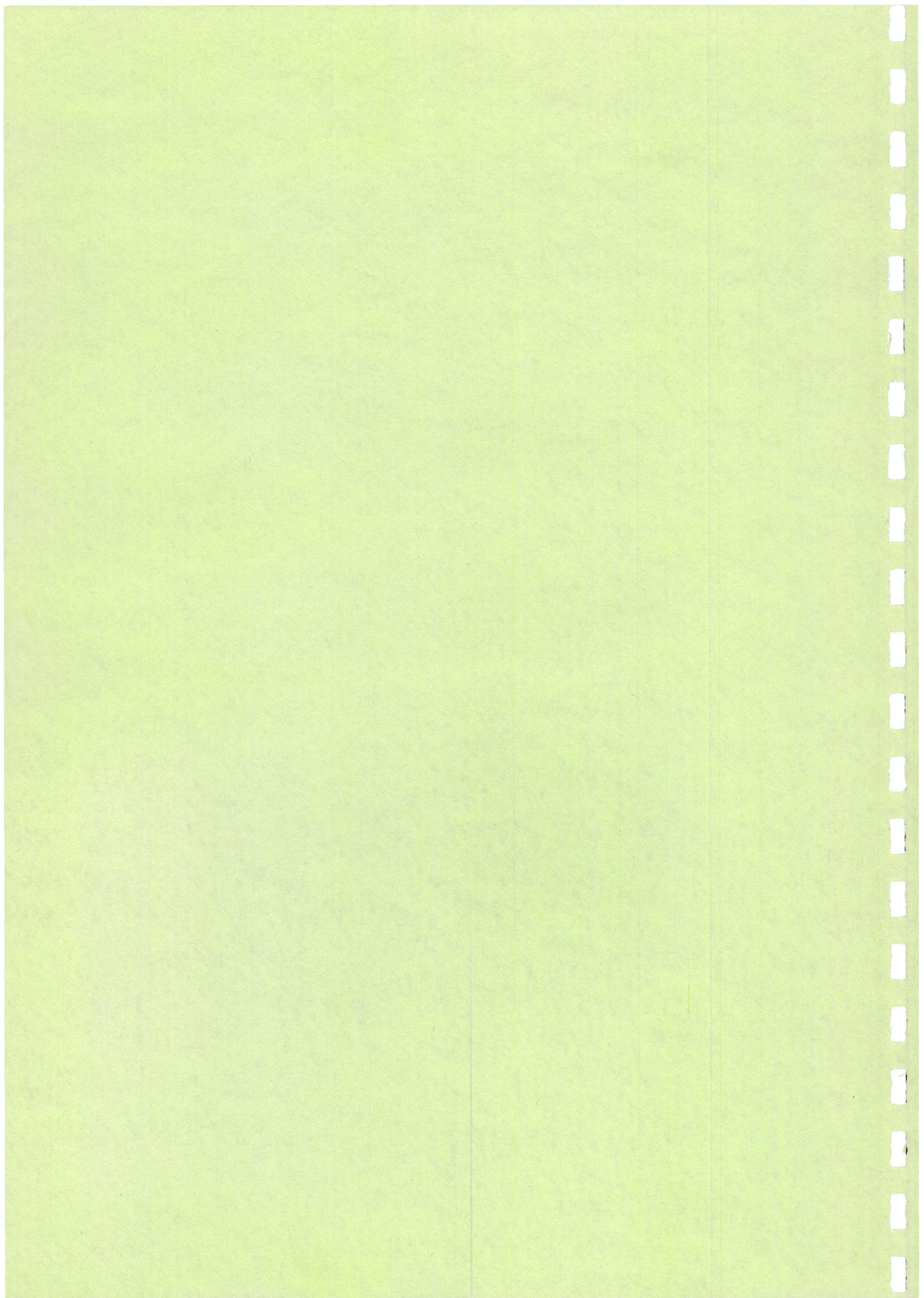
TOOLS

Identifying Needs and Problems Phase

Tool 11. Checklist to identify the data sources in the organisation

Purpose of the tool:

To support the identification of the main health-related data sources in the organisation, as well as the collection of any existing data which is relevant for the identification of needs and problems. The overall aim of this tool is to assist you in an initial identification of the health-related problems of the workforce using a simple analysis. The significant problems which are identified in this analysis will be investigated more thoroughly and defined in a more detailed second level of analysis in which the entire workforce will participate. At the end of this tool there are some guidelines and examples on how to analyse the data in order to identify health indicators (expressed as questions and related aims).

Guidelines on tool use:

The first step in this initial assessment is to find out what data exists within your company which may be useful in defining the health problems of the company. A list of primary and secondary data (soft and hard data) is provided in this tool as a reference to assist you in making a decision about what data to include. It is important to note that not all data is relevant and the people responsible for needs analysis have to make a decision about which data they consider necessary for this phase. When deciding what data to use you should consider issues such as the reliability of data, simplicity or relevance of data. Formal and explicit data are preferred in this initial assessment and for this reason it is suggested that documents (like workplaces descriptions or H & S measurements) are looked at.

You may find that this initial analysis may highlight some problems which could be acted upon immediately without any further analysis (for example increasing the security protection provided over some units).

It is recommended that the data used is recorded and reviewed again at regular intervals (for example, two yearly periods) to help assess whether health improvement has taken place. It is not necessary to conduct this analysis on all existing data, only on data which you consider will provide a good assessment of any changes which may take place.

Since a lot of personal and medical information is collected during this assessment, it is important that the persons accessing the data are aware of the importance of treating the data in a <u>confidential manner.</u>

What data exists in your company which could assist in an initial identification of health-related needs and problems?

Main data:	Other data:
✓ **Absenteeism***	✓ Early retirements
✓ **Turn-over**	✓ Productivity and quality rates
✓ **Injuries****	✓ Investment in H & S measures
✓ **Work-related diseases**	✓ Strikes
✓ **Demographic data****	✓ Workplaces descriptions
	✓ Security measures
	✓ H & S regulations
	✓ Conflicts with Unions
	✓ Types of contracts
	✓ Shift data
	✓ ....
	✓ ....

* Absenteeism:

Only data on absenteeism related to sickness and accidents is important in the identification of health problems. Data on, *social* absenteeism (like absenteeism because of pregnancy) should not be included in this analysis.

It is important to note that data on the general rate of absenteeism is not useful in itself and that what you are trying to identify is which units, sections or occupations have a high rate of absenteeism (i.e. the distribution of absenteeism in the company).

** Injuries (or accidents):

A wide range of different types of accidents and injuries occur in companies. The effect these accidents and injuries have on the company depends on their seriousness and the period of convalescence following them. When analysing accident data use the classification used when recording accident data on the accident reporting form.

It is important to note that the least fatal accidents are probably the most significant ones for recording purposes during this first level of analysis because usually they represent the accidents or injuries which occur most frequently in companies, they are the most easy to prevent (can be avoided through low-cost health improvement actions) and are the clearest indicators of potential fatal injuries.

Important sources of accident data can be obtained within the company and also from companies dealing with insurance funds. Try to find data which is already analysed in terms of frequency, type, lost working days, etc.

*** Demographic data:

(see tool 2)

The demographic data detailed in tool 2 may be useful in the interpretation of findings from existing data. It is also important to identify groups, for example, women with young children, emigrants or disabled people, who may have special health needs and problems in this first level of analysis.

Examples of some questions that are useful to analyse this data and related aims

✓ *What is the relationship between people who have suffered a serious injury and their type of contract / occupation and/or length of service in the company?*

Aim: Identification of those aspects that are related to the risk of having an accident

✓ *What is the distribution of absenteeism in age groups and in the organisational units?*

Aim: Identification of risk groups and identification of areas with special problems. Information about the potential actions

✓ *How many working days are lost throughout the organisation?*

Aim: Identification of magnitude of problems

✓ *What is the frequency of absenteeism related to number of employees?*
(number of lost working days / number of employees)
What is the frequency of accidents related to number of hours worked?
(number of accidents / hours worked)

Aim: To establish the frequency of the problem

✓ *What are the main causes of absenteeism related to sicknesses?*

Aim: Identification of types of problems related to sicknesses

✓ *What are the main causes of absenteeism related to injuries?*

Aim: Identification of types of problems related to injuries

✓ *How big is the reduction in productivity / quality that could be attributed to health problems?*

Aim: Definition of magnitude of the problem, in terms of organisational effectiveness criteria

✓ *What is the total amount of money that the organisation has spent because of injuries and / or sicknesses?*

Aim: Definition of magnitude of the problem

✓ *What are the main reasons why people visit or ask for information from the organisational physician? Which groups consult the physician most often and how often do they consult the physician?*

Aim: Identification of types of problems, its frequency and potential risk groups

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Tool 12. Demographic profile of the organisation

Purpose of the tool:
This tool will support the description of some demographic organisational elements.

Guidelines on tool use:
This tool provides the project team with a form on which to collect demographic data relating to the workforce. General data on sex and age are collected with a view to using them in the interpretation of important health related problems within the company. At the end of the tool there are some guidelines on how demographic data may be interpreted. There are two main ways: analysis of the present situation and in the prediction of the future situation. Predicting in this way allows you to plan future actions which will avoid or promote some expected health related elements.

Demographic data collection:

DATA	
DATA	
Total number of personnel	_____ people
Number of personnel by sex (Sex distribution)	_____ Men _____ Women
Mean age	_____ years
Mean age by sex	_____ years (men) _____ years (women)
Age distribution of all personnel	

< 25 years old	
26-40 years old	
41-55 years old	
> 56 years old	

Age distribution by sex

Male   Female

	< 25 years old	
	26-40 years old	
	41-55 years old	
	> 56 years old	

Percentage of personnel less than 30 years old and more than 50 years old	_____% < 30 years old _____% > 50 years old
Percentage of personnel less than 30 years old and more than 50 years old by sex	_____% < 30 years old men _____% > 50 years old men _____% < 30 years old women _____% > 50 years old women

Guidelines on interpretation of demographic data :

The following are some questions which will help you to conduct a simple analysis of demographic data and will provide you with options which need to be considered relating to health needs and problems in your company.

It is recommended that demographic data is interpreted at two different times frames in order to gain a picture of what the present and the future health related needs and problems of the company may be. For example questions about:

<table>
<tr><td>THE PRESENT SITUATION:
HERE AND NOW</td><td>THE FUTURE SITUATION:
IN FIVE YEARS</td></tr>
</table>

Examine this relationship between the present and future situation

<u>allows you to consider:</u>

- *What problems are present now and what problems may arise in five years time?*

- *If the present demographic profile is going to be maintained over the next five years, how do existing company policies support this situation?*

For example:
If there are a large number of personnel aged over 56 years old at present, plotting the situation in five years time allows you to see that turn-over rates will probably grow, as will the recruitment of younger people (which will reduce the mean age).

<u>this in turn enables you to make decisions like:</u>

- *What kind of health actions should be provided to avoid potential problems which, based on a review of the present situation, could exist in five years?*

- *What health problems could be prevented and or improved, and how do company policies support the health related actions?*

For example:
If the mean age of company personnel is expected to keep increasing over the next five years, and the 41-55 year old age group is already quite sizeable, you may decide to introduce a screening programme to identify heart disease or if there is a serious threat of an influenza epidemic you may decide to introduce vaccinations against influenza.

Examples of questions:

✓ What is the age distribution of your personnel? Is the mean age expected to increase or decrease in five years time?

✓ What relationship is there between absenteeism age and sex? If rates remain the same, what impact will this have on the company in five years time?

✓ Which is the ratio of personnel over 50 years old to personnel less than 30 years old? Will this ratio be similar in five years time?

Tool 13. Checklist of physical hazards

Purpose of the tool:

The purpose of this tool is to support the identification of physical hazards in the workplace, and to identify those areas and occupations that are subjected to these physical hazards.

Guidelines on tool use:

This tool may be used in its present form as a questionnaire to be filled out by employees within the company. It may also be transformed and used as an observational protocol (leaving out the final question about improvements). Project team members are responsible for collecting this data.

If you are aware of specific physical hazards that exist in your company (that are not specified on the form) add them to the list. The information collected with this tool may be compared with the documentation outlining the formal description of the workplace to give you an indication of the level of sensitivity the company has to existing physical hazards.

Please, answer the following questions about the conditions in which you work:

	Never	Some hours a day	Most of the working day	Always	No reply
So noisy I have to raise my voice to speak					
Unpleasant temperature					
Lack of natural light					
Insufficient light to perform my work well					
Disturbing reflection or dazzling light during the performance of work					
Lack of natural ventilation					
Annoying draught					
You can see dust in the shafts of light					
Chemical substances					
Risk of radiation (for example, radioactive materials)					
Fumes from organic solvents, liquids, paints or other air pollution which makes working more difficult					
Uncomfortable or strenuous working posture					
I have to pick up heavy objects or exert a great deal of force					
Dangerous situations					
Dangerous tools, machinery or equipment					
Exposure to dirty or badly maintained areas					

What are your suggestions for improving working conditions?

....
....
....
....
....

Tool 14. Interview guidelines

Purpose of the tool:
To provide guidelines on how to plan and conduct an interview which will gather information relating to the identification of health related needs and problems

Guidelines on tool use:
Interviews enable you to gather information from key personnel in the company. This tool is not a definitive guide on what to ask in an interview (it is up to the project team to define the areas to question and the way to conduct the interviews). It provides guidance on how to conduct a good interview and strategies on how to gather relevant information through interviews.

When deciding who should be interviewed you should assess whether the person has an understanding of the problem and can provide interesting and relevant information on health related issues. Finally, it is important that the interviewer, (usually a member of project team) guarantees that the information given will be treated with confidentiality.

The two key features of interviews are:

Content:
This refers to the topics and questions which are addressed during the interview . The majority of unsuccessful interviews fail because not enough effort is spent on planning the content of the interview. Listing the objectives of the interview and the kind of information you wish to collect form the framework for the interview and mean that it will be <u>developed and planned in a systematic way</u>.

It is suggested that a semi-structured interview is used to gather the information from the interviewees. In a semi-structured interview, the topics you wish to find out more about are clearly defined but the interviewer has the opportunity and flexibility to adapt questions to suit the situation and the interviewee.

Interviewing skills:
It is important to establish clear objectives for the interview and to construct very clear questions in order to get accurate answers. This is especially important in cases where the output of the interview may provide a complete definition of the problem.

The interviewer presents the questions to the interviewee and has to direct the interview using his / her communication abilities in order to gain the confidence of the interviewee and get the relevant information.

CONTENT:

Sequence in planning the interview:	Description
I. Type of interview	Interview to define a particular health problem related to ergonomics
II. Objectives	• To collect information to define the problem • To gather suggestions for improving the ergonomic problem
III. Style	Semi-structured interview Adapted to the interviewee, his particular situation in the company and his particular abilities and skills Flexible
IV. Format	1. Establish contact with interviewee and agree time for the interview 2. Present the subjects/topics to be discussed 3. Give interviewee any relevant information 4. Ask interviewee to redefine the problem and provide relevant information 5. Ask interviewee to make suggestions on how to improve ergonomics 6. Conclude the interview
V. Subjects	• Ergonomics • Personnel in a risk situation • Size, severity and frequency of the problem • Cause of the problem

INTERVIEWING SKILLS

Sequence for undertaking interview:	Procedure:
I. Initiate	Establish interview objectives and get the interviewee to collaborate in the creation of a positive interview climate
II. Listen	Listen attentively and don't forget to prompt selected topics/subjects
III. Focus	Direct the attention of the interviewee to the established aims and remember the information you want to study in depth
IV. Explore	Promote the in depth examination of the key points related to objectives and ask related questions if necessary
V. Use	Make use of information that you have got before or during the interview to frame the questions for the interview
VI. Record	It is helpful to develop a report form or tool which can be used to record the information provided by the interviewee
VII. Confirm	Be sure that the problem has been clearly defined, that the information you obtain is current. Summarise your understanding of what the interviewee says and verify this with him/her so that you understand what was meant.

Tool 15. Feedback Sessions

Purpose of the tool:
To support the management of feedback sessions and provide guidelines on the creation of feedback groups.

Guidelines on tool use:
The objective of creating feedback groups is twofold. Firstly, it enables you to gather further or more detailed information in cases where the activities of the phase do not provide enough information on some issues. Secondly, it acts as a tool for the dissemination of information relating to the phase and as a way of verifying the accuracy of the outcomes of the phase with employees. Feedback sessions are also useful in situations where an unexpected problem is raised as it offers you the opportunity to find out what causes it and what actions could be undertaken to resolve the problem.

Not only are feedback groups very important during the identifying needs and problems phase, but they may also be used during many other phases of the health improvement project. (For example, when deciding on which specific actions to implement).

WHEN ARE FEEDBACK SESSIONS ARE NEEDED?

<u>To gain more information on the phase:</u>

- When there is an ambiguous definition of a problem
- When the comprehension of basic information from managers or participants in needs assessment is uncertain
- When the results in certain areas are surprising, which makes one think that something is wrong or may have been mis-understood
- When there is a need to have more information
- When the project team needs to redefine a problem or define a new area or approach, and doesn't want to start again with the problem and needs identification process

<u>To inform people</u>

- When there is an interest in having direct feedback on some aspect of the phase
- When fast dissemination of information is needed

<u>Or:</u>

- When the project team wants to know about potential problems during a phase
- When levels of involvement are rapidly decreasing
- When there is clear opposition from some stakeholders
- When more information is needed in order to plan health improvement actions

HOW TO CONDUCT A FEEDBACK SESSION:

1) *Establish the feedback session objectives*
   General and specific objectives have to be decided and formally established. The process of the session will vary depending on these.

2) *Decide which participants will take part in the session*
   This is related to the established objectives of the session. In some situations it may be interesting to have only those participants belonging to specific stakeholder groups in the feedback sessions. In general, the aim is to make the sessions target a variety of participants.

3) *Decide on who will facilitate the session*
   A member of project team should act as facilitator. This person needs to be capable of leading the discussion and making everyone to feel comfortable about sharing their feelings and opinions.

4) *Decide who will record the information generated in the feedback group*
   This may also be a member of project team. Using a project team member is advantageous as it guarantees the objective recording of data and this person will be aware of the needs assessment process and the data / objectives to be obtained during the running of the group session.

5) *At the beginning of the session, explain objectives of session to participants.*
   The facilitator should explain the objectives of the session.
   Participants should be encouraged to provide information based on their own situation or experience, or that of others.
   It is important to point out that participants are not representing individual interests, but collective ones. Also, they should not only consider problems in relation to their particular area but the entire organisation.
   Explain that confidentiality is guaranteed.
   When the main aim of the session is to disseminate information you should emphasis the objectivity and reliability of the information. It may also be useful to provide written information to achieve this aim.
   Sometimes, when dealing with complex issues, an expert could support the facilitator when explaining the issues.

6) *Sessions may be used to redefine problems and collect new information*
   The facilitator is responsible for directing participants in a way which helps to achieve the session objectives. Summaries of points which have been discussed, redefining problems (to obtain new perspectives) and requesting new information are some of the strategies which can help the group to direct its performance to achieve its aims.

7) *Finalise the session*
   Sessions should not be more than one and a half hours in duration, because the performance of the group may diminish after that and usually this amount of time is enough to achieve the aims of the session.
   In this last part of the session, the facilitator should recall the objectives of the session, summarise the points discussed and emphasise any responsibilities given to the participants (like dissemination of information to other employees). Finally, reassure participants that any information provided is guaranteed to be treated confidentially.
   Ensure that participants leave the session satisfied with the information they have gained and provided.

Tool 16. Questionnaire

Purpose of the tool:
To gather detailed information on health related needs and problems of the workforce using a questionnaire which is to be completed by all employees.

Guidelines on tool use:
The following questionnaire is to be used in a second level of analysis and collects data from the employees of your company. The questions seek to gather information on organisational health, individual and environmental issues and it also asks employees to indicate their preferences for the types of actions they would like to see implemented to improve both their work environment and their individual health. The questionnaire is presented in a modular format and needs to be modified to incorporate issues specific to your organisation which were identified in the first level analysis and which are not currently in the questionnaire. Also, it is important to delete questions which are not relevant to your organisation. The questionnaire is designed to be used in a flexible way to ensure that it is tailored to the features of your organisation and that it captures information from earlier data analysis. The project team is responsible for the modification, administration and analysis of the questionnaire.

The questionnaire needs to be prefaced with an introduction which informs participants of the purpose of the questionnaire (to obtain data about health-related issues which will be used in developing health improvement activities etc.), provides them with instructions on filling out the questionnaire, (for example there are no right or wrong answers to these questions, please answer accurately) and informs them of the deadline for the return of the completed questionnaire. A note guaranteeing the confidentiality of the information and the anonymity of the participant should also be included. When issuing the questionnaire it should be accompanied by a letter which re-iterates this information i.e. it explains why the survey is being undertaken, encourages people to respond and informs them of the deadline for replies.

Anonymity and confidentiality in relation to the information provided is essential in order to ensure that reliable data of good quality is gathered. Two ways of guaranteeing this are: to have a single person who is trusted within the organisation in charge of managing the data (for example, physician) or to get the data analysed outside the organisation. The project team decides on the best way to treat these important issues.

In the current version of the questionnaire the variables included in the questions have not had codes assigned to them. When analysing the questionnaire, it is important to identify someone either within or outside the organisation who is able to code the questionnaire for analysis purposes.

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1. Items in this questionnaire include items from the following sources:
    - The Dutch Work and Health Questionnaire by Smulders, Winter and Gründemann
    - Enquesta de Salut de Barcelona 1992, Àrea de Salut Pública. Ajuntament de Barcelona. Barcelona, 1992

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```
Questionnaire code: Date........................

DEMOGRAPHIC QUESTIONS:

Personal details:

1. Are you male or female?   ❑ Male   ❑ Female

2. What year were you born in?   19.......

3. What level of education have you reached? ❑ Can not read or write
                                              ❑ Has not received any formal
                                                  education, but can read and write
                                              ❑ Uncompleted primary education
                                              ❑ Primary education or similar
                                              ❑ Vocational training or similar
                                              ❑ Secondary education or similar
                                              ❑ University education
                                              ❑ Special education

4. Who do you live with at present?   ❑ Alone
                                              ❑ With your spouse / partner
                                              ❑ With your spouse / partner and
                                                  children
                                              ❑ With your children
                                              ❑ With your parents
                                              ❑ Others ....

5. Are there any children under the age of 12 living   ❑ Yes   How many?.......
   in your house?   ❑ No

6. Who does the majority of the housework?
                                              ❑ Myself
                                              ❑ My spouse / partner
                                              ❑ Both, myself and my spouse / partner
                                              ❑ A hired person
                                              ❑ Other (specify) ....

7. Who usually looks after the children living in your house?
                                              ❑ Myself
                                              ❑ My spouse / partner
                                              ❑ Both, myself and my spouse /
                                                  partner
                                              ❑ A hired person
                                              ❑ Other (specify) ....

8. Who usually looks after the elders living in your house (when applicable)?
                                              ❑ Themselves
                                              ❑ Myself
                                              ❑ My spouse / partner
                                              ❑ Both, myself and my spouse /
                                                  partner
                                              ❑ A hired person
                                              ❑ Other (specify) ....

Workplace details:

---

9. Do you have a supervisory position?   Yes ❑   No ❑

10. Do you work mostly indoors, outdoors or alternately indoors and outdoors?
                                                 ❑ Mostly indoors
                                                 ❑ Mostly outdoors
                                                 ❑ Alternately indoors and outdoors

11. Do you work?   ❑ Regular day shifts only
                                                 ❑ Regular night shifts only
                                                 ❑ Some other type of shiftwork

12. Are you a part-time or full-time worker?   ❑ Part-time
                                                 ❑ Full-time

13. What sort of contract do you have?   ❑ Permanent
                                                 ❑ Temporary
                                                 ❑ Apprentice contract
                                                 ❑ Specific job or service contract
                                                 ❑ No contract
                                                 ❑ Other kind ....

14. What is your job title? (Please be specific)
                                                 ....

WORK PERCEPTION
(WORKING CONDITIONS, WORK CONTENT, WORK RELATIONS & CONDITIONS OF EMPLOYMENT)

	Yes	No
1. Is your level of education and training adequate for your work?	❑	❑
2. Do you have enough variety in your work?	❑	❑
3. Is your work mostly interesting?	❑	❑
4. Do you mostly enjoy your work?	❑	❑
5. Do you consider your work too simple?	❑	❑
6. Is your work very strenuous physically?	❑	❑
7. Does your work require you to be very exact?	❑	❑
8. Are you regularly working under pressure of time?	❑	❑
9. Is your work often tiring?	❑	❑
10. Do you regularly have problems with the pace of your work?	❑	❑
11. Should you really be taking it somewhat easier in your job?	❑	❑
12. Have you had any complaints about your health recently?	❑	❑
13. Do you often feel tense?	❑	❑
14. Are you often nervous?	❑	❑
15. Do you often feel agitated?	❑	❑
16. Are you often down-hearted?	❑	❑
17. Do you regularly take medicines?	❑	❑
18. Have you consulted your doctor the past six months?	❑	❑
19. Are you under treatment of a physician?	❑	❑
20. Have you ever been absent from work the past six months because of an illness or an accident?	❑	❑
21. Is your work ever hindered by temperature fluctuations?	❑	❑
22. Is your work ever hindered by dry air?	❑	❑
23. Is your work ever hindered by lack of fresh air?	❑	❑
24. Is your work ever hindered by noise?	❑	❑
25. Is your work ever hindered by foul smells?	❑	❑
26. Is the work usually well organised?	❑	❑
27. Are their sufficient opportunities for consultation about your work?	❑	❑
28. Is your work often hampered by unexpected situations?	❑	❑
29. Are you regularly hindered in your job by deficiencies in the work of others?	❑	❑
30. Is your work often hindered by the absence of others?	❑	❑
31. Do you find the atmosphere at work all right?	❑	❑
32. Are you often annoyed by others at your work?	❑	❑
33. Do you work under good supervision?	❑	❑
34. Has the supervisor got the correct picture of you and your work?	❑	❑
35. Does the supervisor pay sufficient attention to what you say?	❑	❑
36. Do you consider the safety at work to be adequate?	❑	❑
37. Are there circumstances in your work that adversely affect your private life?	❑	❑
38. Do you feel that you are sufficiently well regarded in this company?	❑	❑
39. Do you think your pay is in agreement with the work you are doing?	❑	❑
40. Are your prospects good with this employer?	❑	❑

41. All in all, does your work suit you well, reasonably, moderately or not so well?

	Yes	No
Well	❑	❑
Reasonably Well	❑	❑
Moderately	❑	❑
Not So Well	❑	❑

PERCEIVED HEALTH

1. How would you describe your general state of health?

   ❑ Very good ❑ Good ❑ Fair   ❑ Bad   ❑ Very bad

2. Do you suffer from, or has your doctor told you that you have suffered from, any of the following disorders?

	Yes	No
Chronic allergy	❑	❑
Arthritis or rheumatismChronic bronchitis	❑	❑
Asthma	❑	❑
Diabetes	❑	❑
Migraine	❑	❑
Prostate disorders	❑	❑
Chronic back-ache	❑	❑
Poor circulation	❑	❑
Cardiac disorders	❑	❑
Haemorrhoids	❑	❑
Nerve problems / Depression	❑	❑
Blood clot in the vein / apoplexy	❑	❑
Varicose veins in your legs	❑	❑
Cataracts	❑	❑
Blindness	❑	❑
Deafness	❑	❑
Paralysis	❑	❑
Speech defects	❑	❑
Loss of a member (hand, foot, arm or leg)	❑	❑
Angina / heart attack	❑	❑

3. Do you suffer from any disability other than the ones mentioned?

   ❑ No
   ❑ Yes ↘
   Which ones?

   ....
   ....
   ....

4. Of the following phrases, which best describes your behaviour with respect to smoking?

   ❑ I have never smoked
   ❑ At present, I smoke more than one cigarette, cigar or pipe a day
   ❑ At present, I do not smoke, but previously I smoked more than one cigarette, cigar or pipe a day

5. Have you tried to stop smoking during the last 12 months?

   ❑ Yes
   ❑ No

6. Which of the following phrases best describes your drinking habits?

   ❑ I don't drink
   ❑ I only drink occasionally
   ❑ I drink regularly

7. For a person of your age, how would you describe the amount of physical activity you have performed over the last 12 month either in your work or free time?

   ❑ Too much
   ❑ Sufficient
   ❑ Not enough

PREFERENCES

1. The following is a list of activities you can undertake to improve your lifestyle, please tick those which interest you.   (select between one and three options)

   ❑ Drink less coffee or tea
   ❑ Alter my weight
   ❑ Eat better
   ❑ Do more exercise
   ❑ Sleep more or better
   ❑ Learn to cope with worries, nerves and stress
   ❑ Give up smoking or smoke less
   ❑ Drink less alcohol
   ❑ Reduce consumption of analgesics, medicines to sleep or sedatives
   ❑ Reduce consumption of drugs
   ❑ Undertake to visit the doctor with regard to preventative health issues (e.g. smear test)
   ❑ Improve working situation
   ❑ Change work
   ❑ Look after money matters better
   ❑ Have more time for family
   ❑ Make better use of my time
   ❑ Make more friends, more social relationships
   ❑ Improve my free time
   ❑ Other (specify) ....

2. What aspects of your work would you like alter over the coming year in order to improve your health?
   (select between one and three possibilities)

   ❑ Better heat conditions
   ❑ Better noise conditions
   ❑ Improve other physical conditions (specify) ....
   ❑ More variety in my job
   ❑ Better organisation of my work
   ❑ Get more support from my supervisor
   ❑ Develop better relationships with my colleagues
   ❑ Get more autonomy in my work
   ❑ Better control of and protection against chemical and physical hazard
   ❑ Other (specify) ....

Tool 17. Sample analyses which can be performed

This tool outlines some of the outputs which may be obtained from the analysis of the data. The Tables which are proposed below are related to the questionnaire which is proposed for use in Tools 3 and 5. These Tables are not the only ones which can be produced, but they do represent some of the more important analyses of the health problems of the workforce.

Descriptive analysis

1. Frequency of health problems
2. Frequency of physical hazards
3. Description of the workforce in terms of personal details and workplace details
4. Frequencies of work perceptions
5. Frequencies of disabilities
6. Frequencies of health related behaviours (smoking, alcohol, exercise etc.)
7. Frequencies of mental wellbeing problems
8. Frequencies of health programme preferences
9. Frequencies of preferences for work environment changes
10. Frequencies of stress at work

Breakdowns of the data

In this section, personal details refers to age, gender, education level, and family and living circumstances. Workplace details refers to shiftworking, working inside or outside, part-time/full-time working, and type of job contract.

1. Frequency of health problems by personal details
2. Frequency of physical hazards by personal details
3. Frequencies of work perceptions by personal details
4. Frequencies of disabilities by personal details
5. Frequencies of health related behaviours by personal details
6. Frequencies of mental wellbeing problems by personal details
7. Frequencies of health programme preferences by personal details
8. Frequencies of preferences for work environment changes by personal details
9. Frequencies of stress at work by personal details
10. Frequency of health problems by workplace details
11. Frequency of physical hazards by workplace details
12. Frequencies of work perceptions by workplace details
13. Frequencies of disabilities by workplace details
14. Frequencies of health related behaviours by workplace details
15. Frequencies of mental wellbeing problems by workplace details
16. Frequencies of health programme preferences by workplace details
17. Frequencies of preferences for work environment changes by workplace details
18. Frequencies of stress at work by workplace details

Tool 18. Monitoring - Identifying Needs and Problems Phase

This tool provides you with a list of questions which may be asked during an activity to monitor the progress of the activity, or after it to assess how well it worked. Monitoring in this way allows you to make changes to the activity if necessary. Each activity should be monitored.

1. How did you gather the information (method) in the first level of analysis?

2. What kind of information was gathered?

3. What questionnaire(s) were used in the second level of analysis?

4. What were the main results from the questionnaire(s)?

5. What was the preliminary diagnosis of health problems?

6. Were any preliminary activities undertaken? (if yes, say which ones)

7. Have organisational members been informed of the findings of the identifying needs and problems phase?

8. Did the activities in this phase run as planned?

Which ones did not and why (describe)
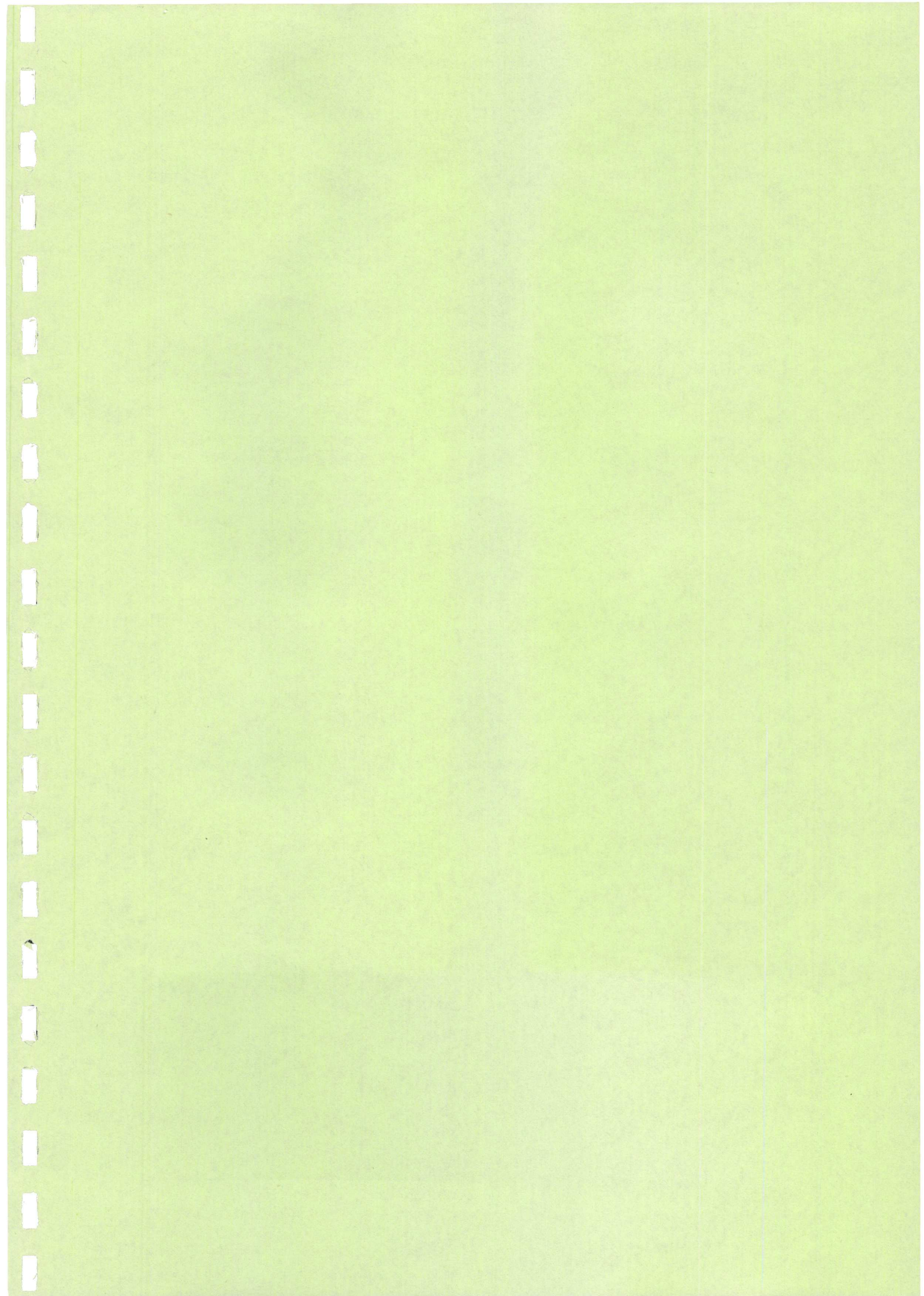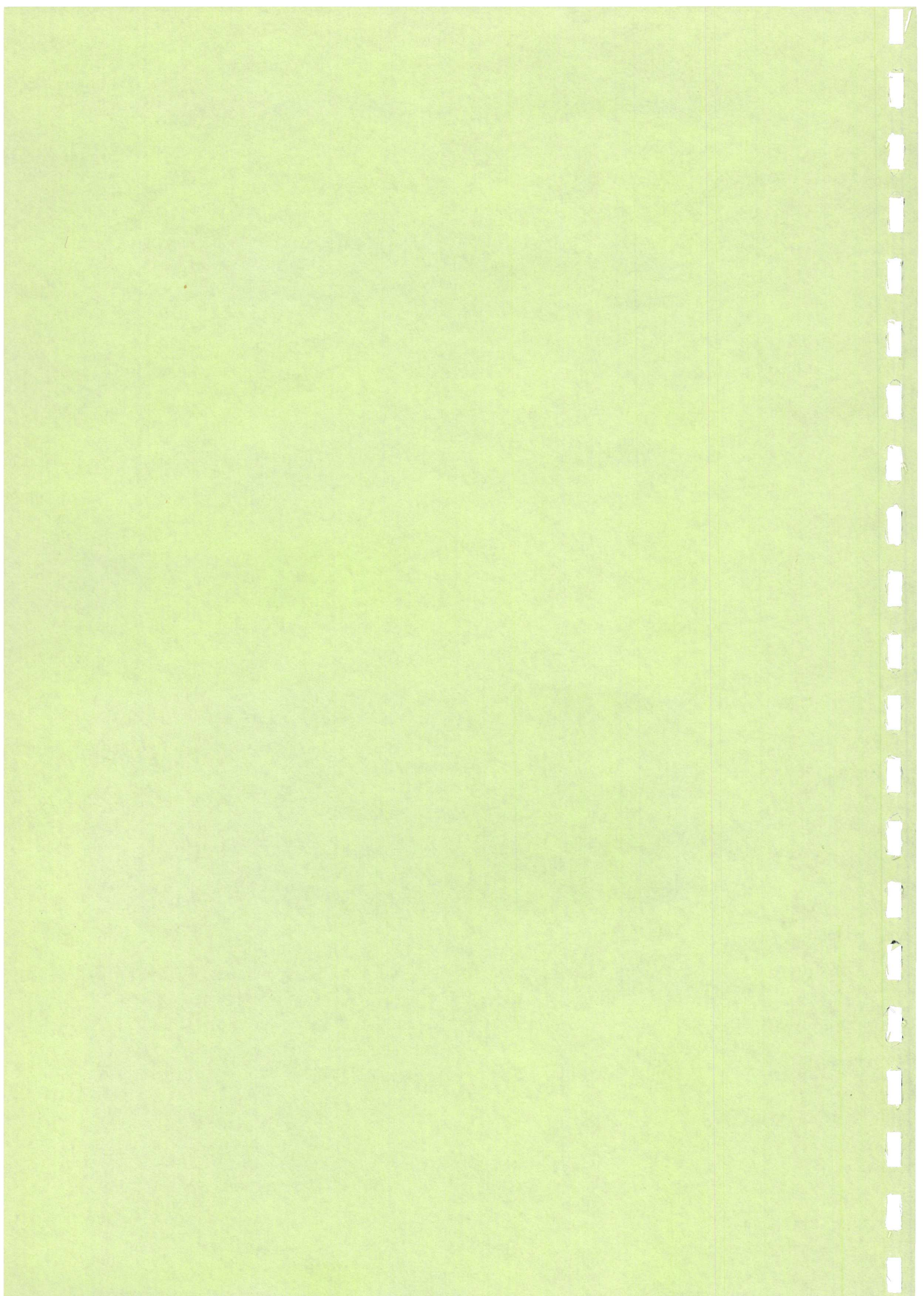
TOOLS

Organising Solutions and Planning Health Programme Phase

Tool 19. Checklist to create criteria to prioritise problems

Purpose of the tool:

The aim of this tool is to support the project team in the task of prioritising needs and problems identified in the previous phase - Identifying needs and problems.

Guidelines on tool use:

This tool provides you with a set of criteria which may be used to prioritise problems. Four expert criteria are provided and definitions and explanations of the terms are included. The project team need to understand the various criteria and then apply them to the needs and problems generated.

FREQUENCY

This refers to the rate at which something happens, for example the number of times in a particular period of time or the number of persons that are affected by a problem in relation to the global population.

Does the problem occur very often in the company?
Is it a problem that affects a large number of people within the company?

SEVERITY

This refers to the level of undesirability that a problem has, for example the serious effects it may have in terms of objectives criteria (for example rates of mortality) or subjective ones (for example social load generated by a problem). A judgement on severity is used when assessing which is worse to be deaf (with its negative consequences in social communication) or to have a severe back injury (with its negative physical consequences). It is, in fact, a value judgement.

Does the problem significantly affect the person's quality of life?
Does the problem disrupt the person's normal lifestyle?
Does the problem directly affect the person's welfare?

FEASIBILITY

This refers to the possibility that the programme / intervention / solution undertaken for the problem, will be successful and achieve its aims. When using this criteria, some factors act as references such as economic possibility, legality, existing resources, acceptability and pertinence of the hypothetical solution.

Does the possibility of designing a programme which is suitable and applicable to the resolution of the problem (considering costs, legality, etc.) exist?
Is it possible to think of potential solutions that could successfully contribute to solving the problem (considering costs, legality, etc.)?

EFFECTIVENESS

This means that a hypothetical programme / solution to the problem works well at present and produces the results that were intended.

Do some programmes / solutions exist at present which produce the intended results?
Can existing technology and resources alter this problem in some concrete way?

Tool 20. Managing problem solving groups

Purpose of the tool:

This tool supports the management of problem solving sessions, which are created to generate and prioritise solutions related to problems. The problem solving group technique is recommended because it encourages participants to engage in a rich discussion on possible alternative solutions for the problems. When properly guided, the performance level and creativity of these groups is very good.

Guidelines on tool use:

This tool provides guidelines on running problem solving groups. It provides a collection of key points which need to be considered when managing such groups. A description of brainstorming techniques is also provided (to facilitate creativity between participants when generating solutions), as well as a checklist of potential barriers which inhibit individual creativity.

When developing solutions in a health improvement programme, the rigorous application of the group techniques is of little importance; what is crucial are the results of the group performance, because solutions generated and prioritised here provide the input to the implementation phase.

PROBLEM SOLVING GROUP DEVELOPMENT:

Steps of the process:

1. Explain to participants in the problem solving group the aim of the session (to decide on solutions to be prioritised).

2. Collect the ideas generated using the brainstorming technique.
   a) Write the problem in a visible place (blackboard, flip chart)
   b) Ask people to give provide solutions (3-4 each) to the problem through a creative way
   c) Write it down all solutions generated in a visible place (like a blackboard)

3. Ask people to discus briefly each of the solutions provided, and then to select a set number of them based on each individuals perception of its importance

4. Ask each person to give and clarify their selection, and note the list of alternatives selected by the majority of participants.

5. Give participants the prioritisation criteria, explained in tool 4, ensure that they understand them, and ask them to use these to prioritise the solutions based on this criteria.

6. Elaborate the final list of solutions, and discuss them.

PERSONAL BARRIERS INHIBITING CREATIVITY:

✓ Looking for correct answers instead of looking for all potential alternatives

✓ Trying to give the answer which is considered best by other people (submit to group pressure)

✓ Lack of ability to break from conventional solutions / stereotypes

✓ Lack of recognition of cause-effect evidence, because of lack of knowledge of the process

✓ Feeling uncertain and / or getting the feeling of being evaluated

✓ Lack of either interest or knowledge

BRAINSTORMING PROCESS TO CREATE A LIST OF SOLUTIONS
WITH A CREATIVE PROCEDURE:

Steps of the process:

1. Appoint someone to record the ideas

2. Choose the brainstorming topic (a problem or group of problems) and write it in a visible place (like a blackboard). Then, display the problem or problems and provide all necessary information on each one.

3. Ask participants to provide as many ideas as they can (solutions related to a problem or group of problems). They can write them down if this seems more suitable.

4. Ask each of the participants to give their list of ideas (in turn, one idea per turn), while the designated person records them, until there are no more ideas being provided.

Guidlines for the running of brainstorming sessions:

- Participants cannot discuss, evaluate or criticise the ideas coming from the others
- When giving ideas, participants are not allowed to argue in favour of their own ideas
- The process should be very fast, and participants should use the ideas of the others for developing new ideas
- Work within a short time limit or until participants have no more ideas to give.
- Call for original and creative ideas, which break with stereotypes.

Tool 21. Checklist to support potential solutions generation and discussion

Purpose of the tool:

This tool consists of set of criteria that participants in problem solving groups should bear in mind when generating solutions. It also provides strategic guidance on the initial selection of solutions (before final prioritisation) related to the problem they have been created for.

Guidelines on tool use:

A set of 10 criteria is provided to help the problem solving group participants to judge and discuss the solutions generated in relation to the problem they have been created for. Evaluating solutions using these criteria requires participants to assess the level of importance they attach to each of the criteria. The criteria for selecting solutions (activities) include cost, effectiveness, ease of implementation, etc.

PROBLEM(S) THAT THE SOLUTION AIMS TO SOLVE:

Problem 1. _____

Problem 2. _____

CRITERIA
1. How certain are you that this solution will contribute effectively to solving the problem?
2. How do you anticipate that the results of the solution will compare with its costs?
3. Do you think that the barriers related to running the activity which currently exist and which would probably appear during the solution will reduce the positive effects and the success of solving the problem?
4. What level of involvement (present and future) exists in the organisation in relation to this solution?
5. How easy or difficult is it to implement this activity?
6. How important and urgent is this solution, what group of participants benefit from the solution (and how many)?
7. Are the people who will be involved in the solution development already identified and do they belong to the organisation (it is preferable that they do)?
8. Do you think that the potential outcomes of the solution will have a significant impact on the problem?
9. What are the minimum negative simultaneous outcomes which could result from this solution?
10. How much/many of the essential resources and infrastructure necessary to develop the solution exist?

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│                                                             │
│     Tool 22.  List of potential solutions for common problems │
│              (low-cost and no-cost solutions)                │
│                                                             │
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Purpose of the tool: This tool provides a list of examples of no-cost or low-cost actions / solutions which can be introduced in all phases of the health programme development.

Guidelines on tool use: This list of potential solutions is not an exhaustive one, it includes examples of some solutions. The project team can add solutions to this list according to their particular interest and organisational situation

- ☒ Getting employees involved

- ☐ Getting formal and explicit commitment from company managers

- ☐ Establishing feedback sessions with employees

- ☒ Correcting incorrect perceptions by providing accurate information

- ☐ Making use of the internal communication channels within the enterprise

- ☒ Getting feedback from employees through usual communication channels, including informal ones

- ☐ Using existing structures in the organisation (often better than creating new ones)

- ☐ Using internal personnel resources, instead of seeking them from outside the company

- ☐ Developing skills or giving training sessions to the involved persons

- ☐ Getting advise from an expert

- ☒ Obtaining the information on the primary source of the problems

- ☐ Promoting existing positive organisational values, instead of exclusively using up effort trying to change the negative ones

- ☐ Assuring transparency of decisions, processes and activities

- ☐ Using non-complex, non-expert, action-oriented perspective when designing and implementing the activities

- ☐ Channelling expectations to the aims of the programme

- ☐ Guaranteeing confidentiality and respect to the workforce and participants in the activities

- ☐ Taking into account the possible collateral effects of actions

- ☐ Maintaining a high level of performance and participation among members of the project team

- ☐ Avoiding activities and attitudes which produce negative consequences amongst the enterprise members due to some organisational history

- ☐ Avoid disrupting the usual running of the organisation

- ☐ Considering all stakeholders of the organisation

- ☐ Improving physical environment, like rearranging office space

- ☐ Improving lighting and ventilation conditions

- ☐ Formalising policy on smoking within the company

- ☐ Considering some organisational aspects, such as social support

- ☐ ....

- ☐ ....

- ☐ ....

Purpose of the tool:
This tool aims to support the discussion and prioritisation of proposed potential solutions. It tries to formulate the basic criteria, problem solving capacity, availability and consequences of potential solutions and provide information to identify the type of strategy each solution follows.

Guidelines on tool use:
This tool provides the problem solving group participants with a range of criteria with which to analyse the level of suitability of each solution and to assist them in selecting solutions. These criteria are summarised in the table below. Creativity is required when proposing solutions (it is important to have a large range of potential solutions), and rationalisation is required when prioritising them. Each solution should be listed and assessed in terms of the criteria listed. If there are other criteria which apply specifically to your organisation you may wish to add them to the table.

SOLUTION	LEVEL			PROBLEM SOLVING CAPACITY		AVAILABILITY		ORGANISATIONAL / TECHNICAL / FINANCIAL CONSEQUENCES	
	A	B	C	HIGH	LOW	YES	NO	MANY	FEW
1	x			x			x	x	
2		x			x	x			x
3			x	x		x		x	
4	x				x	x			x
...									

TYPES OF LEVELS:

A. Elimination of the source of the problem
This means that the solution is able to reduce a threatening health and safety situation for example, using safe cleaning chemicals instead of dangerous, poisonous chemicals.

B. Improving the work or health situation
This means for example using lifting aids for lifting heavy things or supplying healthy food at the company restaurant.

C. Protecting the workers
This refers to providing health education and training, or taking special protective measures like using safety helmets.

OTHER CRITERIA:

1. Problem solving capacity: High / Low
How big (large or small) an impact does the proposed solution have on the problem?

2. Availability: Yes / No
Does the solution already exist or does it have to be developed?
This criteria implies the term in which it can be implemented (short or long)

3. Organisational / technical / financial consequences
What consequences could the solution have on the company?
This criterion considers the organisational changes, costs, technical consequences or expected resistance from involved persons.

4. ....

5. ....

6. ....

Tool 24. Checklist of solutions requirements

Purpose of the tool:

This tool lists the requirements that the proposed solutions should have in order to be compatible with the health improvement methodology. It tries to identify and avoid the problems related to bad selection and/or erroneous establishment of the solutions.

Guidelines on tool use:

The tool presents 15 criteria which enable the project team to assess the solutions and prepare them for planning and implementing. It provides you with an indication of whether it is necessary to review some solutions or aspects related to some solutions. This checklist may also be transformed into a set of questions, related to aspects to take into account, to be used by problem solving participants when generating solutions.

DESIRABLE REQUIREMENTS OF PROPOSED AND PRIORITISED SOLUTIONS	YES	NO
1. Reflects the needs of all employees, regardless of current health levels	❏	❏
2. It doesn't discriminate against any group in the organisation	❏	❏
3. Relates to a clear, realistic and concrete objective	❏	❏
4. Is not isolated from other health improvement / organisational activities	❏	❏
5. Is it flexible enough to be changed, if necessary, according to the needs of the partcipants	❏	❏
6. Communication channels and feedback are provided	❏	❏
7. The estimated benefits of the solution are greater than the proposed costs (time, resources, etc.)	❏	❏
8. It is compatible with both, the philosophy of workplace health improvement and organisational culture	❏	❏
9. It doesn't disrupt the usual running of the organisation	❏	❏
10. It makes use of the internal communication channels and formal structures	❏	❏
11. This solution can get enough support from participants to yield a positive outcome	❏	❏
12. It guarantees the participation and involvement of the employees	❏	❏
13. Could be developed by non-experts	❏	❏
14 Key organisational members formally do or would support this activity	❏	❏
15 Compatible with H&S statement and policies	❏	❏

Tool 25. Health Programme plan

Purpose of the tool:
It provides a template to help you draw up a Health Programme Plan. List each activity in the left hand column and fill in the related objective, target groups who will benefit from the programme; resources required to run the programme; estimated costs of the programme and potential difficulties which may arise.

Guidelines on tool use:
The form includes examples of the types of issues which may be considered when making decisions about running an activity, however, you will need to formulate the issues which are of primary concern to your organisation. Identifying these issues should be undertaken before filling in the list.

Programme plan

Solution/activity	Related Objectives	Target groups	Resources	Estimated costs	Potential difficulties	....
Stress management programme	✓ To reduce the levels of stress experienced by the employees ✓ To improve the organisation of work ✓	✓ Middle management ✓ Junior staff in finance department ✓	✓ Who will run the programme ✓ Materials ✓ Equipment ✓ ...	✓ Trainer ✓ Room ✓ Materials ✓ Aids ✓	✓ Getting entire group together at one time ✓	.....
Healthy eating programme						
(...)						

Tool 26. Checklist of Programme delivery agencies

This tool provides a template which is useful to gather data about service providers (organisations and individuals) which provide training and or information on the various health activities proposed by the project team. Information on service providers may be gathered in a number of different ways including: from project group participants, human resource departments, talking to other organisations which have run similar activities, from directories etc.

Health programme	Contact organisation	Contact person	Phone and fax number
Cancer			
Smoking			
Alcohol			
Stress management			
VDU			
Work Re-design			
etc.			

Tool 27. Outline for Timetable of activities

Purpose of the tool:

The aim of this tool is to provide a template to illustrate the types of activities which may be included in the timetable.

| Activities	Jan 96	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Marketing												
Communic-ating												
Monitoring												
Introducing programme												
Activity 1												
Activity 2												
Activity 3												

Tool 28. Monitoring - Organising solutions and planning health programme phase

This tool provides you with a list of questions which may be asked during an activity to monitor the progress of the activity, or after it to assess how well it worked. Monitoring in this way allows you to make changes to the activity if necessary. Each activity should be monitored.

1. What problems were prioritised?

2. Were problem solving groups needed to generate solutions? (How many)

Who participated in these groups?

3. What solutions were prioritised? (what criteria was used in the prioritisation?)

4. How were communications with participants handled?

5. Did the activities in this phase run as planned?

Which ones did not and why (describe)
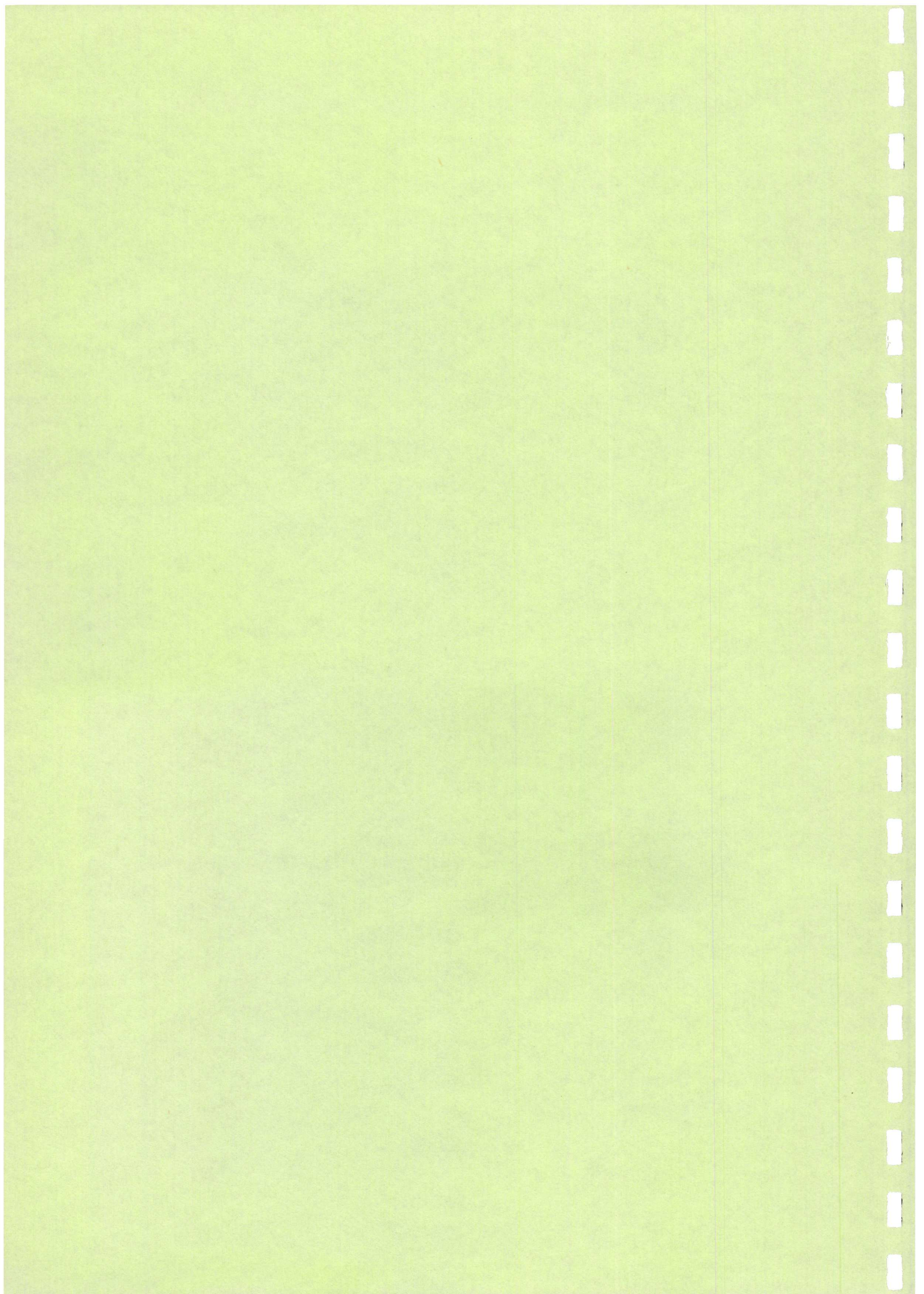
TOOLS

Implementation Phase

Tool 29. Outline of an Activity Plan

This tool provides a template which helps you to identify and record information on the resources required to run each activity. It also compiles information on the objectives for each activity, the target group and the contact person. One form should be completed for each activity. The completed version of this form can be useful when implementing activities as it acts as a checklist of resources required to run the programme.

Title of activity:

Objectives:

Funding:

Contact person:

Description of need: (why the activity is being developed)

Primary target group: (in order of priority)
(include age, gender and other characteristics)

Key strategies: (list for each target group)

Secondary target groups:

Key strategies:

Key dates:

Resources required	Exist Internally	To be acquired externally	Cost
Aids:			
Materials:			
Staff:			
Computer(time):			

Other Costs:

Potential problems:(policies and approvals that must be obtained)

Methods of evaluation:

Tool 30. Selection criteria for activities

This tool provides you with a checklist of issues which can be used to assess whether the programme is well designed and easy to follow. It also provides you with some issues to consider when selecting someone to provide the programme.

Key programme/course elements should include:

- has the programme been developed by a qualified expert, with an outline available for review?
- does it consist of up-to-date information that is free of misleading claims?
- completeness: information, motivation, skills development and techniques for behaviour modification
- attractive, easy-to-read materials, 'fun to do'
- good fit with your (employees) specific needs
- approachable/easily accessible
- instruction on how to do
- variation in the programmes offered
- approval of the management
- fit to the existing channels and network of the company
- possible to adjust the project/improvement
- ensure that programme can be continued
- balance of cost - benefits
- waiting period (before evaluating)

Before selecting the provider, some issues to consider:

- credibility
- training and qualifications
- experience
- expertness
- quality assurance mechanisms

Tool 31. Pre-test checklist

This tool lists a number of issues which may be taken into account when conducting a pre-test on an activity. It is not always possible to undertake a pre-test, but where possible one should be undertaken before implementation of an activity. The following issues may be taken into account when conducting a pre-test:

1. Do the employees know what this improvement or activity is intended to do, what is its purpose?

2. Do they like it: is it attractive? (prompt why they say yes and no)

3. Do they think it is appropriate, usable in their situation? (prompt why they say yes and no)

4. Would they recommend it to others (other colleagues for instance)? (prompt why they say yes and no)

5. Is the (written) information:
   interesting
   informative
   accurate
   clear
   useful
   unbiased
   easy to read (understandable)
   complete
   attractive

6. What else have employees to say about the improvement or programme?

The answers to these questions should be taken into consideration during the implementation. Taking these comment into account can greatly increase the success of the implementation.

Tool 32. Monitoring of health activities

This tool provides you with a list of questions which may be asked during an activity to monitor the progress of the activity, or after it to assess how well it worked. Monitoring in this way allows you to make changes to the activity if necessary. Each activity should be monitored.

1. Name of activities/improvements carried out?

2. Who was involved in the activity? (target groups)

3. How many employees participated in this activity?

4. Have experts been consulted? Who were the experts?

5. Was the activity pre-tested? (results?)

6. Was there any resistance towards the activity? (from whom and why?)

7. Was the activity fully implemented?

8. Did the participants like the activity? (Why yes or no?)

9. Did the activity run as planned (if not, why not?)

Tool 33. Examples of questions to evaluate activities/improvements

This tool provides you with a list of questions which can be used to evaluate the activities. Evaluation assesses whether or not the objectives of the activity was met and whether or not the activity was effective (could any change be attributed to the activity).

- **How many people participated in the activity?**

- **Did they complete an evaluation form?**

- **Who responded?**
  - characteristics of responders
  - specific workplace of responders

- **Were there any changes?** (on what level?)
  - change in awareness
  - changes in knowledge
  - change in attitudes
  - change in skills
  - changes in intentions
  - actions taken/actual behaviour

- **Did the participants like the activity or improvement?**

- **Did the activity/improvement meet the needs of the participants?**

- **Was the instructor of the activity effective?**

- **Were the location and time of the activity convenient for the participants?**

Tool 34. Monitoring - Implementation phase

This tool provides you with a list of questions which may be asked at the end of or during the phase to monitor the progress of the phase and or to assess how well it worked. Monitoring in this way allows you to make changes to the phase if necessary.

1. List of activities/improvements carried out?

2. Which groups of people were involved in the activities?

3. How many employees (total number) participated in these activities?

4. Were experts consulted? Who were the experts?

5. Were external agencies used in the provision of programmes? (which ones?)

6. What methods of communication did you used to inform employees about programmes and how successful were these?

7. Did you need to use incentives to motivate employees to participate? (which ones?)

8. Were activities evaluated?

9. Did the phase run as planned (if not, why not?)
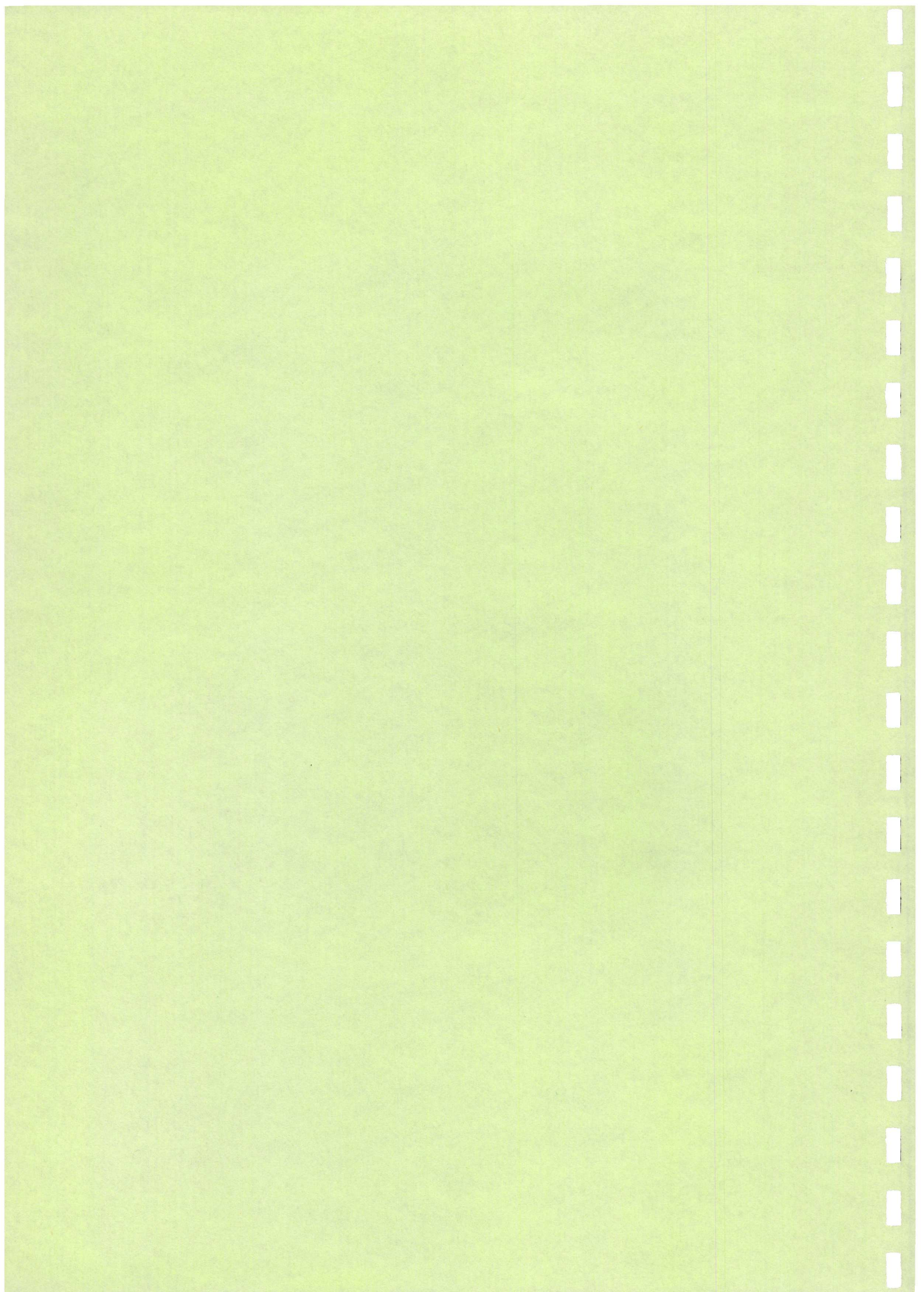
TOOLS

Evaluation and Consolidation phase

Tool 35. Evaluation of the project

Evaluation to assess programme effectiveness attempts to answer several questions at different levels; some of these questions address the process and appropriateness of the programme itself, others deal with documenting the effects the programme has on participants and the benefits these effects have for helping to achieve organisational goals. This tool outlines the main methods used in monitoring and evaluation activities.

There are two kinds of evaluation which need to carried out:

1. **Process evaluation (monitoring):** this should be done:

- continuously, during each phase of the project by talking to participants, providers and management. At the end of each phase there is a tool to help you conduct a process evaluation of that phase

- at the end of the project by means of questionnaires or interviews to help you conduct a process evaluation of the entire project

2. **Effect / Outcome evaluation:** this may be done:

- based on the records of several data like absenteeism data

- repeating the questionnaire used during the needs assessment phase

- observation of the implemented improvements

Tool 36. Qualitative questions

This tool provides you with a list of questions which can be used in discussions/interviews with participants to get very quick idea of how they judge the project and its activities.

As an introduction to the questions you can use the following example:

In our organisation/company several activities have been carried out as part of a workplace health improvement project. We would like to ask you some questions about the activities and the project.

Do you think the project contributed to an improvement of:

- contact with sick employees	yes ( ) no ( )
- contact with healthy employees	yes ( ) no ( )
- working conditions in the organisation	yes ( ) no ( )
- atmosphere at work	yes ( ) no ( )
- your involvement in improving the work situation	yes ( ) no ( )
- your motivation at work	yes ( ) no ( )
- quality of the work (product or care)	yes ( ) no ( )
- your health, safety and well-being at work	yes ( ) no ( )
- your lifestyle (smoking, eating, exercise....)	yes ( ) no ( )

It is also important to ask people if they have any ideas for follow-up activities, like:

"The health improvement project has given an extra impetus to the health and safety policy of the organisation. This programme will finish this year. Our organisation however want to continue to provide activities which improve the health of the workers. Can you indicate those issues for which you consider we need to develop new activities?"

Tool 37. Monitoring and interpreting absenteeism data

This tool describes the issues involved in monitoring and interpreting absenteeism data.

These are just some examples of what to consider when monitoring absenteeism data but it always depends on what other data (from other sources) exist.

Assess how absenteeism is monitored in your organisation. Does it ?

• Monitor absenteeism in calendar days or working days

• Include absenteeism which runs into holidays or not

• Exclude absenteeism for maternity leave and child care or not

The main absenteeism indices will be:

-   the absence percentage (the annual number of calendar (or working-) days lost due to sickness absence as a percentage of potential person calendar (or working-) days);

-   the frequency or the average number of spells of absence (the total number of spells of absence in a year divided by person-years at risk);

-   the average duration per spell (the total number of absence calendar (or working-) days in a year divided by the number of spells of absence in this year).

The following is an example of the type of classification may be used in analysing absenteeism data:
1.   1-7 days (short-term)
2.   8-42 days (medium-term)
3.   43-maximum (long-term).

Interpreting (reliability)

Comparing absenteeism data on group level raises the question whether any importance can be attached to the differences (decrease or increase) that have been found. This depends for instance on the size of the differences, period in which the data was collected and the size of the groups involved. Where differences are smaller, there is a possibility that absenteeism is related to a shorter period and/or the size of the group is smaller and there is a good chance that fluctuations are due to coincidence.
Based on absenteeism data in the Netherlands, reliability statistics have been formulated to check if differences in absenteeism data are 'significant' (chance on coincidence of 10%) or not.
To illustrate this: at a company with 50 employees the difference in absence percentage should be at least 5.6% to be significant, while at a company with 500 employees the difference should be at least 1.8%. However, a non-significant difference can sometimes be of value too. Reducing absenteeism by even a small percentage can save the company a lot of money.

Tool 38. Examples of questions to evaluate Health Improvement Project

This tool provides you with a list of questions which can be used to evaluate the health improvement project. An evaluation assesses whether or not the objectives of the project were met and whether or not the project was effective (i.e. could any of the changes which are found be attributed to the implementation of the health improvement project?).

- How many people participated in the activities?

- How many activities were implemented?

- How much money was spent on measurable resources e.g. trainers, materials, equipment etc.?

- What comments did the project team make about the health improvement project

- What comments did management/stakeholders make about the health improvement project

- Were there any changes? (on what level?)
  - change in overall health of employees (measured by reduced absenteeism, for example)
  - changes in morale
  - change in turnover of personnel
  - change in policy or other institutional changes

- Did the health improvement project meets its objectives?
  - as set out in the getting started phase
  - identified in the needs and problems phase

- What problems and difficulties were encountered during the health improvement project?