

Well@Work: Promoting Active and Healthy Workplaces

Final Evaluation Report

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EXECUTIVE SUMMARY

The workplace offers significant potential as a setting to promote healthy lifestyles to the adult working population. This is well recognised in the UK but to date under utilized; moreover there is limited evidence on workplace health from studies undertaken within an English context. The Well@Work programme was a national workplace health initiative, comprising nine regional projects encompassing 32 workplaces representing different sized organisations and sectors. This report summarises the national evaluation of Well@Work and represents a comprehensive assessment of the impact of these workplace health programmes aimed at improving employee health, delivered across a diverse set of workplaces.

Aims of Well@Work

The aims of the Well@Work pilot project were to assess the effectiveness of workplace health programmes in promoting the health and well-being of employees in a diverse set of workplace environments and to develop an evidence base on 'what works' in health promotion in the workplace in England.

Objectives of Well@Work

The objectives of Well@Work were to conduct nine regional projects, each implementing a health lifestyle programme with a core focus on physical activity, nutrition and smoking; to undertake a national evaluation to assess the effectiveness of healthy lifestyles programmes on key behavioural, health-related and business-related outcomes; and to identify the factors and barriers associated with implementation, success and the sustainability of workplace health programmes.

Management and Timelines of Well@Work

Well@Work was conducted over 3 years. Selection of participating workplaces took place in Autumn 2004 and project implementation commenced between April 2005 and January 2006. Well@Work projects ran for on average 22 months with project completion by September 2007. Eight of the eleven Well@Work projects continued in some capacity after the formal completion of Well@Work funding. Project management was undertaken by the British Heart Foundation with a National Steering Group comprising representatives from the Well@Work funding partners. A reference group of independent research experts was formed to provide external input on the evaluation and to make recommendations to the National Steering Group.

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Well@Work Projects

Eleven Well@Work projects were established across the 9 regions of England. Each Well@Work project was delivered by a regional project team including a full-time or part-time project co-ordinator, a regional steering committee and partnerships with other organisations (e.g. Primary Care Trust, Leisure Sports Trust). Co-ordinator positions varied and were either full-time or part-time and were based within the workplace or within a partner organisation.

Well@Work projects delivered a diverse set of initiatives and actions aimed at promoting and supporting healthy lifestyles. Initiatives were focussed on 3 key lifestyle behaviours (increasing physical activity, encouraging healthy eating and smoking cessation). Additional activities were undertaken in other areas, such as stress and mental health. Different approaches were used according to the needs, interests and resources of each organisation and its employees. No pre set schedule of initiatives was imposed however a focus on physical activity was a core component and four theme areas were suggested under which initiatives could be delivered: 1) Awareness and education; 2) Programmes and services; 3) Supportive environments; and 4) Healthy workplace policies.

Well@Work National Evaluation

Evaluation of Well@Work was conducted by Loughborough University using a framework developed to provide a consistent and comparable approach across all Well@Work projects and assess the key outcome areas. A pre post design was used due to limitations in planning time and funding which excluded the use of experimental methodologies. The strength, however, of the Well@Work evaluation is the replication of similar interventions across a large number of diverse workplace settings and the collection of multiple data sources to allow a detailed picture of the impact as well as the process of implementation of health programmes in the workplace.

Key Results

Physical activity and nutrition were the dominant foci of all Well@Work projects. Physical activity initiatives (including sports and recreation, walking and active travel) accounted for approximately half (49%) of all project initiatives however this did vary across projects (from 26% to 73%). Popular physical activity initiatives included team based events, competitions and 'come and try' events that offered new and different opportunities to employees. These activities are characterised by being conducted in work time, usually on-site and therefore convenient, were offered free of charge to employees, participation was voluntary and the time requirement (commitment) was low.

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Increases in active travel were observed in 3 projects and in sports and recreation participation in 9 projects. Although these results are consistent with the strong focus on physical activity, it is likely that some of the observed change between baseline and follow-up may have been positively influenced by the timing (seasonality) of the employee questionnaires. Barriers to implementing physical activity initiatives included the lack of suitable space to conduct events and, for some activities and some employees, the lack of changing and shower facilities.

Nutrition initiatives accounted for 19% of project events but this varied across projects (range 4% - 41%). Significant increases in fruit and vegetable consumption were observed in 5 projects. Delivery of nutrition-related initiatives was considered more difficult to make fun and social but popular activities included 'Fruity Fridays', taster sessions (e.g. fruit smoothies and weight loss programmes). Making changes to the canteen menus and contents of vending machines was constrained by existing contracts in many workplaces.

There were no observed changes in the prevalence of smoking, alcohol consumption or other health areas and this is likely to reflect the low number of initiatives delivered to address these topics. An increase in the perception of social support for employees to make healthy lifestyle changes was observed and probably reflects the social aspects of the Well@Work initiatives and the support offered via colleagues and the project itself.

The majority of Well@Work interventions were aimed at increasing awareness, education or the provision of programmes. Many of the initiatives were conducted as 'one-off' events or 'taster' sessions used to raise awareness and to offer a diverse set of opportunities to employees with differing needs and interests and to reach staff who could not or were not interested in committing to ongoing programmes or short courses.

Providing a supportive workplace environment can support and encourage employees to maintain healthy lifestyles however only a few changes were made in Well@Work sites over the 2 year timeframe. The majority of improvements addressed the awareness and education environment (providing newsletters, poster boards or intranet pages) and these were viewed as easy and cheap to implement. Changes to the physical environment in Well@Work projects were small scale, non-structural and inexpensive; most addressed physical activity (e.g. provision/improvement of bike storage or provision of sports equipment) and nutrition (e.g. healthier options in vending machines and canteen). Employees reported that more changes to the physical environment would have provided visible commitment from their employer to the project and employee health.

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Few changes were made to modify or introduce healthy workplace policies in the Well@Work projects. Strong management support was considered critical for policy change which was viewed as a mid- to long-term project objective. The local environments around the Well@Work workplaces generally scored low on the level of support they provided for cycling and walking. Both employers and employees reported that site location and surrounding environments limited the opportunity for lunchtime walks or active travel.

Improved business performance was a key driver for Well@Work in many organisations but overall there is limited evidence from objective data due to the lack or poor quality of data provided by participating workplaces. Employers reported observing an improvement in staff morale, working atmosphere and communications and interactions between both employees and managers in the workplace as a consequence of participating in Well@Work. These were described as “less tangible” but important outcomes. Around two-thirds of employees thought that the Well@Work projects had been “interesting”, “helpful” and provided them with “useful information”. Participants reported enjoying their experiences and liking the opportunity to meet new colleagues and socialise. Self-reported participation rates did vary across the Well@Work projects from 37% to 88%, with the lowest participation rates in projects with low scores on employees’ rating of project convenience.

Conclusions

1. Initiatives aimed at increasing participation in physical activity through sports and recreation, walking and active travel can be undertaken in the workplace. Popular initiatives included team activities and competitions (such as pedometer challenges), ‘come and try’ initiatives that offer new and different opportunities to employees and health checks / screening programmes (which should include an assessment of physical activity levels). These types of initiatives are characterised by being conducted in work time, usually on-site and therefore convenient, are offered free to employees, participation is voluntary, and the time requirement (commitment) is low.
2. A lack of necessary facilities and amenities can limit the provision and success of initiatives aimed at promoting physical activity. For example, the lack of suitable spaces to run classes and participation can be low if employees need or prefer to have shower and changing facilities and these are unavailable. Organisations interested in running on-site classes need to have access to wholly or partially dedicated space which is easily accessible and convenient for the employees.

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3. Providing and sustaining ongoing programmes and physical activity classes on-site at a workplace can be difficult. Diverse employee interests and varying levels of readiness and confidence to participate combined with the practical constraints of work schedules and family commitments can make sustaining such classes non-viable. Organisations with a large workforce may have sufficient employee interest to support a programme of on-site (or in-house) classes. Smaller organisations and those with a large number of part-time or shift workers may find signposting to opportunities in the community more effective.
4. Programmes aimed at promoting walking can be undertaken at the workplace, examples include running lunchtime walking groups, signposting distance (steps) in and around the workplace, provision of maps showing safe, pleasant and accessible walks of different time requirements, and individual or team challenges (e.g. pedometer based programmes). However, the physical location of the workplace and characteristics of the local environment can limit the opportunities available for employees to walk. Workplaces should consider how well their site design and location supports walking and cycling and employers should be encouraged to work with local government to improve the local environment.
5. Promotion of active travel (cycling and walking to and from work) can be approached in the workplace and is ideally integrated within a workplace travel policy and supported by the provision of appropriate amenities (bike storage, changing facilities) and incentives (e.g. bike purchase schemes, bike loan schemes).
6. Healthy eating can be addressed in workplace health programmes and popular initiatives include promotion activities such as 'Fruity Fridays', provision of fruit baskets, changes to food provided at meetings and weight loss programmes run at lunchtime.
7. Initiatives aimed at providing more healthy eating options in the workplace can be restricted by food service contracts (for example, in canteens and vending machines) and thus may require a longer time frame to affect change. The pricing of healthy options must be considered carefully to avoid being a disincentive.
8. The inclusion of initiatives aimed at alcohol, drugs and mental health issues within a workplace health programme can provoke concern and scepticism in both employees and employers. These are considered sensitive issues and require careful integration within a workplace health programme. Employers may need further training and resources to support the implementation of this type of programme in the workplace.
9. Workplace health initiatives run during the working day (particularly at lunchtime) are suitable for office based organisations but short lunch breaks and a culture of working through lunch

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can prohibit participation even among interested employees. Workplace policy and culture should be addressed to increase employee participation.

10. Workplace health programmes need to accommodate the particular difficulties faced by specific groups of employees such as shift workers, part time workers and those with less flexibility in their work schedules (e.g. factory workers, health care workers) to ensure equitable access and opportunity is provided for participation and engagement.
11. Changing the physical environment at a workplace (e.g. the design, facilities, amenities) to support employees in making healthy lifestyle choices (such as to be more active, to eat more healthily) should be viewed as an essential component to a comprehensive workplace health programme. Changes to the environment and policy demonstrate to employees the commitment of an organisation to support employee health. However, making these type of changes is harder to achieve in the short-term thus should be viewed as mid- to long-term objectives and requires significant management support.
12. Organisational policy to support healthy lifestyles should be developed to ensure long-term sustainability. This can be integrated within one or more related policy areas (such as occupational health and safety, human resources [recruitment, retention], absenteeism and return to work agendas, travel policy, canteen and vending machine services and contracts).
13. Co-ordination of a workplace health programme is essential and is particularly important when organisations are starting a new initiative. Project success and sustainability is less likely if co-ordination is left to employee volunteers to run and/or not provided with sufficient allocation of time and at least some resources. The skills and expertise of individual(s) leading a workplace health project should not be limited to health knowledge or an ability to deliver project initiatives; desirable skills include management, planning, co-ordination and communication.
14. The development of 'workplace champions' is recommended to help plan and implement a workplace health programme, to encourage employee engagement and develop employee ownership. More than one champion will offer advantages of peer support and greater capacity.
15. Management support for both the programme itself and those involved in implementation (such as the workplace champions, project co-ordinators) is essential. Management support should be visible to employees. An 'advocate' or 'sponsor' within the organisation, who visibly supports the project, can be of great benefit providing links to business objectives and planning cycles as well as building management support. The 'advocate' may be based within senior management.

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16. Organisations implementing comprehensive workplace health programmes may need the support from external providers who can bring breadth of expertise, experience and existing resources.
17. Programmes must meet the identified needs and interest of employees, engage employees in the planning and delivery and create employee ownership for long term success. Advance planning is essential and use of project branding can create an identity for the workplace health programme that can help build recognition of the activities and raise employee awareness.
18. Communication of the aims and purpose of workplace health programmes to employees is essential to build positive employee engagement. Good communication and use of multiple channels to maximise reach to all employees is essential for success.
19. Expectations for workplace health programmes should be realistic and acknowledge that planning, establishing employee engagement and developing management support (at all levels) can take much longer than anticipated to get fully established, thus at least 12 months is necessary as an initial start up phase.
20. Workplace health programme can lead to both tangible and intangible benefits but realistic timescales are needed. Up to 5 years may be required to realise some of the potential benefits of workplace initiatives. However the scale of investment, the type of programme and co-ordination, and the level of management support and employee engagement will determine both the type of benefits (impact) and timescales required. Evaluation should be undertaken to assess the impact and demonstrate effectiveness.

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PROJECT CODING

This page provides a guide to the coding used to identify projects throughout this report. The project region, assigned code and organisation are listed below as a reference to help the reader whilst using this document.

Project	Type	Abbreviation	Region
A	City Council	CC	South West
B	Private organisation	PS	North East
C	Insurance company	PS	Yorkshire and Humber
D	Young Offenders Institute	HMP	North West
E	Primary Care Trust (including GP practices)	PCT	West Midlands
F	Food Manufacturer	FM	South East
G	General Hospital	GH	London
H	Food Manufacturer	FM	North West
I	Voluntary Organisations	VS	East Midlands
J	Small-Medium sized enterprises	SME	East
K	Private care home	CH	North East

CHAPTER 1: Introduction

1.1 Background

The workplace offers significant potential as a setting to promote healthy lifestyles. Around three quarters of the UK population are currently in employment and it is estimated that individuals may spend up to 60% of their waking hours in their place of work (Peersman et al., 1998). Moreover, the employed workforce represents an important target population for health promotion. The workplace setting also offers an important opportunity to address known inequalities of access, health gaps and gender differences. Overall the importance and latent potential for health promotion activities in the workplace setting is well recognised but in the UK has been under utilized.

The potential of the workplace setting lies in the opportunity for easy and regular access to a 'captive audience' and a large number of individuals. In addition, programme benefits can be actively disseminated by employees to family and friends, thus indirectly having a positive effect on the health of the wider community (Peersman et al., 1998).

A number of recent national policy reviews highlight the significance of the workplace in promoting better health and well-being (Wanless, 2004; Hillsdon et al., 2005; Department of Health, 2004). However, the workplace has not been a significant setting in promoting healthy lifestyles in England. Recent Government initiatives include the Health, Work and Wellbeing strategy which aims to promote the benefits of a healthy and supportive working environment to all employees and organisations (Department of Work and Pensions, 2005).

1.2 Evidence of effectiveness

Whilst there is strong justification for promoting health in the workplace, the evidence for the effectiveness of workplace health programmes remains equivocal. Review level evidence, looking at the effectiveness of workplace physical activity interventions for improving health is equivocal and indicate that there is insufficient evidence to identify clear trends in effectiveness in relation to different types of workplace programmes, particularly those aimed at increasing physical activity (Peersman et al 1998; Hillsdon et al., 2005; Marshall, 2004a; Marshall 2004b; Proper et al., 2003; Dishman et al., 1998).

Although a review by the US Centres for Disease Control and Prevention has concluded that behaviour change programmes in the workplace can work (CDC, 2001), there is a need for more rigorous evidence of what works in the UK. Much of the published intervention research originates

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from North America, Australia (Proper et al., 2003), and is often from very large scale employers with associated private health insurance schemes, which is atypical of UK small and medium sized businesses / workplaces. Moreover, there has been wide variation in the types of programmes which have been delivered and, overall, the content and context of programme implementation have been poorly documented. With few studies to draw on, the wide variety of workplace settings and the differences in intervention designs and durations, the applicability of the available evidence to the UK is at present very difficult to identify.

In the current climate of 'evidence-based best practice' for informing the development of public health policy there is increasing demand from employers, policymakers and administrators to identify what is effective and what is not to guide preventive interventions. There is also considerable interest in the contribution of workplace health programmes to reducing sickness and absenteeism-related costs and being 'value for money' (Rootman et al., 2001). Along with the economic and business case for workplace health programmes, employers need practical advice and examples of best practice and this is currently lacking.

This report summarises the national research evaluation project for the Well@Work programme undertaken in England. Well@Work provided an opportunity to systematically assess the impact of comprehensive lifestyle programmes, delivered across a diverse set of workplaces and to identify 'what works' in terms of improving health of employees in the English context.

1.3 National Well@Work programme: description and context

Background to project

The Well@Work Programme is a collaborative project between lead Government and non-government agencies aimed at addressing the lack of evidence on the effectiveness of workplace health programmes in England. It was initiated after shared recognition of the broad regional interest in undertaking an evaluation of a large scale workplace programme. Well@Work was included as an action in the Government's White Paper Choosing Health: Choosing Activity in 2004.

Funding

The national Well@Work programme was funded by the Department of Health, Sport England, BIG Lottery and the British Heart Foundation.

Well@Work Aims

A national project aimed at assessing the effectiveness of a broad workplace health programme in promoting and influencing the health and well being of the workforce. Specifically:

- to assess the effectiveness of health-related interventions in the workplace, particularly those relating to increasing physical activity, improving diet and smoking cessation;
- to develop an evidence base on 'what works' in health promotion in the workplace in England.

Well@Work Objectives

- To conduct nine regional projects, each implementing a healthy lifestyle programme in a workplace setting(s) with a core focus on physical activity, diet and smoking;
- To provide ongoing advice and support structures to enable each of the nine projects to implement effective and sustainable workplace programmes based around 4 themes - awareness and education; programmes and services (healthy choices); healthy environment, and building healthy policy;
- To undertake a national evaluation programme to assess the effectiveness of the multi-component / multi-faceted healthy lifestyles programmes on key behavioural, health-related and business-related outcomes; and
- To identify the factors associated with success and the barriers to the implementation and sustainability of workplace health programmes.

Well@Work Outputs

- Report on the results of the national research evaluation of the Well@Work programme;
- Recommendations for the implementation of effective workplace health programmes based on the outcomes of nine regional action research projects;
- Identification of which programme components are effective at changing peoples knowledge, attitudes and behaviour and encourages healthy lifestyles, particularly amongst disadvantaged groups;
- Recommendations on best ways to effectively engage and encourage employers in the public and private sectors to invest in the implementation, development and sustainability of workplace interventions;
- Recommendations on best ways to engage employees in workplace health programmes.

Well@Work Timelines

The Well@Work project was conducted over 3 years. Project planning commenced in July 2004, workplace selection took place during autumn 2004 and projects commenced implementation from April 2005 until January 2006. Projects ran for on average 22 months with project completion commencing between April and September 2007. Eight of the eleven projects continued with the project in some form after the formal completion of the Well@Work project.

1.4 Management of Well@Work

Programme management

Programme management for Well@Work was undertaken by the British Heart Foundation. In addition to overseeing project implementation and financial monitoring, the BHF facilitated use of the BHF Think Fit toolkit and provided support and advice to project co-ordinators and regional steering committees.

National Steering Group (NSG)

The National Steering Group comprised representatives from the Well@Work funding partners and met regularly throughout the Well@Work Project period. The tasks of the National Steering Group included: provision of project management support; overseeing workplace selection and ongoing project implementation and progress; overseeing the national evaluation team, dissemination of Well@Work; and oversight of the evaluation sub-group, the press and PR sub-group and the network meetings.

Evaluation Sub Group (ESG)

A reference group of independent research experts was formed to provide external input on the evaluation plans, tools and progress during the Well@Work programme. This group made recommendations on the evaluation of the Well@Work programme to the National Steering Group.

Well@Work Network meetings

Well@Work Network meetings were run quarterly, under the co-ordination of the BHF, to help the individual projects share ideas, learn from each other and gain input from external sources via expert presentations on identified key programme areas. Project co-ordinators and representatives from the participating workplace or partner organisations attended these 2 day events.

1.5 Recruitment of workplaces

Workplaces were recruited across England to participate in the 9 Well@Work projects (one per each of the then 9 health regions in England). Recruitment was undertaken by existing personnel based in the regional offices of the funding partners. Letters were sent to potential organisations inviting them to participate in the project. Organisations were selected based on their interest and fit with the requirements of the National Steering Committee to engage a diverse set of different types of workplaces from different sectors. Each region submitted a project proposal to the National Steering Committee for approval which included details about the organisation(s) involved (e.g. location, number of employees, mean age and gender of employees), partner organisations, a description of the proposed workplace health programme including interventions that might be delivered and a budget for the 2 year project (maximum of £100,000). The proposal required the agreement and signature of a senior member of staff at the organisation to confirm their willingness to participate in the national Well@Work programme and to undertake the evaluation activities. In cases where the participating organisation was unable to receive the project funds, an alternative lead organisation was identified in the region.

The final selection of participating organisations was based on providing the opportunity to learn about 'what works' and 'how it works' in a variety of workplace environments. It was therefore desirable to include both small and large businesses; urban and rural workplaces; the public sector, such as a government office; the health sector, such as a hospital and primary care trust (PCT). Thus collectively the experience and results from all workplaces will maximise the application of findings to other workplaces across England. Two regional projects (North East and North West) recruited two organisations to participate in Well@Work. In two other regions more than one type of organisation was involved; the East Midlands project involved 14 voluntary sector organisations and in the East region 9 small to medium (SME) organisations were recruited.

A summary of participating organisations and their characteristics is shown in Table 1.1. Across the 9 regions there were 11 separate projects (Column 1) involving a total of 32 organisations and a potential workforce of 10,000 employees. Two of the 11 projects were based in city areas, 3 in urban areas, 1 in a rural area and the remaining 4 projects were located in a combination of localities. Four projects were undertaken in public sector organisations, 6 projects were in the private sector and one project was undertaken with a group of voluntary sector organisations (project I).

Table 1.1 Summary characteristics of participating workplaces

	Type	Abbreviation	Sector	Number of organisations*	Number of employees*	Location	Region
A	City Council	CC	Public	1	843	City	South West
B	Private organisation	PS	Private	1	184	Urban	North East
C	Insurance company	PS	Private	1	465	City/Rural	Yorkshire & Humber
D	Young Offenders Institute	HMP	Public	1	720	Rural	North West
E	Primary Care Trust (including GP practices)	PCT	Public	1	1000	Urban	West Midlands
F	Food Manufacturer	FM	Private	1	1579	Urban	South East
G	General Hospital	GH	Public	1	2240	City	London
H	Food Manufacturer	FM	Private	1	1400	Urban	North West
I	Voluntary Organisations	VS	Voluntary	14	773	City/Urban /Rural	East Midlands
J	Small-Medium sized enterprises	SME	Private	9	894	Urban/ Rural	East
K	Private care home	CH	Private	1	255	Urban/ Rural	North East
N=11				N=32	N=10,353		

*at start of project

Table 1.2 reports additional data on workforce characteristics provided by participating organisations in August 2006. Data on the characteristics of the employee population at each workplace by age, gender and ethnicity were available for most, but not all, projects. Additional data on the workforce shift patterns and working hours (full time / part time) were available for 5 projects. In chapter 4 these data will be used to compare the characteristics of the sample of employees that respond to the employee questionnaire at baseline and follow-up.

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Table 1.2 Workforce characteristics (provided by participating organisations August 2006)

	Gender	Mean Age				Age category (%)				Age range		Ethnicity				Work Hours		Work pattern	
		% male	Total	Male	Female	18-30	31-45	46-60	61+	Min	Max	% White	% Black	% Asian	% Other	% Full-time	% Part-time	% Regular hours	% Shift work
A	CC	56.6	43	45	40	18.1	36.2	41.3	41.0	18	69	91.7	0.1	0.3	7.9	80.6	19.4	-	-
B	PS	41.6	40	42	39	25.0	38.0	35.0	2.0	19	63	99.0	0.0	1.0	0.0	92.5	7.5	100.0	0.0
C	PS	42.6	36	-	-	37.0	39.0	22.0	2.0	16	64	94.0	0.0	3.0	0.7	79.4	20.6	-	-
D	HMP	64.1	-	-	-	-	-	-	-	-	-	76.0	0.7	0.2	23.1	90.1	5.8	15.8	81.3
E	PCT	13.7	-	-	-	11.6	46.3	39.2	2.9	16	65	88.5	0.7	1.6	9.2	41.0	59.0	-	-
F	FM	68.6	38	39	36	16.0	58.0		26.0	20	61	78.0	2.0	6.0	14.0	94.9	5.1	43.1	56.9
G	GH	28.0	41	40	41	6.6	44.3	37.2	11.9	18	74	35.0	34.0	20.0	11.0	84.0	16.0	-	-
H	FM	82.1	45	49	42	7.2	49.5	42	1.3	17	65	98.1	-	1.1	-	97.8	2.2	31.8	47.7
I	VS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
J	SME	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
K	CH	12.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

- =not available

1.6 Delivery of Well@Work projects

Each workplace project was delivered by a regional project team which included a full-time or part-time project co-ordinator, a regional steering committee and partnerships with other organisations. In addition, some of the workplaces established ‘working groups’ within the organisations and identified “workplace champions” who were employees with a responsibility for a specific component of the workplace project.

Project co-ordinators

A project co-ordinator was employed for each of the 9 Well@Work projects. Positions varied from full-time and part-time, based within the workplace or based within a partner organisation (e.g. PCT, Leisure Sports Trust). Appointments commenced at varying time points during the first six months of the Well@Work projects and the appointment process was coordinated by each of the regional projects in collaboration with the Well@Work steering committee.

Table 1.3 summarises the location of the project co-ordinator relative to the participating organisation (internal or external), the number of organisations they supervised (single or multiple) and the number of workplace sites (single or multiple).

Table 1.3 Project Co-ordinator characteristics

Project	Organisation type	Organisations (n)	Sites (n)	PC positioned	PC employment	Department assigned to
A	City Council	1	Multiple	Internal	Full-time	Leisure services department
B	Construction / service industry	1	Single	External: PCT ¹	Full-time	Human Resources
C	Insurance company	1	Multiple	External: PCT	Full-time	Human Resources
D	Prison	1	Single	External: Leisure trust ²	Full-time	Human Resources
E	Primary Care Trust	1	Multiple	Internal	Full-time	Health Promotion
F	Food Manufacturer	1	Multiple	Internal	Full-time	Human Resources
G	General hospital	1	Single	Internal	Full-time	Human Resources
H	Food Manufacturer	1	Single	External: Leisure trust ²	Full-time	Occupational health
I	Voluntary sector	14	Multiple	Internal (1) / external (13)	Part-time	No specific department
J	Small to medium sized businesses	9	Multiple	External *	Part-time	NA
K	Private Care Home	1	Multiple	External: PCT ¹	Full-time	Business development

PC=Project Co-ordinator

PCT=Primary Care Trust

NA= not applicable

* PC based within a private management and marketing company

¹ same project co-ordinator working part-time on each project

² same project co-ordinator working part-time on each project

Workplace champions

Many of the 11 projects developed a network of workplace champions to help with the planning and delivery of the Well@Work projects. These were employees either identified or volunteers who were willing to spend time assisting the project co-ordinator. The projects varied in terms of when and how champions were involved, how many champions were engaged and the tasks that they undertook. More details on the roles and experiences of workplace champions are presented in later Chapters of this report (Chapters 3 and 7).

Local steering groups and partnerships

Some of the 11 projects maintained a local steering group to help provide guidance, overarching support and links to other local health promotion, and specifically workplace initiatives.

Membership usually comprised representatives from the participating organisation, the lead organisations and other partner organisations involved in the recruitment of the workplace (such as regional Sport England office, local Primary Care Trusts (PCT), local leisure trusts, council representatives as well as the project co-ordinator). More details on the role and experiences related to the steering committee are presented in Chapter 7.

1.7 Well@Work projects: overview

The Well@Work projects were underpinned by the following three principles:

1. Help employees acquire the awareness, knowledge and skills for self-management and responsibility for putting health and well-being into their lives;
2. Provide a supportive environment to enable the healthy choices to be the easy choices;
3. Build sustainability for the Well@Work project in the workplace.

Each of the 11 projects implemented a set of interventions and actions aimed at promoting and supporting healthy lifestyles. Initiatives were focussed on 3 key lifestyle behaviours: increasing physical activity; encouraging healthy eating; and smoking cessation. Additional programmes and activities were undertaken in some of the projects in other areas, such as stress, mental health and back care.

Different approaches were adopted to deliver the Well@Work initiatives across the 11 projects according to the needs, interests and resources of each organisation and its employees. There was no pre set schedule imposed on the regions on what initiatives should be delivered or when they were delivered within the Well@Work project timeframe. However, a focus on the promotion

of physical activity was a core component in each project and four themes or actions areas were suggested for inclusion in each Well@Work project:

1. Awareness and education
2. Programmes and services
3. Supportive environments
4. Health workplace policies

These themes are consistent with contemporary health promotion practice and recommendations from the World Health Organisation (Ottawa Charter for Health Promotion, 1986; Jakarta Declaration, 1997). The four themes reflect action at multiple levels consistent with a socio-ecological approach to health enhancement. More details on the specific activities included in each Well@Work project is described in Chapter 3 which reports on programme implementation.

1.8 Well@Work National Evaluation Team

The external Well@Work evaluation team was based in the School of Sport and Exercise Science at Loughborough University. The evaluation team developed and provided the overarching evaluation framework for Well@Work and had responsibility for all data collection, analysis and evaluation training as required. The team provided external advice on programme planning and implementation during the early development stages and when requested at Well@Work Network Events. The evaluation team did not engage in project specific programme development or delivery. The national evaluation team reported to the National Steering Group and to the Evaluation Sub Group (ESG) which was set up to engage external advisors to comment on the evaluation programme of work and to monitor their performance and status of the evaluation.

CHAPTER 2: Evaluation framework: methods and measures

2.1 Introduction

The evaluation team aimed to provide a consistent and comparable approach to evaluation across all 11 Well@Work projects. In addition, and where possible, flexibility was offered within the tools or protocols to tailor the evaluation to the specific project needs and thus best reflect the aims and objectives of each project. For example, additional questions were added to the employee questionnaire on a project by project basis (where requested). Tools with known reliability and validity were considered for use where possible.

2.2 Evaluation objectives

- To develop an evaluation framework for the Well@Work project combining mixed methods
- To provide evaluation tools for each Well@Work project
- To provide Well@Work with support for the evaluation components
- To provide a final report to the national steering committee on the results of the national Well@Work programme

2.3 Evaluation design and framework

The evaluation design of the Well@Work Programme is pre-experimental. It is recognised that the controlled experimental design is often viewed as the desirable methodology for testing effectiveness of an intervention because it offers some control of confounding variables, reduces the threats to internal validity and can reduce errors in the assumptions and interpretation of the results that may occur. However, the control experimental design is also the most rigid type of evaluation design, and requires significant resources when undertaken on a large scale and in complex settings. This is particularly true for the testing of broad health promotion programmes within the workplace settings where identifying, recruiting and maintaining a control is very difficult over a long-term project.

For Well@Work, conducting a pre post evaluation design was the result of a balance between the desirable and the feasible as there was neither the pre planning timeframe nor the funding to extend the evaluation to include control workplaces. The strength of the Well@Work evaluation is however the replication of a broadly similar intervention across a large number of diverse workplace settings and the use of a comprehensive evaluation framework. This provides the opportunity to learn about the implementation process and the influence of the workplace context on programme effectiveness from a variety of organisations.

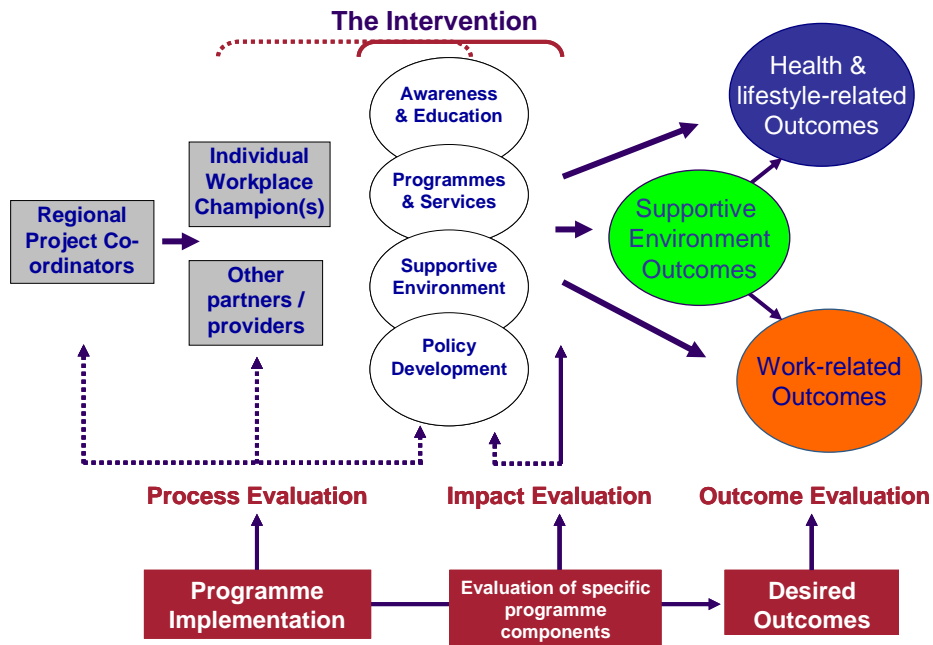


Figure 2.1 Well@Work evaluation framework

Figure 2.1 illustrates the Well@Work evaluation framework developed to assess the impact, outcomes as well as the process of implementation of the 11 Well@Work projects. The evaluation framework and tools were structured around evaluating the 4 key theme areas in which projects aimed to work (namely, awareness and education, programmes and services, supportive physical environment and healthy workplace policy) and incorporated both quantitative and qualitative methods and measures. Each element is outlined in more detail below.

Outcome evaluation aimed to assess change in the 3 primary outcome areas, namely: employee health and lifestyle behaviours, the supportive workplace environment (physical and policy) and selected business-related indicators.

Process evaluation aimed to provide a detailed analysis of the tasks involved in implementation of the Well@Work projects. This included an assessment of the project co-ordinators role and collation of summary data on all events and activities delivered over the course of the 2-year Well@Work project.

Impact evaluation aimed to provide more specific evaluation of selected workplace initiatives, for example, stair climbing programmes; smoking cessation groups; changes in the canteen sales. Impact evaluation can provide useful feedback on the individual components of a larger, multi component workplace project.

Qualitative Evaluation aimed to compliment the extensive set of quantitative data collection and capture the views, opinions and experiences of those involved with the projects. Methods included in-depth interviews and focus group discussions, as well as open ended questions in the employee questionnaire. The qualitative data collected as part of the evaluation framework were used as an additional data source to inform both the process, impact and outcome evaluation elements of Well@Work.

2.4 Evaluation tools and data sources

Data collection tools and the necessary protocols were developed to assess the process of implementation and outcome evaluation components of the Well@Work evaluation framework. Tools and methods and tools for impact evaluation were developed on a case by case basis.

To address the key areas of the evaluation the following set of instruments were utilized:

1. Employee questionnaire
2. Workplace site assessment
3. Logs of Activities (LOA)
4. Event Summary Forms (ESF)
5. Participant Satisfaction Survey (PSF)
6. In-depth interview semi-structured question protocol
7. Focus groups semi-structured question protocol
8. Quarterly monitoring reports

To assess business-related outcomes the potential data sources were identified and each participating workplace was asked to indicate what data (if any) would be available for sharing with the Well@Work evaluation team. Business-related outcomes of interest included absenteeism, productivity, staff recruitment / retention and work-related accidents / injuries.

Data Triangulation

One of the key principles of the Well@Work evaluation framework was the collection of multiple sources of data to allow the outcomes of interest to be assessed in multiple ways. In principle, data collected from different sources or using different methods would allow verification of findings from another source. For example, data on participation rates in events might be supported by employee comments on what they like best/least, which in turn might be supported or refuted by the project co-ordinators' experiences of running certain activities. Data triangulation provides one way of counterbalancing the strengths and limitations of individual measurement methods.

Figure 2.2 shows how the data from multiple data sources will inform the key areas of the outcome evaluation shown in the evaluation framework. Figure 2.3 shows the 7 sources of data used to compile a detailed knowledge of Well@Work project implementation; that is what was delivered and how. Details for each of the data sources shown in Figures 2.2 and 2.3 are described in the following section.



Figure 2.2 Data triangulation for key outcome areas

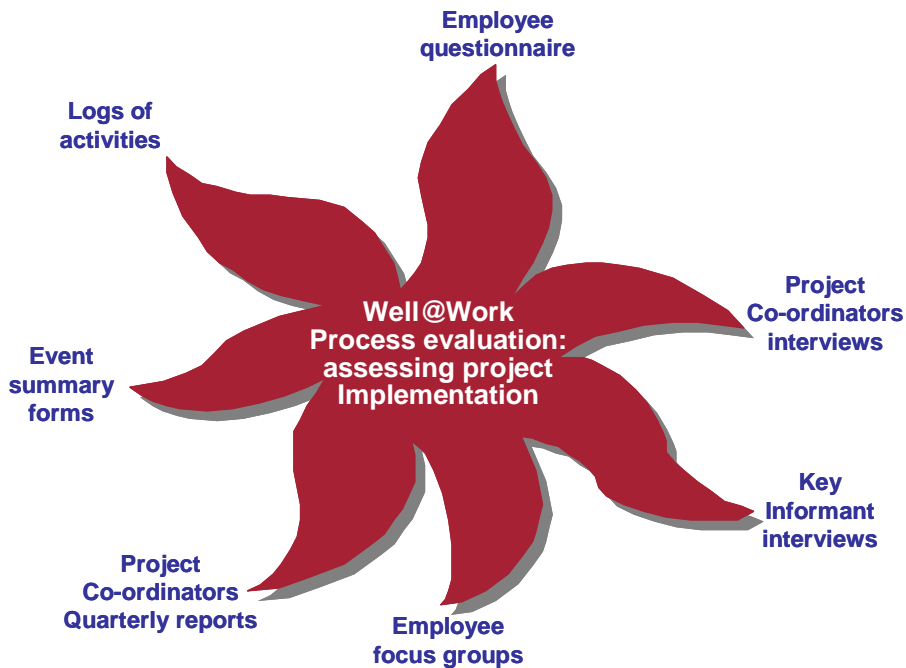


Figure 2.3 Data triangulation for the process evaluation (programme implementation)

2.5 Description of tools and methods

2.5.1 Outcomes evaluation: tools and protocols

Employee questionnaire

An employee survey was conducted before the Well@Work projects started (at baseline - between July 2005 and March 2006) and after approximately 20-22 months of programme implementation (at follow-up). Approval for the distribution of the questionnaire was obtained from senior management, trade unions, and staff groups in each organisation as required. All employees in the participating organisations were invited to complete the 20 page questionnaire at both baseline and follow-up.

The survey contained questions on lifestyle behaviours (e.g., physical activity, smoking, dietary behaviour, alcohol consumption), selected mediating variables (e.g., self-efficacy, intention to change, knowledge, barriers to change, and social support), general health, work-related items (e.g. job satisfaction, job commitment, job involvement, job performance) and a set of demographic items (a copy of the baseline and follow-up questionnaires can be found in Appendix 1). An information sheet explaining the purpose of the survey and a consent form was included with the questionnaire. Employees were requested to read, sign and return the consent form with their questionnaire.

At both baseline and follow-up, the employee survey was available as either a paper version or as an on-line web-based survey. In those organisations using the web-based survey, the website link was distributed to employees with access to email via e-mail or electronic newsletter. The distribution of the paper version of the survey varied in each organisation, but in each case the survey was provided with a pre-paid return envelope, a covering letter and a copy of an information sheet. Some organisations addressed the surveys to employees directly and distributed via internal mail or posted them to their home address. In other organisations the survey was delivered in an unmarked envelope via existing communication channels (e.g., via line managers and at departmental meetings). Table 2.1 shows the version and distribution mechanisms of the employee survey at baseline and at follow-up.

Completed questionnaires were returned to the evaluation team either by using the pre-paid return envelopes or by placing in 'drop boxes' at specific collection points (e.g. occupational health department) within the workplace. The employee survey took approximately 30 minutes and to encourage completion a range of incentives in the form of prizes were provided to maximise response rates. Examples included mountain bikes, vouchers for sporting activities, sports equipment, garden centre vouchers, gym taster sessions and leisure passes.

Table 2.1 Employee questionnaire type and distribution

Project	Project										
	A	B	C	D	E	F	G	H	I	J	K
BASELINE											
Paper (full)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Web	✓*	-	-	-	-	✓	✓	-	✓	✓	-
Paper (short)	-	-	-	✓	-	-	✓	✓	-	-	✓
Advertising:											
E-mail/electronic newsletter	✓				✓	✓	✓	✓	✓	✓	
Team meetings	✓	✓	✓	✓	✓	✓			✓	✓	✓
Posters			✓			✓	✓	✓			✓
Project launch	✓	✓					✓		✓		✓
Distribution:											
E-mail	✓					✓	✓		✓	✓	
Internal post	✓		✓		✓						
Handed out at team meetings/by line manager	✓	✓	✓	✓		✓	✓			✓	
Event e.g. project launch	✓	✓		✓	✓		✓	✓	✓	✓	✓
Left in staff rooms							✓				✓
Posted to home address								✓			
Collection:											
Reply paid envelope direct to evaluation team	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Drop boxes in workplace	✓		✓	✓		✓		✓			
Returned to specific department within workplace		✓				✓		✓			✓
FOLLOW-UP											
Paper (full)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Web	✓	-	-	-	-	✓	✓	✓	✓	✓	-
Advertising:											
E-mail/electronic newsletter	✓			✓	✓	✓	✓	✓			
Team meetings	✓		✓	✓	✓	✓	✓			✓	
Posters	✓		✓			✓		✓			
Promotion by Champions	✓	✓			✓				✓	✓	
Distribution:											
E-mail	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Internal post		✓	✓		✓		✓				
Handed out at team meetings/by line manager	✓	✓		✓	✓	✓		✓		✓	✓
Event e.g. free lunch or project activity	✓		✓				✓			✓	
Collection:											
Reply paid envelope direct to evaluation team	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Drop boxes in workplace	✓		✓	✓		✓		✓			
Returned to specific department within workplace						✓		✓			

*Electronic Word form used

A second copy of the questionnaire or a reminder e-mail was distributed two to three weeks after the initial distribution. During the survey period, employees were prompted to complete the questionnaire in a variety of ways, including at team / departmental meetings, through presentations given to different staff groups, through line managers and email reminders and via notices in organisational bulletins and newsletters.

The timing of the employee questionnaire distribution at baseline and follow-up is shown in Table 2.2. It is noted that seasonal differences between baseline and follow-up questionnaires can effect the interpretation of the results, specifically those results on physical activity behaviour. Furthermore, due to the prolonged timeframe over which the employee questionnaire was conducted (at both baseline and follow-up) a necessary change in the referent time period (from 'last week' to 'usual week') was required which may also effect the results observed on physical activity in some projects (see Table 2.3). The impact of both a change in season and the change in referent time period should be taken into account when interpreting the results for all projects.

Table 2.2 Timing of employee questionnaires by season

	Project										
	A	B	C	D	E	F	G	H	I	J	K
Baseline (2005/2006)	Summer	Autumn / Winter	Autumn	Autumn / Winter	Winter / Spring	Winter	Winter	Winter	Autumn / Winter / Spring	Winter	Winter
Follow-up (2007)	Winter / Spring	Spring	Spring / Summer	Spring / Summer	Spring / Summer	Spring / Summer	Spring / Summer	Spring / Summer	Spring / Summer	Spring	Spring / Summer
Seasonal influence	Negative	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Positive	Positive

Table 2.3 Referent period for physical activity behaviour questions

	Project										
	A	B	C	D	E	F	G	H	I	J	K
Baseline (2005/2006)	Last 7 days	Usual week	Last 7 days	Usual week	Usual week	Usual week	Usual week	Usual week	Last 7 days	Usual week	Usual week
Follow-up (2007)	Usual week	Usual week	Usual week	Usual week	Usual week	Usual week	Usual week	Usual week	Usual week	Usual week	Usual week

Workplace site assessment tool

The workplace site assessment tool is a new instrument developed to audit the awareness and education environment, the physical environment in and around the workplace and the policy environment of each participating organisation in the Well@Work programme. It provided an assessment of characteristics which are considered important for supporting employees to lead a healthy lifestyle. The site assessment was undertaken at baseline and at follow-up. Approval was sought from appropriate personnel at the workplace for the assessment to be conducted. In addition, the local area surrounding the workplace was assessed because the level of access to certain facilities can influence lifestyle choices made by employees. Although organisations may have limited control over the amenities in the local surrounding area, facilities such as green space and local shops available within a 20 minute walk of the workplace could represent an important opportunity to promote healthy behaviours in employees (for example, before and after work and at lunchtime).

The workplace visit and site assessment was conducted by a member of the evaluation team accompanied by the project co-ordinator or a representative from the workplace. In two projects the assessment was completed by the project co-ordinator or by the workplace champions¹.

The new instrument used direct observation to collect data on the facilities and policy environments.² The tool consists of a 134 item checklist assessing features considered to be positively or negatively associated with access or opportunity for healthy lifestyle choices across the 3 key lifestyle areas: physical activity, nutrition (including alcohol consumption) and smoking. The audit was structured to assess the four domains for Well@Work project activities:

- 1. Education and Awareness** - to assess the number of general health and Well@Work project-specific promotional materials such as posters and notices around the workplace. Also included use of websites and newsletters for education, awareness raising and project marketing.
- 2. Physical environment** - The evaluation of the physical environment of the workplace consists of assessing 3 sub components: the physical activity environment (e.g. stairwells, bicycle racks); the nutrition environment (e.g. the canteen, vending machines); and the smoking environment.
- 3. Policy environment** - The evaluation of the policy environment consisted of assessing the presence or absence of health related workplace policy.

¹ Note Project I (East region) and Project J (East Midlands region)

² Adapted from the Checklist of Health Promotion Environments at Workplaces (CHEW) (Oldenburg et al., (2002)) for use in English workplaces

4. Local neighbourhood environment - The evaluation of the local area surrounding the workplace assessed access to local amenities and provided measures of 'accessibility', and how supportive the local environment was for cycling and walking.

Additional items in the audit tool collected descriptive characteristics of the workplace, such as location (city, urban, rural), number of buildings and the grounds and facilities available to the organisation. A copy of the site assessment tool is provided in Appendix 1.

Business indicators

There is considerable interest in the benefits that workplace health programmes can provide to both the individual employee and to the employer or business. Data collection on business-related outcomes relied on the assistance of participating workplaces and their willingness to collate and share data. A set of potential indicators was identified from the literature (summarised below) and with the help of project co-ordinators, and in some cases direct contact with representatives at the workplaces, the evaluation team requested any available data source to be identified. Access to the data for the Well@Work evaluation was negotiated with each workplace on a case by case basis.

Potential Business related outcomes

- Reduction in health care costs
- Increased morale / improved workplace culture
- Reduction in injuries / work-related accidents
- Reduction in absenteeism
- Improved staff recruitment / retention
- Increase productivity
- Enhanced external image of the business

Where data were available, these were forwarded to the evaluation team at Loughborough University for analysis. Data for the time periods preceding the commencement of the Well@Work project was also requested.

2.5.2 Process evaluation: tools and protocols

The purpose of the process evaluation was to provide an insight on what programme components were delivered, how they were delivered and by whom, who was participating, and participant satisfaction with materials and programmes. Three new instruments were developed to collect process evaluation data: a Log of Activities, an Event Summary Form and a Participant Satisfaction Survey. Copies of all instruments used for the process evaluation are in Appendix 1.

Log of Activities

A new form was designed to collect data on the tasks involved in planning and implementing the Well@Work projects. A one page survey collected data on the (approximate) time spent on 7 project-related tasks (e.g., administration/co-ordination, meetings, training, evaluation activities, programme planning and delivery). For each task, brief details or examples were requested. The form was completed on a weekly³ basis by project co-ordinators (and in some projects by the workplace champions where involved). Workplace champions were asked to indicate which of 7 categories of tasks they undertook on a daily, weekly or monthly basis. Completed forms were submitted to the evaluation team on a regular basis by post or electronically via email.

Event Summary Form

A set of forms were developed to capture specific details on Well@Work project events and activities. Nine items requested information on what project components were delivered, how they were delivered, who was participating and their satisfaction with the project components. The theme area (awareness/education, programme/service, environment, policy) for each initiative was coded during analysis by the evaluation team. The Event Summary Forms were completed by the individual responsible for the event/activity (usually the project co-ordinator, the workplace champion or another employee) at the start and end of an activity/programme. Forms were submitted to the evaluation team on a regular basis.

Participant Satisfaction Survey

A short one page form was developed for use by the Well@Work projects to capture participants (employees) views and perceptions on individual events and activities. In addition items prompted the organisers (usually the project co-ordinator or workplace champion) to record their own critical reflections on aspects of the activity (e.g. what worked and what could be improved). Use of these forms was at the discretion of the project co-ordinators in each project. When used, forms were completed by participants (employees) after an event and data were summarised by the project co-ordinator and provided in a summarised format as part of the Event Summary Form (see above). The Participant Satisfaction Survey was also made available as a template for adaptation by individual projects to suit their needs.

³ There was some variability in the frequency of completion and submission of LOA forms

2.5.3 Quarterly monitoring reports

Mid-way through the Well@Work project the evaluation team were aware that important information on project implementation was provided to the Project Manager and the National Steering Committee in the Quarterly Monitoring Reports. These reports were submitted regularly by the project co-ordinator to the BHF. These forms were identified as another data source for the process evaluation. Copies of each report were read and any information on events and activities underway in the Well@Work projects were identified and entered into an Excel database. Towards the end of the Well@Work projects, the evaluation team sought verification from each project co-ordinator to confirm that these identified initiatives had taken place and collected, where possible, the same event details as requested on an event summary form (see above).

2.5.4 Impact evaluation: tools and protocols

Across the 11 workplace projects, a number of specific interventions and activities were identified and targeted for their potential to provide additional evidence on effectiveness. Where possible, this additional evaluation included the collection of objective data on the impact and a measure of change in behaviour. In developing the impact evaluation specific consideration was given to limit the burden of data collection methods on those delivering the interventions.

The types of initiatives considered for additional impact evaluation included: pedometer programmes, stair climbing interventions, weight loss and smoking cessation programmes, and canteen and vending machine sales. The exact nature of the evaluation tools and methods depended on the types of initiatives, the available capacity within the workplace or by the project co-ordinator to undertake the additional impact evaluation, and the willingness of employees and workplaces to undertake impact evaluation within the project.

2.5.5 Qualitative evaluation

In-depth interviews

Interviews were conducted to capture the views and experiences of those involved in the planning, delivery and co-ordination of the Well@Work projects. In-depth interviews were conducted with project co-ordinators and at least one representative of the workplace (key informants) at baseline. At follow-up, 18-20 months later, repeat interviews were conducted with the project co-ordinators and where possible the same key informant as at baseline. Key informants were identified in discussion with the project co-ordinator and preferably involved senior management and an individual with some involvement in the Well@Work project. Interviews with project co-ordinators who had responsibility for two or more workplaces, were conducted in the same way but questions and the discussion explored any differences between the participating workplaces.

Interviews were conducted at the workplace, in a quiet room and lasted approximately one hour. After providing details on the purpose of interview, a consent form was completed by each participant and permission to tape record was obtained. Interviews were conducted by one and sometimes two members of the evaluation team using a semi-structured questionnaire schedule. The core content of these reflected a number of key theme areas identified from a literature search as issues thought to be important in starting, implementing and maintaining workplace health programmes (Table 2.4). Interviews were flexible and the order of questions accommodated the flow of the conversation.

Table 2.4 Summary of theme areas for questions used in interviews and focus groups

Interview and Focus Group theme / question areas
1. Roles and Responsibilities
2. Programme Planning and Implementation
3. Management Commitment / Support
4. Communication
5. Employee Engagement
6. Indicators or Success / Project Sustainability

Focus group discussions

Focus group discussions were conducted to capture the experiences and views from the employees' perspective at participating workplaces. At follow-up, at least one focus group discussion was conducted with a group of employees from 9 of the 11 projects.⁴ Arrangements for the focus group and the recruitment of employees were co-ordinated by the project co-ordinator and key contacts in the workplace with support from the evaluation team. Deliberate efforts were made to avoid only recruiting employees that were highly supportive of the Well@Work projects. Recruitment methods included use of emails, personal invitation, and nominations from team leaders. Members of senior staff or those known to be linked with the running of the project were not encouraged to participate in the focus groups to avoid the potential restriction this may place on employees feeling able to speak openly and freely about the views (positive or negative) of the Well@Work project. The project co-ordinator was also *not* present in the focus group discussions.

⁴ Due to the departure of the project co-ordinator focus groups were not conducted at Project I (East Midlands) and Project K (North East 2)

Focus groups were held at the workplace, usually at lunch time (although in several projects they were held during work time) and refreshments, but no payment were provided. One project was able to provide an incentive to participate in the form of a shopping voucher. Each focus group included a brief introduction to the purpose of the focus group and the completion of a short survey by participating employees. Data collected included demographics and details on employees' participation in any Well@Work activities (if any). Permission to tape record was obtained from the group and participants were assured of the anonymous nature of the discussion and asked to complete and return a consent form.

Focus group discussions were conducted by one or more usually two members of the evaluation team using a semi-structured questionnaire schedule. The question areas were similar to the items used in the in-depth interviews and were selected to reflect the key issues known to be important in starting, implementing and maintaining workplace health programmes (Table 2.4). Focus group discussions were flexible and the order of questions accommodated the flow of the conversation.

2.6 Ethical approval

The evaluation methods and measures were approved by Loughborough University Ethical Committee.

2.7 Data analyses

Specific details on the computation of outcome variables and thematic analysis of the quantitative and qualitative data, respectively, are presented at the start of each of the subsequent chapters in this report. In this section an overview of the analyses is provided along with a discussion on the strengths and weaknesses of the data collected for the Well@Work evaluation and the necessary caution required in interpreting and generalising from a pre-post evaluation study design.

All data analyses were conducted by the evaluation team at Loughborough University. Questionnaire data were entered into a pre-prepared spreadsheet by an external data entry company. All data were logic checked and any outliers were re-checked against the original questionnaire entry. In addition, 5% of questionnaires were verified to check for data entry errors. The error rate was less than 1%. Data collected via the web-based questionnaire were captured directly into an Excel spreadsheet. All questionnaire data were imported into SPSS for statistical analysis after data checking and coding.

Qualitative data from the interviews and focus group discussions captured on tape were transcribed in to a word document and later imported and analysed in NVivo7. Data collected as

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part of the process evaluation were entered by the evaluation team and maintained in an Excel database. Data collected using the site assessment tool were manually entered into SPSS by the evaluation team.

The strength of the Well@Work programme is the evaluation of a set of multiple projects, all with the same aims and objectives but conducted in different contexts. Data triangulation adds a second strength and allows results to be verified and/or further explored from multiple perspectives.

The richness in the Well@Work evidence base lies within a detailed analysis of the 11 regional projects, their outcomes, programme implementation and context. However, at the same time, there is interest in a summary across the whole Well@Work programme to draw out the main findings and thus allow for any overarching recommendations on workplace health promotion in the English context to be identified. These two agendas – national and project-specific - present a tension between a detailed project-specific analysis and the potential to aggregate data across projects to conduct pooled data analyses and assess average changes in outcomes variables (particularly for data collected in the employee questionnaire). Considerable caution is however warranted in conducting and interpreting results from pooled data given the variability in Well@Work project activities, project delivery, and most importantly in the workplace setting and context. The difficulties in interpreting data are further exacerbated by the variation, and overall low, response rates to the pre and post employee questionnaire (data reported in Chapter 4). Low response rates reduces the representativeness and the generalisability of the data within individual projects, and overall. There is therefore limited value in presenting results from a pooled data analyses as the findings will poorly reflect the actual experiences and results at any individual Well@Work project.

Although pooled analyses are not included, this report attempts to address the interests in both the national and project specific details. Each chapter presents data to give an overall summary of what happened (e.g. response rates) and provide project specific results (e.g. response rate by project). The results by project are presented in tables and graphs, not in alphabetical order, but in order of the magnitude of the response rate achieved at follow-up (the project with the highest response rate is first). This has been chosen deliberately to alert the reader to the caution required in accepting and interpreting results which come from individual projects with very low return rates. Although the response rate refers specifically to the employee questionnaire, the same order for the 11 projects has been adopted throughout the report in all graphs and tables to avoid confusion.

It should be emphasised that although the Well@Work programme evaluation did not include comparison sites, and like many workplace studies suffers from low response rate to the

questionnaire, the value of these results lies in seeing replication in the direction and magnitude of results across the 11 workplace projects and in the confirmation of potential results through data triangulation.

The structure of this report

Each chapter of this report presents results on different aspects of the evaluation. Chapter 3 summarises the project implementation and gives a description (overall and by project) of what was actually done over the period of the project. Chapters 4, 5, and 6 report the results on the main outcomes areas, health and lifestyle, supportive environment and business-related, respectively. Chapter 7 collates all the qualitative data to present the views and experiences of those involved in the Well@Work projects, specifically the project co-ordinators and workplace champions who were involved in project delivery, views from the employer (participating organisation) and from employees. Impact evaluation of several project initiatives is reported in Chapter 8. The final chapter (Chapter 9) brings all of the learning together, drawing across the multiple data sources and previous chapters to identify and discuss what can be learnt overall and draw together the conclusions for key interested groups such as employers, health professionals and evaluators. The strengths and weakness of the Well@Work programme evaluation are also presented.

CHAPTER 3: Process evaluation

3.1 Introduction

Capturing details on how the Well@Work projects were delivered and what was involved was identified as a key component of the evaluation framework. These data enable a detailed description of the Well@Work projects and will help the interpretation and explanation of the outcome findings. In addition process evaluation data provide an insight in to the roles and responsibilities of project delivery and the challenges of implementing health programmes in the workplace.

The objectives of the process evaluation were to provide an analysis of the tasks and time spent in the development, management and co-ordination of the Well@Work projects and to provide a detailed description of the projects' contents.

3.2 Data sources

- Log of Activities
- Workplace Champion surveys
- Event Summary Forms
- Participant Satisfaction Surveys
- Quarterly Monitoring Reports
- Follow-up employee questionnaire

3.3 Methods

Details of the methods are outlined in Chapter 2 and a copy of the tools can be found in Appendix 1. Three new process evaluation tools were developed to capture information on the delivery and content of the Well@Work projects - 'Log of Activities'; 'Event Summary Form' and Participation Satisfaction Survey. In brief, the 'Log of Activities' and 'Workplace Champion Surveys' were designed to collect data on the project co-ordinators' and workplace champions time spent on 7 different project-related tasks, with the objective of determining what was required to plan, implement and manage the projects. These forms were completed on a regular basis and submitted to the evaluation team. The 'Event Summary Form' and 'Participant Satisfaction Survey' were developed to capture information on what initiatives were delivered, how, who participated and their level of satisfaction. These were completed periodically and submitted to the evaluation team in hard copy or electronically.

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Two additional data sources were also included and triangulated for this chapter: Quarterly monitoring reports submitted to BHF and responses to items on the employee follow-up questionnaire on project awareness, participation and satisfaction.

3.4 Data analyses

Table 3.1 provides a summary of the Well@Work process evaluation tools and details of the items in each instrument. It also presents the computed variables and expected outputs from the respective data. Specific details on how data were analysed for each of these variables is described below.

3.4.1 Data preparation

Log of Activities

Estimated time spent undertaking 7 different tasks was entered into an Excel database. All task descriptions or examples were documented in a separate Excel database, thus creating a catalogue of types of duties undertaken. Descriptive analyses of these data were conducted for the 9 co-ordinators separately and not for the 11 different projects because two co-ordinators each supervised two projects and their Logs of Activities did not differentiate their time spent between the two projects. In contrast, in the section below (Event Summary Form), data on the specific activities implemented at each site were recorded separately thus allowing analyses for each of the 11 projects.

Event Summary Forms

Data from submitted Event Summary Forms were entered into a separate Excel database for each project (n=11). Events identified in the Quarterly Monitoring Reports and confirmed by the co-ordinators, along with any additional event details were also recorded into the respective Excel project database. In addition, any events reported by the co-ordinators or workplace champions in the Logs of Activities form were recorded. For each of the 11 projects descriptive analyses were conducted to summarise details of the Well@Work initiatives delivered after which all data were pooled to provide an overall sum total of the interventions delivered under the Well@Work programme. Data on the interventions delivered were used to compute the following process evaluation variables:

1. Dose delivered (how 'much' project was delivered)
2. Recruitment (advertising strategies used)
3. Reach (awareness and participation)
4. Fidelity (project activities delivered as planned)
5. Satisfaction

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Table 3.1 Summary of the Well@Work process evaluation tools and data sources for analyses

Instrument/s and sources	Instrument items / data requested for analysis	Evaluation purpose in Well@Work and computed process evaluation output variables
<p>Log of Activities</p> <p>Workplace Champion Survey</p>	<p><u>Time spent on 7 tasks:</u></p> <ol style="list-style-type: none"> 1. Administration / management / co-ordination 2. Meetings 3. Training 4. Planning and preparation for an event / activity 5. Running an event / activity 6. Evaluation tasks 7. Other <p><u>Types of activities undertaken:</u> Brief details / examples of the sorts of activities undertaken to complete each task</p>	<p><u>Purpose: To determine and describe what is required to plan, implement, manage and run the Well@Work projects</u></p> <ol style="list-style-type: none"> 1. Time on Tasks: time taken to complete project activities / tasks by key individuals (project co-ordinators and workplace champions) 2. Description of tasks undertaken
<p>Event Summary Forms</p> <p>Quarterly Monitoring Reports</p> <p>Follow-up employee questionnaire</p>	<p><u>Event Summary details requested of each initiative delivered:</u></p> <ol style="list-style-type: none"> 1. Programme area: physical activity; diet / nutrition; smoking cessation; stress / mental health and alcohol; other 2. Programme theme: awareness & education; programmes & services; supportive environment; policy development (coded by evaluation team members) 3. Type: One-off: single session; one-off: multiple sessions; short course; challenge / competition; ongoing 4. Timing of implementation: before work; after work; during work; lunch time; weekends; anytime 5. Duration and frequency 6. Advertising strategies used: Poster / flyers; internet / intranet; email; local newspaper; staff newsletter; mail shot; other 7. Target audience: Employees; management; specific employee group; other 8. Number and characteristics of participants 9. Reflective comments from the individual running the event/activity – how successful was it? Was it implemented as planned? 	<p><u>Purpose: To describe / quantify what was delivered?</u></p> <ol style="list-style-type: none"> 1. Dose delivered <ol style="list-style-type: none"> a. Total no. of all interventions delivered b. No. of interventions delivered by programme ‘area’ c. No. of interventions delivered by programme ‘theme’ d. No. of interventions delivered by intervention ‘type’ e. Timings at which interventions were run 2. Recruitment 3. Reach <ol style="list-style-type: none"> f. Target audience g. No. of participants 4. Fidelity <ol style="list-style-type: none"> h. Each intervention – reflective comments from the individual running the event / activity
<p>Participant Satisfaction Survey</p>	<ol style="list-style-type: none"> 1. Participant demographics: <ol style="list-style-type: none"> a. Gender b. Age c. Ethnic group 2. Reasons for participation in the initiative 3. What participants thought about the initiative: <ol style="list-style-type: none"> a. Interesting b. Enjoyable c. Met needs d. Provided useful information 4. What participants liked best 5. What participants liked least 6. How could the initiative be improved? 	<p><u>Purpose: To describe participant satisfaction with project initiatives</u></p> <p>Output variables:</p> <ol style="list-style-type: none"> 1. Participant demographics: <ol style="list-style-type: none"> a. Gender b. Age c. Ethnic group 2. Qualitative participant comments / feedback: <ol style="list-style-type: none"> a. Reasons for participation b. What they liked best c. What they liked least d. How could the initiative be improved

Follow-up employee questionnaire

Data collected in the follow-up employee questionnaire on awareness of the Well@Work project, participation in any project activities and satisfaction with the project were entered into SPSS for analysis.

3.4.2 Return rates and quality of returns

Log of Activities

The expected total number of Logs of Activities forms from each co-ordinator was computed from the date of receipt of the first form to the closing date of the process evaluation (30th June 2007). The actual number of returned forms was summarised and is presented as a proportion of the expected number of Logs of Activities to provide an overall return rate. The quality of returned Logs of Activities was coded using the following criteria: (1) fully complete; (2) time log missing; (3) activity description missing; or (4) not returned / missing. The proportion of forms returned in each category, for each project co-ordinator was calculated.

The evaluation objective of the Log of Activities was to provide a description of the time and tasks required to plan, implement and manage the Well@Work projects. This required calculating the proportion of the total project duration (2 years) for which details were provided on returned Logs of Activities. For example, if Logs of Activities returns were low, data on time and tasks would reflect only a small proportion of the total Well@Work project period. In contrast, if return rates were high then the data obtained would account for a greater proportion of the total period, providing a better reflection of the true time and effort required to implement the project. Therefore, in addition to the response rate described above, the proportion of time covered by returned forms as a percentage of the total 2 year project durations (104 or 105 weeks) was computed.

Event Summary Forms

These forms provided data on the specific Well@Work initiatives delivered in each project. The number of forms returned and the number of initiatives identified from these forms were summarised.

3.4.3 Computation of summary variables

Time on Tasks

Project Co-ordinators

The time reported for each of the 7 tasks specified was summed to provide an estimate of the total project time spent on each task, for each of the 9 project co-ordinators. However, this simple sum of 'absolute time' on tasks did not allow a fair and direct comparison between co-ordinators

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because of different work hours (i.e. full-time and part-time). Therefore, time on task data are presented as a proportion of the total time reported by each project co-ordinator.

Workplace Champions

Time on task data were summarised and the frequencies, either 'daily', 'weekly' or 'monthly', are reported. In addition the descriptive data on the types of tasks undertaken were analysed to identify recurring themes against each of the 7 tasks.

Dose delivered

Data on the events and activities run as part of the Well@Work projects were summarised to give a simple count of the total number of initiatives delivered. These data are also presented by:

- **Area** of interest (physical activity; nutrition; smoking cessation; stress / mental health and alcohol; other)
- **Theme** (awareness and education; programmes and services; supportive environment; policy)
- **Type** of activity (one-off; short course; challenge / competition; ongoing)
- **Scheduling** (before work; after work; during work; lunch time; weekends; anytime)

Recruitment (advertising strategies used)

Data on the strategies used to advertise and promote the Well@Work project activities and attract prospective participants were summarised to provide simple frequencies output. The average number of different strategies used to promote initiatives was also computed.

Reach (awareness and participation)

Awareness

Data from the follow-up employee questionnaire were summarised to identify the proportion of respondents who reported awareness of; the Well@Work project; awareness and education initiatives; programmes and services; and the 6 initiative areas (1. physical activity, 2. nutrition, 3. smoking cessation; 4. stress / mental health and alcohol initiatives; 5. health checks; and 6. a category of 'other' project initiatives).

Participation

Two data sources provided information on participation rates. Using the Event Summary Form co-ordinators were asked to provide data on the number of attendances for each initiative. Where possible exact numbers were preferred, but estimates were recorded when this was not possible. Attendance data were summarised to provide an estimate of total reach (i.e. the number of 'attendances' across all interventions) as well as the number of 'attendances' by project area

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(physical activity, nutrition etc). Note these data are unable to distinguish unique or individual employees but rather represent simple counts of the number of persons at each project intervention.

Secondly, self-reported participation data from the follow-up employee questionnaire were summarised to provide the proportion of respondents participating in: the Well@Work project; awareness and education initiatives; programmes and services; and the 6 initiative areas (1. physical activity, 2. nutrition, 3. smoking cessation; 4. stress / mental health and alcohol initiatives; 5. health checks; and 6. a category of 'other' project initiatives).

Fidelity (project activities delivered as planned)

Reflective comments from event organisers, usually project co-ordinators, provided on the Event Summary Forms were analysed for details on the delivery of each intervention, what was successful, any problems experienced and whether it was implemented as planned.

Satisfaction

Two data sources were used to provide information on employee satisfaction of project activities. Firstly, data from the Event Summary Form included a summary of Participant Satisfaction Survey responses which were analysed to identify any recurring themes in the employee feedback on the different Well@Work project initiatives. Additional data on employee satisfaction was available from items included in the follow-up employee questionnaire. These responses were summarised to identify the proportion of respondents who 'agreed' or 'strongly agreed' that the Well@Work projects were: 'interesting'; 'helpful'; 'enjoyable'; 'provided them with useful information'; 'met their needs'; was 'convenient to join in' and was 'well publicised'. An overall project satisfaction score was also computed as the sum of these 7 elements.

3.5 Results

3.5.1 Return rates and quality of returns

Log of Activities

Overall the return rates and quality of returned Logs of Activities forms was good. Figure 3.1 illustrates the return rates of Logs of Activities from the 9 project co-ordinators. These ranged from 69% to 100%, with 7 co-ordinators achieving return rates of 80% or better. The average return rate was 85%. The quality of completed Logs of Activities is illustrated in Figure 3.2. Five co-ordinators scored a 100% completion of their returned Logs of Activities. Incomplete Logs of

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Activities were mostly due to omissions of either the activity descriptions or an estimate of their time spent on tasks.

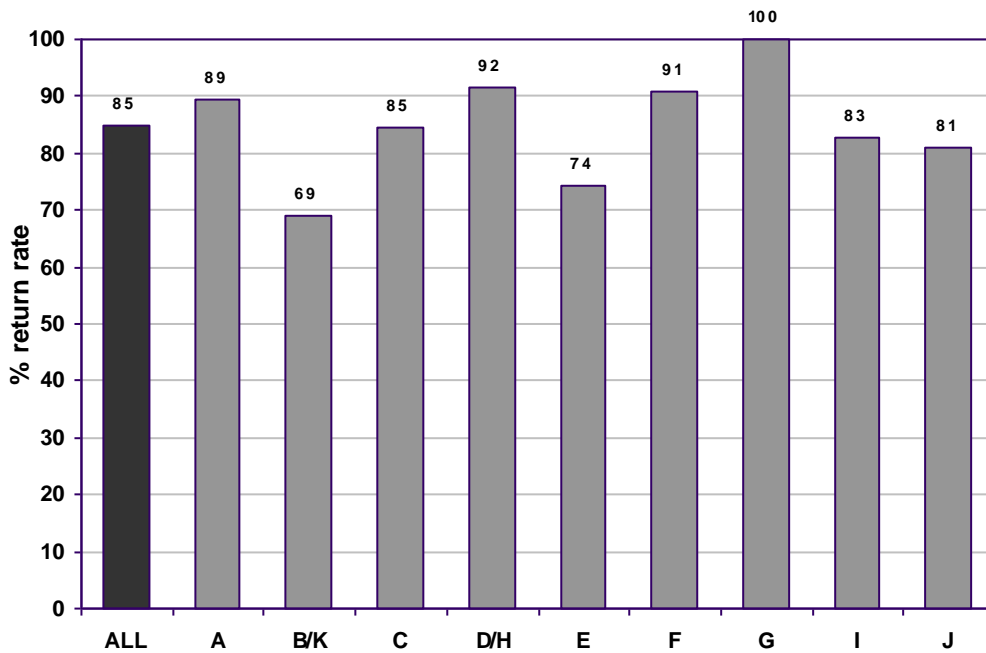


Figure 3.1
Log of Activities
return rates,
overall and by
project

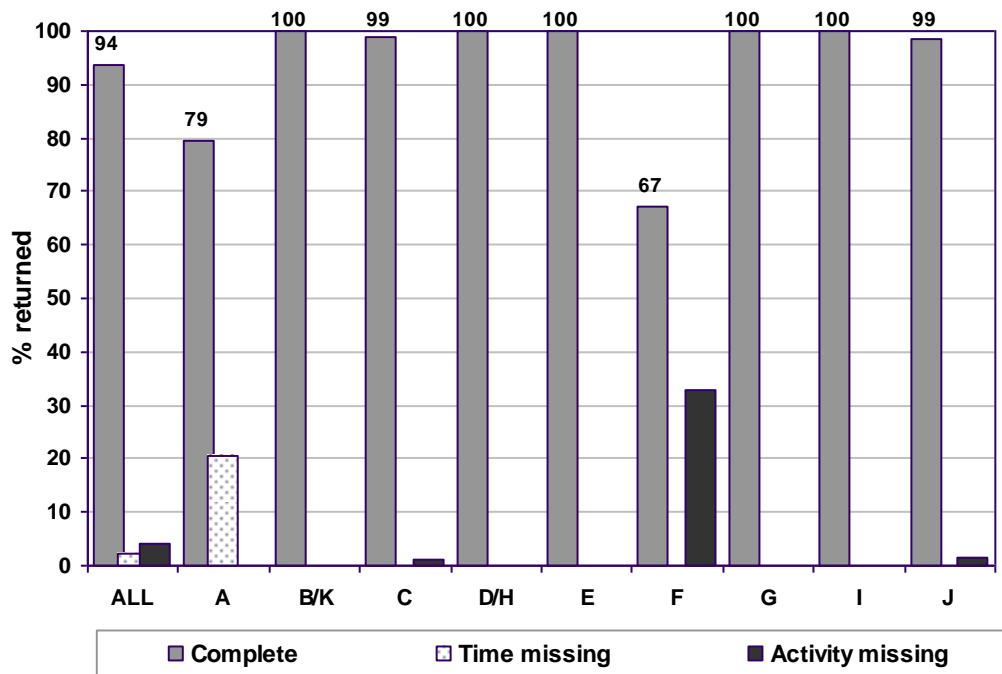


Figure 3.2
Quality of
returned Logs of
Activities,
overall and by
project

Table 3.2 illustrates the proportion of project duration accounted for by the returned Logs of Activities. Overall the data returned using the Logs of Activities accounted for 72% of the total project duration and across the 9 projects this ranged from 63% to 89%. These data indicate that the Logs of Activities captured over two thirds or more of the project co-ordinators time spent on the Well@Work projects. This high proportion of project time accounted for by the Logs of

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Activities increases the confidence that can be placed in the process evaluation data being a representative reflection of the project co-ordinators time, efforts and tasks undertaken.

Table 3.2 Proportion of project duration accounted for by returned Logs of Activities

	Official project duration (wks)	Delay from official project start date to receipt of first LOA (wks)	Number of weeks process evaluation conducted (= no. of LOAs expected)	No. of LOAs returned	% of official project duration covered by returned LOAs
A	104	1	103	92	88.5
B+K * †	104	1	94	65	62.5
C *	104	4	91	77	74.0
D+H * †	104	13	82	75	72.1
E *	104	2	89	66	63.5
F *	104	18	77	70	67.3
G *	105	4	89	89	84.8
I	105	19	86	71	67.6
J	104	15	89	72	69.2
OVERALL					72.2%

* Denotes those projects whose official end date was after the process evaluation closing date

† Denotes those PCs supervising 2 projects and whose LOAs did not differentiate between their time spent on each LOA=Log of Activities

PC=Project Co-ordinator

Event Summary Forms

Over the 2 years, a total of 188 Event Summary Forms were returned across the 11 projects. The number of forms returned per project varied considerably from just 9 to 42 (Table 3.3). However, in total 546 interventions were reported to the evaluation team across the 11 projects. Table 3.3 outlines the number of interventions identified from the different sources.

One-hundred and eighty-four initiatives were identified from the Quarterly Monitoring Reports submitted by the project co-ordinators and another 74 initiatives were identified from the Logs of Activities and other project materials made available to the evaluation team (e.g. project timetables and schedules of activities). A further 100 initiatives were reported by the project co-ordinators during consultation at follow-up.

Event Summary Forms accounted for 34% of the total number of interventions reported (range 30% to 62%), 34% identified from the Quarterly Monitoring Reports and 32% of interventions identified via the Logs of Activities, other project materials, or via consultation with the project co-ordinator.

Table 3.3 Event Summary Form returns

	ALL	A	B	C	D	E	F	G	H	I	J	K
Events identified via returned 'Event Summary Forms'	188	24	11	13	11	9	42	12	12	24	19	11
Events identified via 'Quarterly Monitoring Reports'	184	47	8	18	5	12	8	16	5	14	49	2
Events identified from 'other' sources	74	15	7	10	5	3	3	8	11	8	1	3
Further events identified as having been implemented by the PCs / WCs (having been prompted by NET)	100	0	2	2	2	13	15	9	0	24	22	11
Total number of interventions identified	546	86	28	43	23	37	68	45	28	70	91	27

PC=project co-ordinator
 WC=workplace champion
 NET=National Evaluation Team

3.5.2 Time on tasks

Project Co-ordinators

Figure 3.3 present the findings on time spent across 7 different tasks for the 9 project co-ordinators. Administration, management and co-ordination (Task 1) accounted for the largest proportion of the co-ordinators time (42%). Planning and preparation for interventions (Task 4) took almost a quarter of their time (23%). However, the proportion of time spent on Task 1 varied between co-ordinators (24% to 65%), as did the time spent on the planning and preparation (13% to 33%). A review of the task descriptions (Table 3.4) highlighted some overlap between activities reported under headings of Task 1 and 4. Combining time spent on either Task 1 or 4 revealed that these activities combined accounted for 65% of project co-ordinators time.

Attending or conducting 'meetings' (Task 2), both within the organisations and with external providers, accounted for 16% of time. 'Running an event / activity' accounted for, an average, 9% of the co-ordinators time. Once again however, there was considerable variation between project co-ordinators ranging from 4% to 27%.

Figure 3.4 presents the distribution of all project co-ordinators' time combined (pooled analysis) across the 7 tasks, over the four quarters of the 2-year Well@Work Programme. This analysis illustrates how time was spent as the projects progressed. Overall few differences were observed. Administration was consistently the most time consuming task (around 40%) and varied little over the four quarters. Planning and preparation for events remained the second most time consuming

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task, again with little variation in the first 3 quarters (1 to 18 months), however in the last quarter time spent on this task decreased from 25% in the first quarter to 14% in the fourth quarter. Conversely, the proportion of time spent running events increased over the 24 months from 7% in the first quarter to 16% in the fourth quarter.

Workplace Champions

Table 3.5 summarises the duties reported by workplace champions for each task heading and the frequencies with which those duties tended to be carried out.

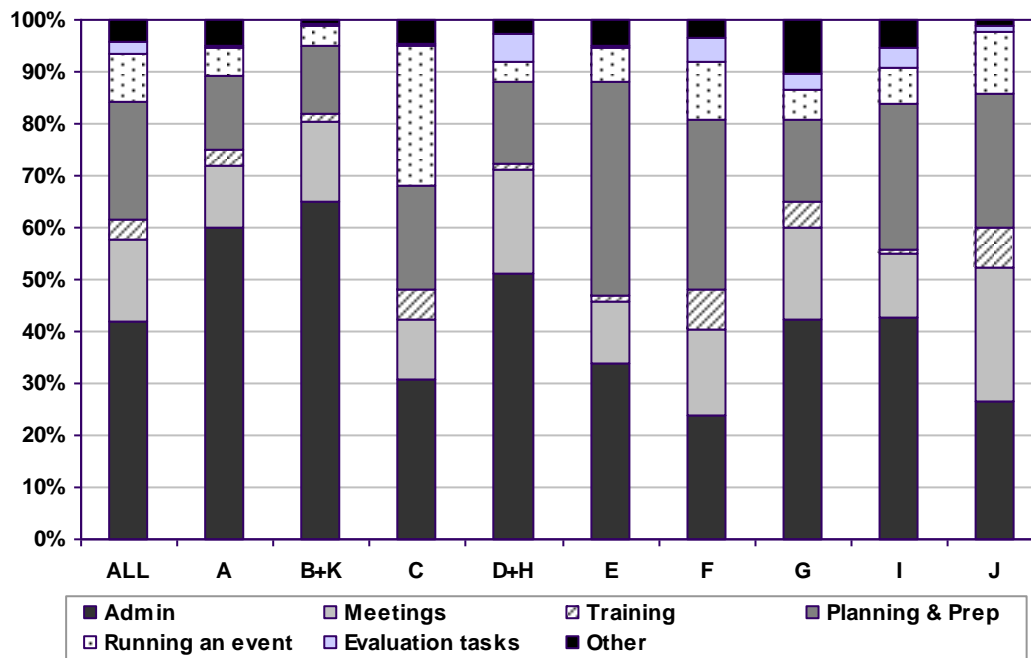


Figure 3.3
Proportion of total reported time on tasks, overall and by project co-ordinator

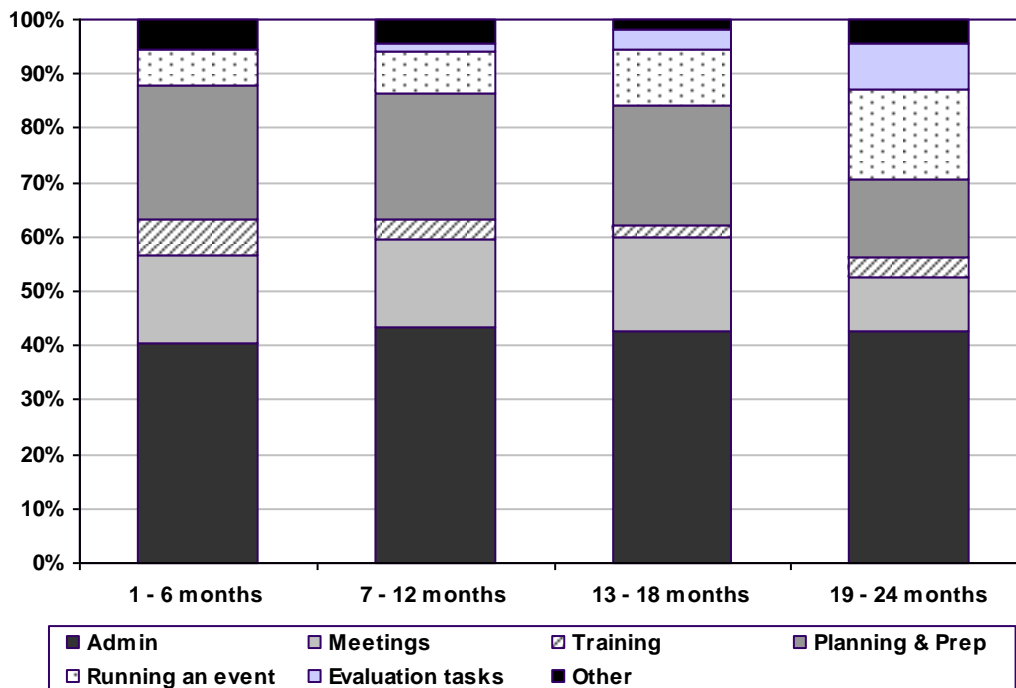


Figure 3.4
Proportion of total reported time on tasks each quarter

Table 3.4 Examples of tasks undertaken by project co-ordinators

1 - Administration / Management / Co-ordination	2 - Meetings	3 - Training
<ul style="list-style-type: none"> ▪ General admin duties – receiving and responding to emails, telephone call / queries and correspondence ▪ Managing project budgets and invoicing ▪ Sourcing resources and external providers ▪ Compiling project progress and quarterly monitoring reports ▪ Drafting project action plans ▪ Writing and preparing project newsletters ▪ Ordering resources / equipment ▪ Updating project internet / intranet pages ▪ Creating and printing of all posters / resources / materials ▪ Arranging meetings and training sessions ▪ Preparing project presentations ▪ Co-ordinating, overseeing and assisting workplace champions in their project roles and responsibilities 	<p>Internal:</p> <ul style="list-style-type: none"> ▪ Site visits (PCs with multiple sites / organisations) ▪ Meeting line and senior managers to provide project updates ▪ Attending staff team meetings / briefings ▪ Meeting with organisational project leads (key informants) ▪ Meeting with WCs re their roles and specific initiatives ▪ Meeting with human resources, finance, health and safety and marketing personnel <p>External:</p> <ul style="list-style-type: none"> ▪ Meeting local health promotion specialists / lifestyle co-ordinators / local authority / PCT departments ▪ Meeting with external providers / facility managers (e.g. local gyms) ▪ Steering group meetings 	<p>Received:</p> <ul style="list-style-type: none"> ▪ Training to run events for the specific programme areas e.g. smoking cessation, nutrition, risk assessment training, walk leader training, first aid qualifications ▪ Mandatory company inductions ▪ Social marketing courses <p>Delivered:</p> <ul style="list-style-type: none"> ▪ WC training days – project objectives, helping with project intervention ideas ▪ Walk leader training (for WCs and interested employees to lead the walking groups)
4 - Planning and Preparation for an event / activity	5 - Running an event / activity	6 - Evaluation tasks
<p>Research / needs assessment</p> <ul style="list-style-type: none"> ▪ Sourcing resources and external providers e.g. gym membership and exercise class instructors ▪ Researching for various intervention ideas e.g. weight management, pedometer challenges ▪ Planning, carrying out and collating employee needs assessments and findings <p>Preparation of materials</p> <ul style="list-style-type: none"> ▪ Organising project display areas ▪ Producing promotional posters / programmes of events / handouts and flyers/leaflets and resources and materials ▪ Organising and purchasing incentives and prizes for different initiatives <p>Planning for events</p> <ul style="list-style-type: none"> ▪ Organising and overseeing the different interventions ▪ Liaising with external providers / instructors ▪ Finding and booking venues / facilities for the interventions ▪ Setting up resources and equipment 	<ul style="list-style-type: none"> ▪ Leading activities ▪ Attending activities run by external personnel to introduce instructors etc to employees <p>NB – any project interventions implemented were often listed here</p>	<ul style="list-style-type: none"> ▪ Completing weekly Logs of Activities ▪ Completing Event Summary Forms ▪ Distributing, collecting and summarising participant satisfaction survey responses ▪ Questionnaire planning and liaison with national evaluation team ▪ Promotion of questionnaires and focus groups ▪ Informing WCs of evaluation tools and procedures ▪ Preparing for and overseeing NET site visits
7 – Other		
<ul style="list-style-type: none"> ▪ Attending regional Think Fit! Seminars ▪ Attending conferences and workshops ▪ Attending Well@Work network events 		<ul style="list-style-type: none"> ▪ Travel time to and from multiple sites / organisations ▪ Speaking with local press – local project publicity ▪ Presenting on projects at external seminars / conferences

PC=project co-ordinator, WC=workplace champion, PCT=Primary Care Trust

Table 3.5 Examples of tasks undertaken by workplace champions

Task	Duties undertaken	Time on Tasks
1. Administration / Management / Co-ordination	<ul style="list-style-type: none"> ▪ Responding to emails and phone calls ▪ Responding to project queries 	<ul style="list-style-type: none"> ▪ Mixed responses – indicated as daily and weekly project related duties
2. Meetings	<ul style="list-style-type: none"> ▪ Internally with other WCs and PCs - re project roles and responsibilities and interventions ▪ Meeting employees in passing 	<ul style="list-style-type: none"> ▪ Dependent on the specific intervention and the number of interventions overseen by the WC
3. Training	<ul style="list-style-type: none"> ▪ Only WCs from 2 projects reported receiving any training – intervention specific 	<ul style="list-style-type: none"> ▪ Dependent on opportunities available and the specific interventions
4. Planning and preparation for an event	<ul style="list-style-type: none"> ▪ Researching ideas for specific activities / interventions ▪ Preparation of materials and resources 	<ul style="list-style-type: none"> ▪ Weekly / monthly – dependent on the intervention and number being implemented
5. Running an Event	<ul style="list-style-type: none"> ▪ Overseeing initiatives organised 	<ul style="list-style-type: none"> ▪ Weekly / monthly – dependent on the intervention and number being implemented
6. Evaluation tasks	<ul style="list-style-type: none"> ▪ Completing event summary forms ▪ Distributing and collecting participant satisfaction surveys 	<ul style="list-style-type: none"> ▪ Monthly – but dependent on interventions implemented
7. Other	<ul style="list-style-type: none"> ▪ None reported 	<ul style="list-style-type: none"> ▪ None reported

PC=project co-ordinator; WC= workplace champion

3.5.3 Dose delivered

Number of initiatives delivered

A total of 546 initiatives were reported across the 11 Well@Work projects over the 2 year period. The number of interventions delivered in each project ranged from 23 to 91 (Figure 3.5). Table 3.6 provides examples of the different initiatives delivered.

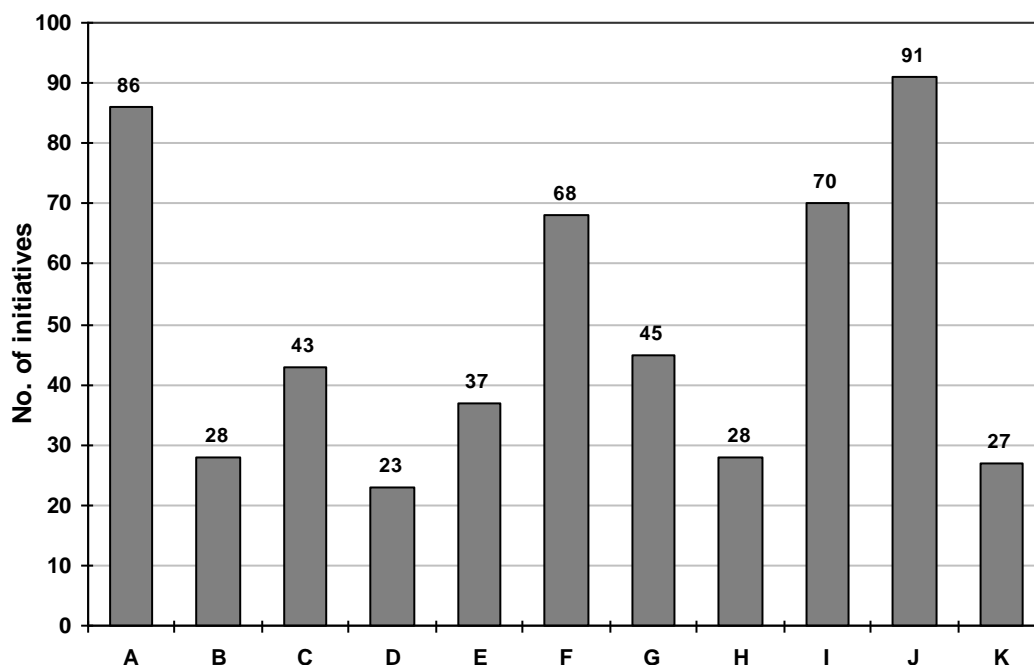


Figure 3.5
Total numbers of interventions delivered by project

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Table 3.6 Examples of project initiatives delivered by programme area and theme

Area	Awareness and Education	Programmes and Services	Physical Environment	Policy
Physical Activity	<ul style="list-style-type: none"> ▪ Presentations / talks ▪ Personal travel plans 	<ul style="list-style-type: none"> ▪ Exercise classes e.g. yoga, pilates, boxercise, aerobics ▪ Activity clubs e.g. football, badminton, cycling, squash, running, Nordic walking ▪ Dancing classes – ballroom, salsa, flamenco, belly-dancing ▪ Lunchtime walks ▪ Corporate gym membership schemes ▪ Taster sessions – rock climbing, scuba diving, surfing, golf ▪ Pedometer, triathlon, rowing and active travel challenges ▪ Cycling refresher courses ▪ Dr bike clinics ▪ One-offs – inflatable human table football; ‘it’s a knockout’; dodge ball and rounders tournaments 	<ul style="list-style-type: none"> ▪ Installation of bike racks / storage facilities ▪ Drying room ▪ Installation of on-site gym equipment ▪ Physical equipment library - purchasing of sports / physical activity equipment for loaning out to employees ▪ Improvement to stairwells 	<ul style="list-style-type: none"> ▪ Physical activity policy development
Diet / Nutrition	<ul style="list-style-type: none"> ▪ Presentations / talks ▪ Tray liners ▪ Table talkers ▪ Fruity Fridays ▪ Food and mood resources ▪ Healthy eating and ‘cook ‘n’ taste demo workshops ▪ Make and try smoothie taster days ▪ Healthy snack days 	<ul style="list-style-type: none"> ▪ Weight management courses – “Fat Busters” / “Summer Slim Down” / “Absolutely Flabulous” ▪ Team weight loss competitions – “World Cup Weigh In” / “Cold Turkey” / “Biggest Loser” 	<ul style="list-style-type: none"> ▪ Water cooler provision ▪ Healthy vending machines ▪ Blender provision ▪ Free fruit provision ▪ Healthy changes to canteen menus 	<ul style="list-style-type: none"> ▪ Nutritional standards policy development
Smoking Cessation	<ul style="list-style-type: none"> ▪ Presentations / talks ▪ No smoking campaigns – National no smoking days 	<ul style="list-style-type: none"> ▪ Smoking cessations classes – 1-2-1 and group support ▪ Nicotine patches 	<ul style="list-style-type: none"> ▪ On site smoking bans 	<ul style="list-style-type: none"> ▪ No smoking policies
Stress / Mental Health and Alcohol	<ul style="list-style-type: none"> ▪ Presentations / talks ▪ Leaflets and displays ▪ Stress management workshops 	<ul style="list-style-type: none"> ▪ Qi Gong classes ▪ Tai Chi classes ▪ Indian head massage sessions ▪ Massage chairs 	-	-
Other	<ul style="list-style-type: none"> ▪ Health talks / presentations ▪ Health awareness weeks ▪ Bare care awareness ▪ Sun awareness ▪ Breast, testicular and prostate cancer awareness ▪ Healthy photography competition 	<ul style="list-style-type: none"> ▪ Health checks 	-	<ul style="list-style-type: none"> ▪ Project policy

Number of initiatives by area

Figure 3.6 presents a breakdown of the 546 interventions by the area of focus across all projects (pooled analysis) and Figure 3.7 provides these data by project. Overall, physical activity and nutrition dominated the focus of the Well@Work projects, together accounting for 68% of all initiatives delivered. This was consistent across the projects, with both accounting for 60% or more of all Well@Work interventions delivered in 10 of the 11 projects.

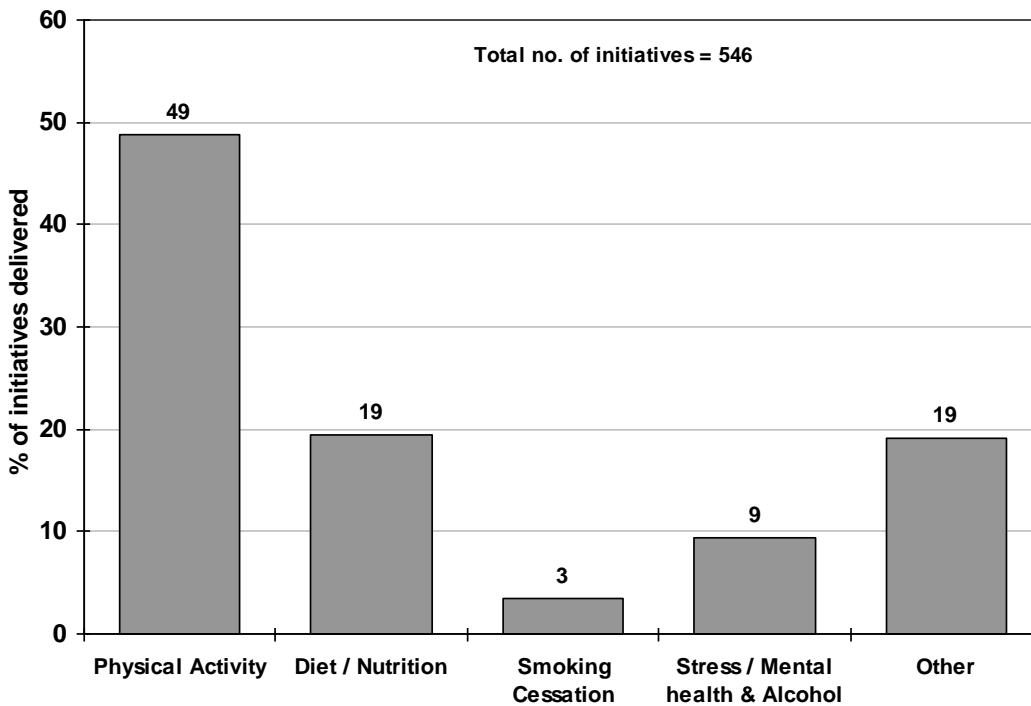


Figure 3.6
Interventions delivered by programme area

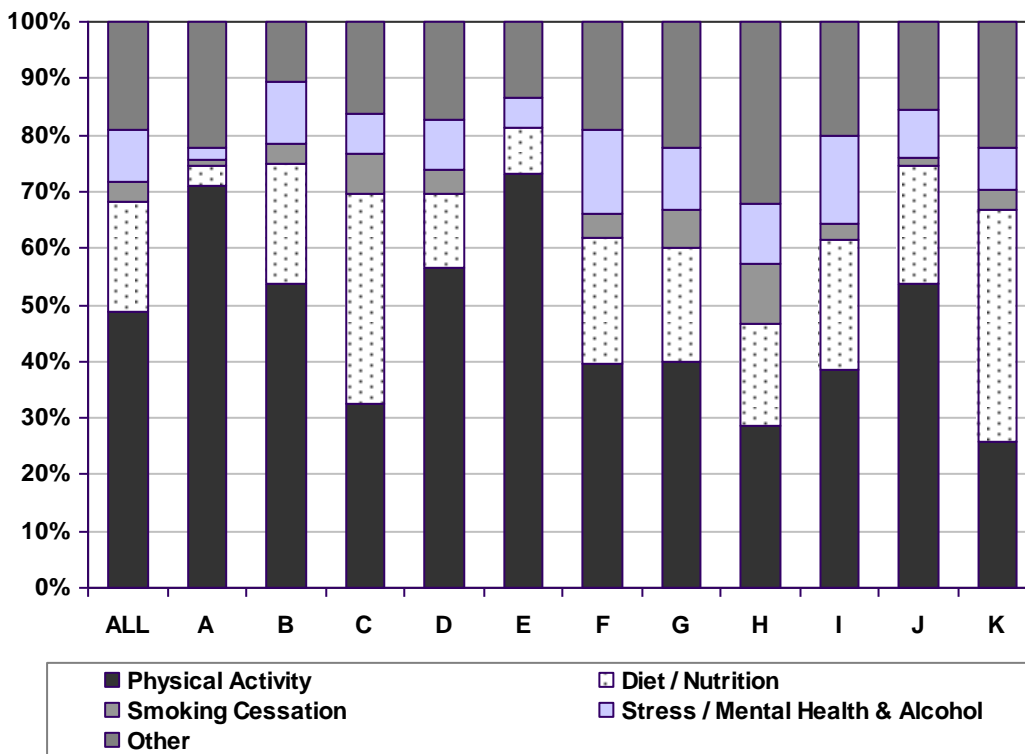


Figure 3.7
Interventions delivered by programme area and project

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Physical activity initiatives were the most frequently implemented, accounting for almost half (49%) of all the interventions delivered (Figure 3.6). However, this varied between projects, ranging from 26% to 73%, indicating that some projects were more focussed on physical activity than others. Projects A and E in particular were heavily orientated around physical activity with about 70% of all initiatives. Over 50% of all initiatives were physical activity based in a further 3 projects (B, D, J). On average nutrition-related initiatives accounted for 19% of all interventions delivered (Figure 3.6) but again this varied across the 11 projects, ranging from 4% to 41% (Figure 3.7). Projects A and E delivered considerably fewer nutrition-related initiatives whilst projects C and K delivered the greatest proportion of nutrition-based initiatives.

Far fewer initiatives were delivered addressing smoking cessation and these accounted for on average only 4% of all the interventions delivered. However, 10 of the 11 projects delivered at least one smoking cessation intervention. Similarly, far less was done addressing the areas of stress / mental health and / or alcohol and these combined accounted for just 9% of all the interventions delivered. Alcohol initiatives were undertaken in 6 projects and were typically focused on awareness and education through the distribution of literature / leaflets. Whilst every project implemented at least one initiative addressing stress and mental health these were also typically focused on awareness and education. Only 6 projects offered a stress management workshop or similar programme or service.

The category of 'other' activities' captured 104 initiatives and these accounted for 19% of the total 546 interventions delivered. About a quarter (26%) of these 'other' interventions were health checks and another quarter (25%) were Well@Work project launch events. Examples of the remaining 'other' initiatives included: back care awareness, testicular and breast cancer awareness and sun awareness campaigns.

Number of initiatives by programme themes

Figure 3.8 shows that half (51%) of all interventions delivered were programmes and services whilst 41% addressed awareness and education. Interventions aimed at making changes to the physical environment accounted for just 7% of all initiatives whilst changes to workplace policies accounted for just 1% of all reported initiatives.

A similar pattern was observed across the 11 projects (Figure 3.9), although some variation was evident in the proportion of awareness and education interventions (range 19% to 59%) and programmes and services (range 31% to 81%). Ten projects indicated making changes to the physical environment and only 4 projects reported attempts at making changes to workplace policies (A, D, G and H).

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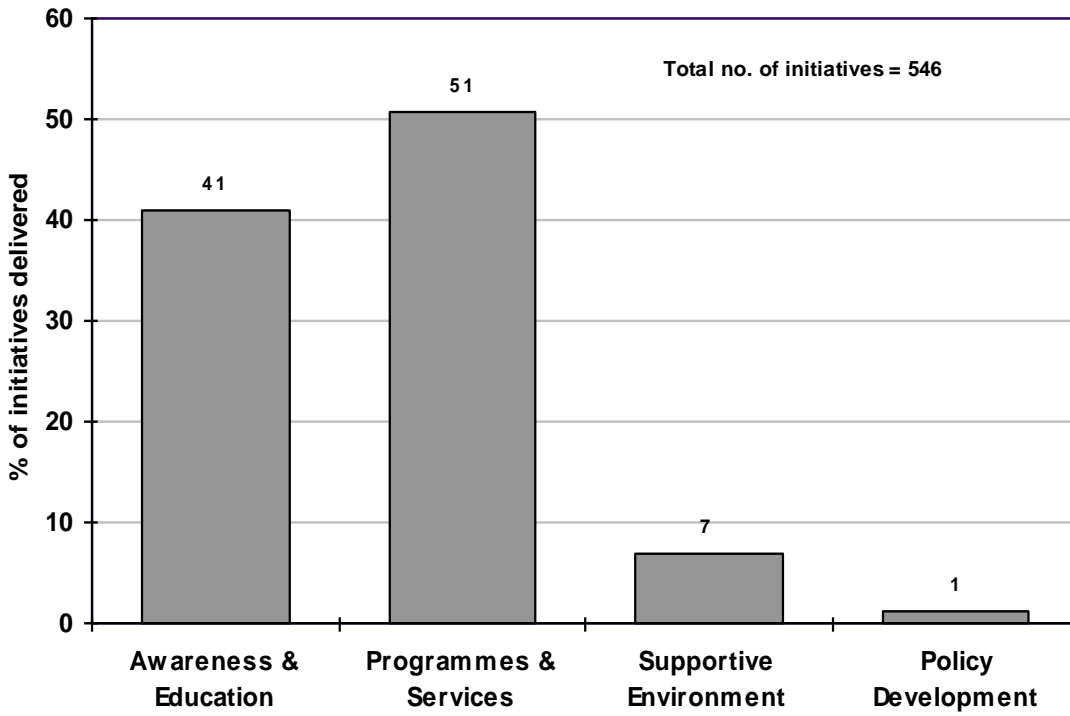


Figure 3.8 Interventions delivered by programme theme

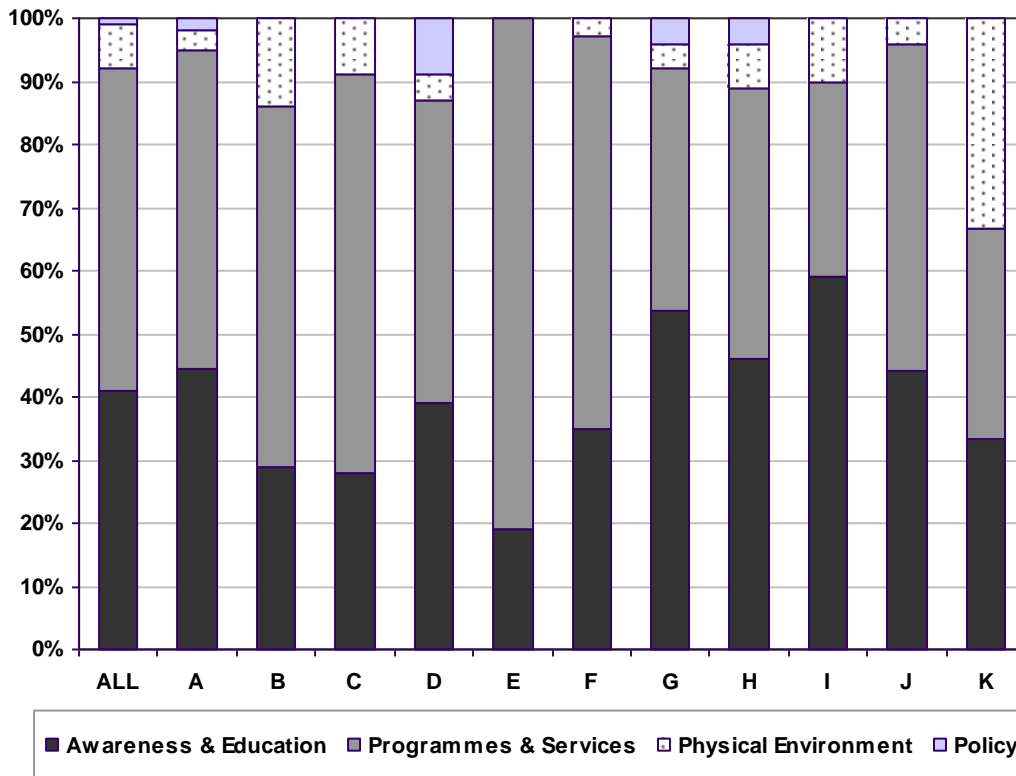


Figure 3.9 Interventions delivered by programme theme and project

Number of initiatives by programme area and theme

Figure 3.10 provides a summary of all interventions delivered by the programme area and theme. Approximately three quarters of physical activity initiatives (71%) were programmes and services whilst 24% were awareness and education (typically one-off ‘taster’ / ‘come and try’ sessions for different sports / physical activities). The most frequent changes to the physical environment were centred on nutrition-related changes (Table 3.7). All alcohol-related initiatives were awareness and educational raising initiatives. Health checks accounted for all the ‘other’ programmes and services. The development of a physical activity policy was reported in one project and the Well@Work project was incorporated within company policy in another project.

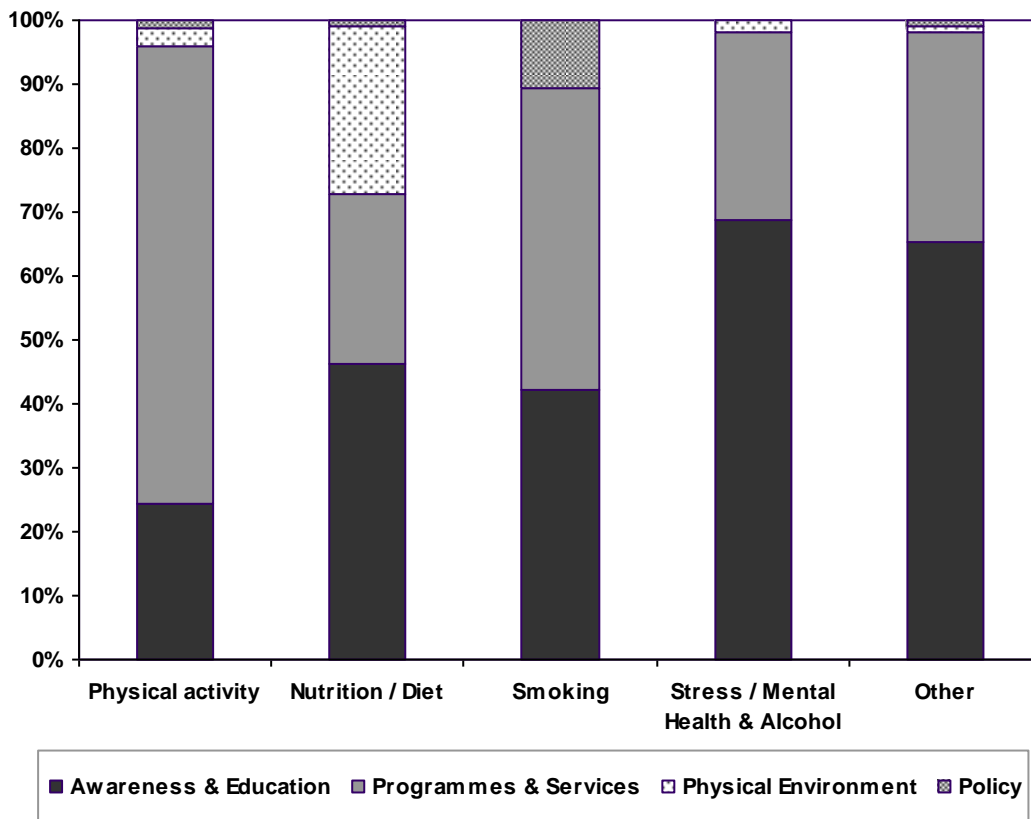


Figure 3.10 Interventions delivered by programme area and theme

Types of initiatives delivered

Details on the ‘type’ of interventions were provided for 443 (81%) of the 546 interventions. Figure 3.11 shows that half (52%) of all initiatives were classified as ‘one offs’. ‘Ongoing’ activities (e.g. activity or sport clubs) accounted for 22% of all interventions and ‘short courses’ accounted for 19%. Seven percent of all the interventions were ‘challenges’ or ‘competitions’. Figure 3.12 presents the distribution of the different types of interventions by project, illustrating some wide variations.

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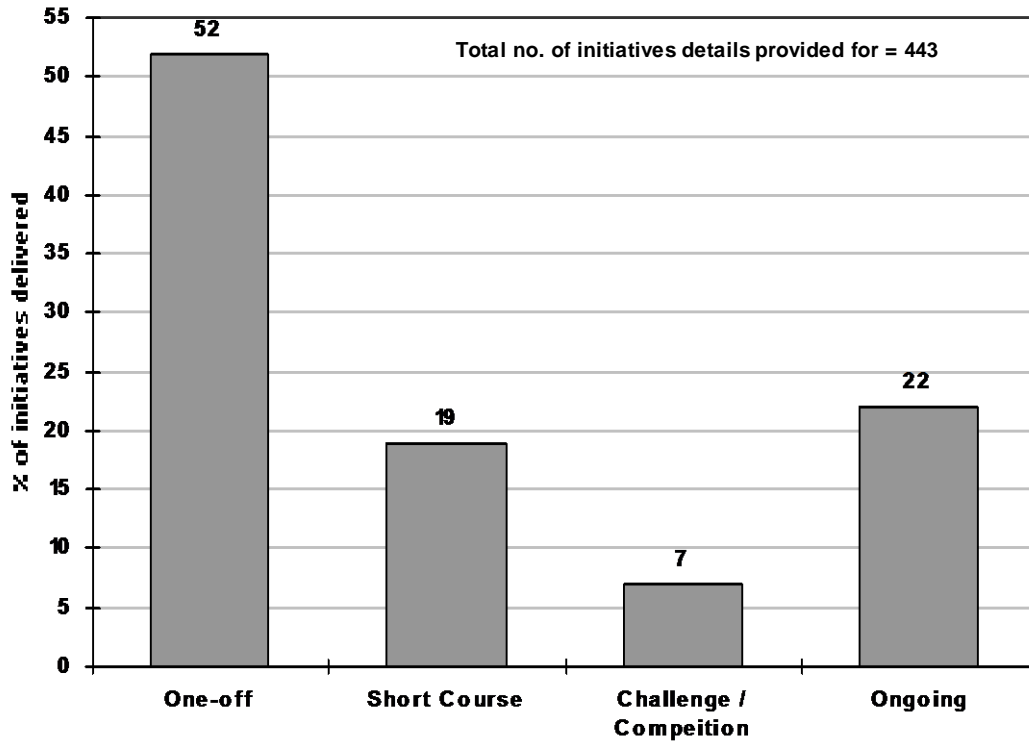


Figure 3.11 Interventions delivered by type

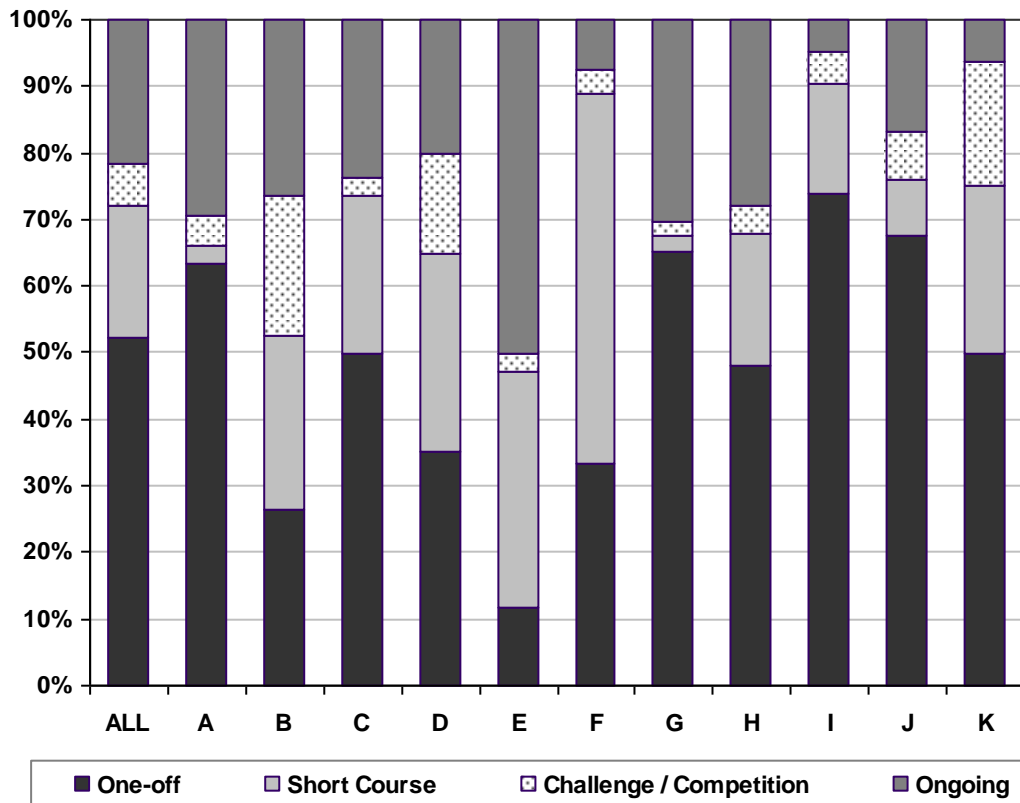


Figure 3.12 Interventions delivered by type and project

Scheduling of initiatives

Details on the scheduling (or timing) of project initiatives was available for 367 (67%) of the 546 interventions delivered and are presented in Figure 3.13. On average 83% of the interventions were implemented around three key times of the day: during work (35%); at lunch times (25%) and after work (23%) (Figure 3.14). Very few interventions were put on before work (2%) and those that were tended to be active travel initiatives and / or challenges. Nine percent of all initiatives were for employees to make use of at their discretions and in their own time ('anytime'). Examples of such initiatives were the negotiating of corporate / reduced gym memberships and the provision of sports equipment for hire.

Figure 3.14 presents the scheduling (or timing) of initiatives offered by project, illustrating that most projects offered initiatives during the working day or at lunch times. Again, there were however variations across the 11 projects. Eight projects put in place initiatives that employees could make use of in their own time ('anytime').

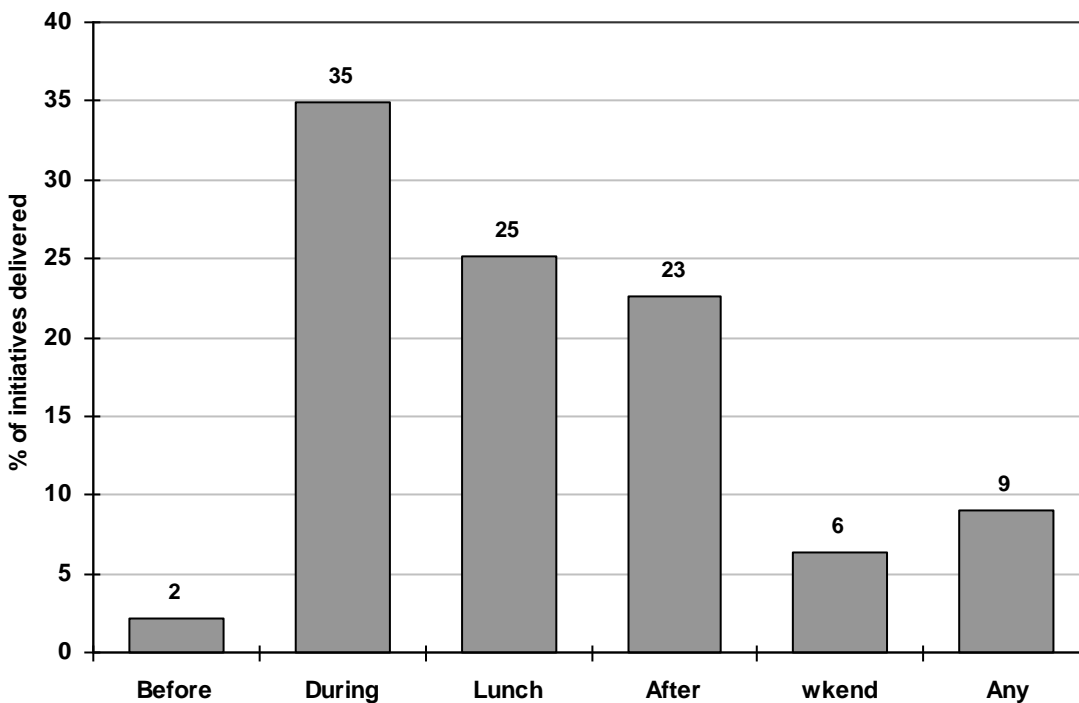


Figure 3.13
Timing of
intervention
delivery

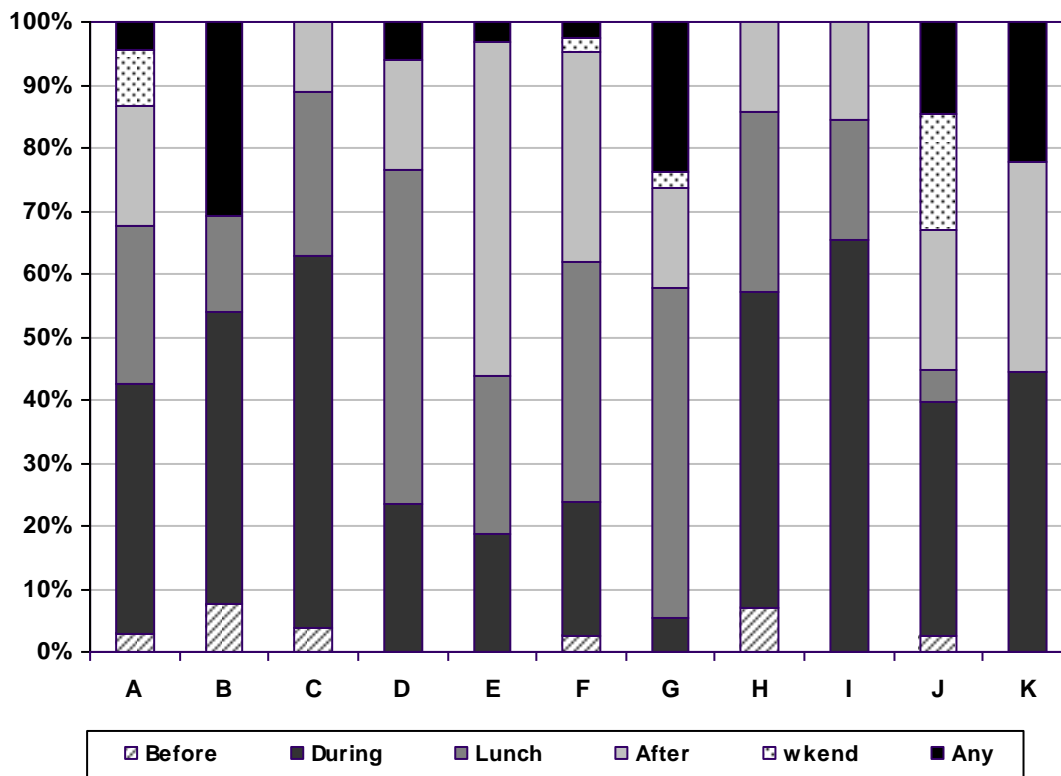


Figure 3.14
Timing of
intervention
delivery by
project

3.5.4 Recruitment (advertising strategies used)

Details on the advertising and promotional strategies used by the Well@Work projects were provided for 389 (71%) of the 546 interventions. Overall, four primary strategies were used to promote and communicate project activities: posters/ flyers (32%); email (28%); staff newsletters (16%) and via the internet / intranet (14%) (Figure 3.15). Nearly half (42%) of the promotional strategies used therefore required access to a computer and internet or email in order to receive the project communications.

As illustrated in Figure 3.16, the high use of email and/or intranet communications was seen in almost all projects (range 24% - 59%). The use of posters / flyers was also popular across the projects (range 19% - 63%). Between two and four different strategies or channels of communication tended to be utilised simultaneously for the promotion and advertising of project initiatives (data not shown).

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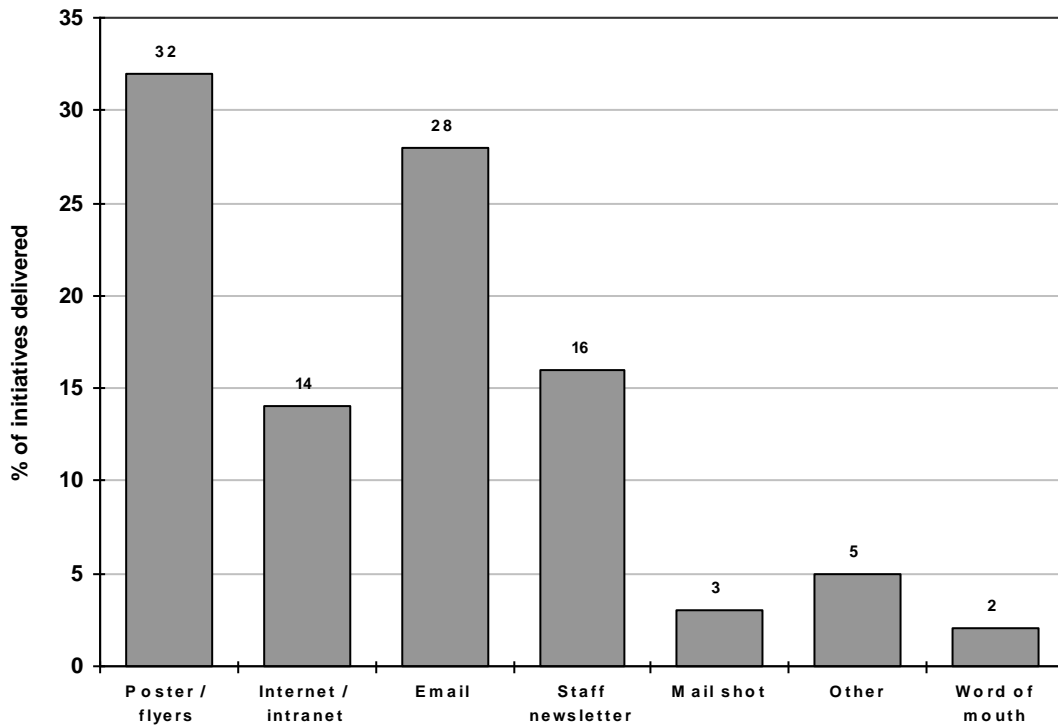


Figure 3.15 Advertising strategies used to promote interventions

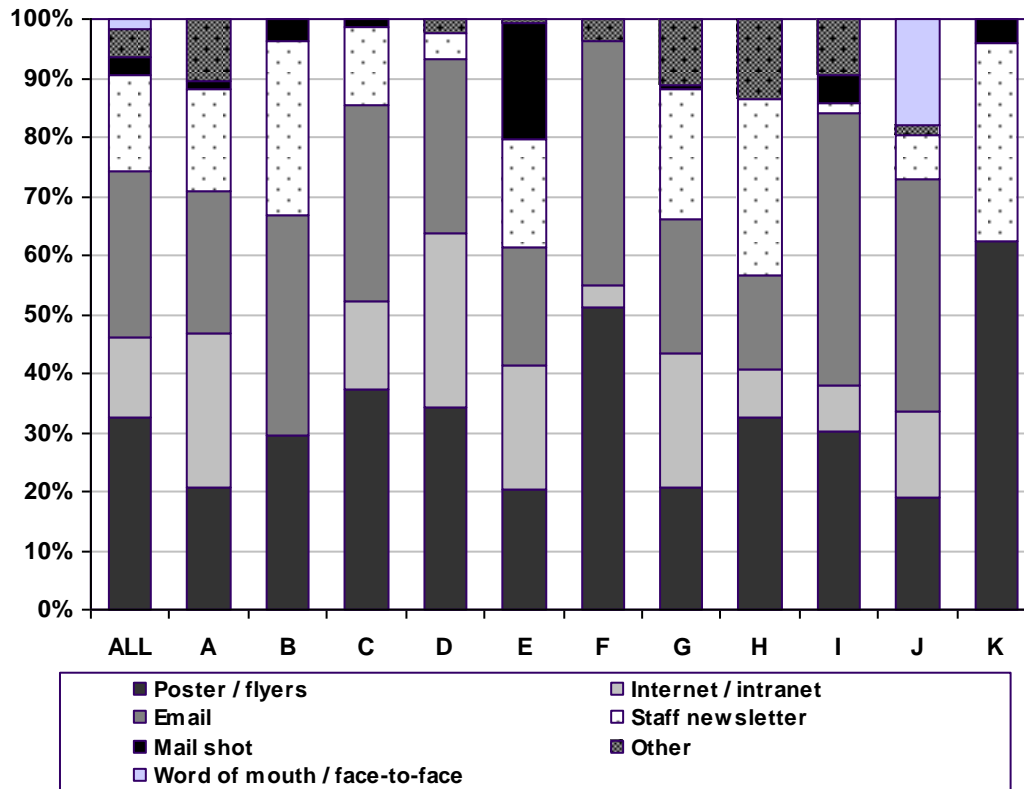


Figure 3.16 Advertising strategies used to promote interventions by project

3.5.5 Reach (awareness and participation)

Details on the target audience of each Well@Work project intervention were requested on the Event Summary Form and were provided for 410 (75%) of the 546 interventions delivered. Over 90% of initiatives were targeted towards all employee and management groups. Five percent of initiatives were open to employees' family and friends and just 4% were targeted at specific employee sub groups, such as males (i.e. testicular and prostate cancer awareness), females (i.e. breast cancer awareness) and sometimes for specific departments / sites.

Awareness

Data from the follow-up employee questionnaire provided information on employees' awareness of the Well@Work projects (Table 3.7). Ninety-three percent (n=2188) of all questionnaire respondents (n = 2362 across the 11 projects) reported being aware of Well@Work projects in their respective organisations. This ranged from 86% to 99% across the individual projects. Data on awareness of specific programme areas showed physical activity based interventions had the highest level of awareness (87%), followed by nutrition (70%), health checks (68%) and stress, mental health and alcohol (64%). Of the current or ex-smokers, 71% reported being aware of smoking cessation initiatives.

Although the responses to the employee questionnaire suggest very high levels of project awareness, it is noted that the only 23% of employees (that is 2362 of the total 9213 Well@Work employee population at follow-up) responded to the follow-up questionnaire items on awareness of the Well@Work project. If one assumed that all non-responders to the employee questionnaire were not aware of any of the Well@Work projects (a worse case scenario), the population level estimate of project awareness might be as low as 24% ($2,188 \div 9213$) and range from 7% to 43% across the 11 projects. Other assumptions about the level of awareness of non-responders are possible.

Participation

Data on participation rates were provided from two sources: 1) the estimated number of attendances at Well@Work project initiatives reported on Event Summary Forms by the project coordinator; and 2) self-reported participation by respondents to the follow-up employee questionnaire.

Attendance data were provided on submitted event summary forms for 252 of the 546 interventions across the 11 projects, accounting for just under half (46%) of all the initiatives delivered. This ranged from 22.9% to 82.2% across the projects. Attendance data from Project E were missing

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and are thus not reported. The data from these 252 events provide an estimate of total project reach of 7,972 attendances across all interventions and projects. Table 3.8 presents a breakdown of the attendances by the 6 programme areas: physical activity initiatives accounted for nearly half (47%) of all the reported attendances, followed by health checks and nutrition-related interventions, each with 23% of all reported attendances. Stress, mental health and alcohol-based initiatives accounted for just 2% of reported attendances, less than 1% were for smoking cessation interventions and 4% of attendances were in 'other' activities.

A consistent pattern is seen across projects with physical activity initiatives being the most frequently attended in all projects, followed by the health checks and nutrition-related initiatives (Table 3.9). The high absolute number of attendance counts is indicative that some employees (i.e. individual attendees) participated in more than one Well@Work project initiative.

Because data on attendance figures were only available for 252 of the 546 initiatives (46%) the above estimate of total 'reach' (namely 7972 attendances) is possibly conservative. A review of the details of the remaining 294 initiatives (54%) revealed that the initiatives without attendance data were similar in terms of their area of focus, type of activity and scheduling to the 252 activities for which attendance figures were available. Thus, it is possible to extrapolate and suggest that the Well@Work project reach (number of attendances) could be as high as 15,944, approximately double the estimate based on available data.

Estimates of participation from the follow-up employee questionnaire revealed that 64% (n=1520) of all respondents reported participating in any Well@Work project activity, ranging from 37% to 88% across the 11 projects (Table 3.9). Questionnaire respondents' participation in the different Well@Work project areas revealed a similar pattern to the data on attendances obtained from the event summary forms. For example, 38% reported participating in physical activity initiatives compared with 47% obtained from physical activity attendance figures; similarly, approximately one quarter of employees reported participation in nutrition-related initiatives (23%) and health checks (23%) and these initiatives (each) accounted for one quarter of attendance figures. The questionnaire data did however reveal a much higher level of reported participation in stress, mental and alcohol-related initiatives and the proportion of employees reporting participation in smoking cessation initiatives (8.4%) was considerably higher than the attendance data obtained from the event summary forms. However these data are not completely comparable because awareness and educational initiatives were excluded in estimates of participation derived from event summary form 'reach' analyses. Self-reported participation in 'other' initiatives (6%) was similar to the estimates of attendance from the event summary forms.

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It is noted again that data from the employee questionnaire on participation in Well@Work activities were available from only 26% (n=2379) of the total employee population (n=9213) due to the low response rate at follow-up. Of these, 64% of employees (n=1520) reported participating in Well@Work initiatives (range 37% - 88% across the 11 projects). If it is assumed that all non-responders were non-participants, the population level estimate of project participation might be as low as 16% ($1520 \div 9213$) of the Well@Work population (range 6% - 41% across the 11 projects). Other assumptions about the level of participation of non responders are possible.

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Table 3.7 Self-reported employee awareness of Well@Work project initiatives, overall, by area and project

	ALL	A	B	C	D	E	F	G	H	I	J	K
Awareness of the Well@Work project	92.6	93.8	98.0	98.8	91.9	95.1	96.6	88.2	91.1	90.3	86.3	93.3
Any awareness and education initiative	83.7	91.8	96.0	100.0	90.9	81.7	97.0	52.3	92.2	79.8	76.0	93.3
Physical activity	86.6	90.9	98.0	97.1	94.7	87.7	97.4	78.0	90.4	77.4	53.2	93.3
Nutrition	70.3	83.0	80.0	96.0	69.5	33.5	86.5	67.1	71.6	66.1	51.5	93.3
Smoking Cessation*	71.2	-	91.7%	94.7%	76.2%	-	86.6%	81.3%	73.6%	41.0%	26.4%	85.7%
Stress / Mental Health and Alcohol	64.1	73.9	80.0	85.0	-	69.7	73.3	-	48.9	47.6	24.6	80.0
Health Checks	68.2	-	40.0	-	83.4	-	78.2	72.0	62.1	-	45.6	-
Other	47.6	39.0	-	93.6	-	44.4	-	-	-	54.0	21.1	80.0

* Current and ex-smokers

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Table 3.8 Number of attendances* (project reach) overall, by area and by project

	ALL	A	B	C	D	E	F	G	H	I	J	K
Average total workforce population†	9783	900	151	444	660	1000	1250	2080	1400	755	920	226
Total no. of initiatives participant data provided	252	49	8	30	7	1	35	37	8	16	53	8
% of the 546 interventions identified for which participant data were given	46%	32.5%	28.6%	69.8%	30.4%	2.7%	51.5%	82.2%	28.6%	22.9%	58%	29.6%
Physical Activity	3723	1342	95	673	63	-	391	376	125	175	405	78
Nutrition	1817	42	24	1259	-	-	192	56	24	38	182	-
Smoking Cessation	27	-	-	9	-	-	14	4	-	-	-	-
Stress / Mental Health and Alcohol	186	16	-	40	-	-	6	14	12	49	49	-
Health Checks	1870	-	85	369	516	-	-	163	552	59	92	34
Other	349	238	75	420	7	-	292	19	-	-	11	49
Total reach (no. of attendances)	7972	1638	279	2770	586	-	895	632	713	321	739	161

* Data from event summary forms

† Average of total employee populations reported at baseline (n=10,353) and follow-up (n=9213)

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Table 3.9 Self-reported employee participation in Well@Work project initiatives, overall, by area and project

	ALL	A	B	C	D	E	F	G	H	I	J	K
Any project activity	63.9%	88.4%	76%	73.4%	43.3%	48.2%	69.2%	37%	81.6%	70.2%	53.2%	80%
Any awareness and education initiative	31.4%	65.8%	22.0%	15.6%	12.8%	6.3%	31.6%	10.6%	59.2%	36.3%	22.2%	6.7%
Physical activity (Programmes and services)	37.5%	44.9%	50.0%	58.4%	14.4%	46.1%	37.2%	20.2%	41.1%	44.4%	31.0%	60.0%
Nutrition (Programmes and services)	26.7%	65.5%	44.0%	45.1%	4.8%	7.7%	12.8%	6.2%	11.0%	51.6%	33.3%	33.3%
Smoking Cessation*	8.4%	-	20.8%	7.4%	4.0%	-	13.4%	18.0%	6.2%	-	0.9%	14.3%
Stress / Mental Health and Alcohol	14.8%	12.7%	0	19.1%	-	1.8%	23.3%	-	22.0%	29.0%	6.4%	20.0%
Health Checks	23.3%	-	42.0%	-	27.3%	-	24.4%	11.1%	37.6%	-	15.8%	-
Other	6.0%	3.9%	-	25.4%	2.1%	6.0%	1.5%	-	-	0.8%	4.1%	40.0%

* Current and ex-smokers

3.5.6 Fidelity (project activities delivered as planned)

Data from project co-ordinators on whether the Well@Work initiatives had been implemented ‘as planned’ were provided on Event Summary Forms for 146 initiatives of the 546 initiatives, accounting for just 27% across the 11 projects (range 0% - 68%). For these 146 interventions reflective comments on the delivery were provided by project co-ordinators. Overall, they reported that 89% of the initiatives were delivered ‘as planned’. Table 3.10 presents a summary of the main reflective comments from the project co-ordinators. The most common causes identified for interventions failing to be delivered as planned were: a lack of facilities, poor venues, difficulties finding suitable times to suit all employees, poor participation rates (including from those employees who had requested certain initiatives but then failed to turn up) and drop out rates.

Table 3.10 Event organiser reflective comments

Positives	Negatives
<ul style="list-style-type: none"> ▪ Participant enjoyment of activities ▪ Over-subscribed ▪ Good for team building ▪ Increased staff interaction / socialising / opportunities to meet new people ▪ Creating a “buzz” around the organisation ▪ Increased awareness of health eating ▪ Health checks very well received and appreciated / attended ▪ Excellent attendance / participant numbers ▪ Provided staff with the opportunities to try new activities ▪ Lunchtime sessions – get staff away from their desks ▪ Team competitions – allowed staff to support one another ▪ Forming partnerships with local sports facilities 	<ul style="list-style-type: none"> ▪ Staff injuries ▪ Disappointing participant numbers / high drop out rates ▪ Lack of suitable facilities / venues ▪ Work commitments constraining employees time to participate ▪ Staff signing up but then not attending ▪ Events on weekends – hard to get staff to commit ▪ Catering ordered as incentives late arriving / failing to arrive ▪ Difficulties finding suitable times to suit all employees ▪ Poor participation rates for outdoor events in poor weather conditions ▪ Smoking cessation – difficulties engaging staff interest ▪ Events were time consuming to organise

3.5.7 Satisfaction

Information on employee satisfaction was obtained from two sources: 1) project co-ordinator summaries of Participant Satisfaction Survey responses submitted in the Event Summary Forms; and 2) self-reported satisfaction from responders to the employee questionnaire at follow-up.

Participant Satisfaction Surveys were distributed and responses summarised for only 106 initiatives, accounting for just 19% of the total 546 events delivered (range 9% - 54%). Table 3.11 presents the main findings on employee ‘likes’ and ‘dislikes’ from the participant satisfaction comments. The main ‘likes’ included the opportunity to meet new people and to socialise with colleagues outside of work as well as the opportunity to try new activities, learn new skills and take part in team competitions. Participants reported an increase in awareness about their health and a

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number of personal health benefits, such as weight loss, and an increase in fitness was frequently noted. The convenience offered by the “in-house” activities was another consistently noted positive point, as was providing an opportunity for staff to “get away from their desks”.

Employees expressed divided opinions on the best time to schedule events with those offered at both lunchtimes and after work receiving both positive and negative comments. The most consistently noted ‘dislikes’ were the lack of suitable venues or facilities for activities and a lack of shower and changing facilities. Poor attendance rates, causing classes to be postponed or cancelled, were noted on several occasions. Other comments indicated some difficulties in participating in project activities because of being based in satellite locations. However, overall the majority of comments were positive with employees reporting to have enjoyed the activities they participated in and appearing ‘satisfied’ with their project experiences.

Table 3.11 Participant Satisfaction Survey summary findings

What participants liked	What participants disliked
<ul style="list-style-type: none">▪ Meeting new people▪ Opportunity to socialise with colleagues outside of work▪ Motivational▪ Learning about own health▪ Raised awareness of health eating▪ ‘In-house’ activities - convenience▪ Co-ordinator enthusiasm and made employees feel “comfortable”▪ External instructors – inspiring / friendly / professional▪ “Getting away from desks” / break from work / relaxing▪ “Enjoyable” / “fun” activities▪ Trying new events / learning new skills▪ Increased confidence▪ Good for team building▪ Inexpensive▪ After work activities▪ Lunchtime activities▪ Provided opportunity for regular exercise▪ Events well organised▪ Good choice / variety of activities to take part in▪ Seeing benefits – losing weight / feeling fitter / toning up▪ Incentives – ‘freebies’▪ Team competitions▪ Provision of free pedometers▪ Health checks very well received▪ Healthy options in the canteen	<ul style="list-style-type: none">▪ Would have liked more on diet / nutrition▪ The weather - rain and getting cold / too hot▪ Overload of information in some workshops (stress)▪ Poor venue / facilities – not big enough / dirty▪ No shower facilities▪ Would have preferred it after work – rushed at lunchtime▪ Unable to attend regularly because of work commitments▪ Felt excluded if based on satellite sites▪ Classes not well attended – leading to cancellations▪ Session not run enough times per week – lack of opportunities to participate▪ Sessions not long enough

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Data on project satisfaction from the employee follow-up questionnaire are presented in Table 3.12. Overall, 69% of all respondents indicated that the project had been 'interesting' (range 52% - 93%) and 51% reported that the project had been 'enjoyable' (range 35% - 86). Sixty-two percent of all respondents believed the project had been 'helpful' (range 46% - 89%). Two thirds (63%) of all respondents agreed that the project had provided them with 'useful information' (range 47% - 100%) and overall 40% of respondents reported that the projects had 'met their needs' (range 33% - 67%). Two-thirds (67%) of all respondents felt that the project had been 'well publicised' (range 44% - 100%). Similarly, just over half (55%) of all respondents agreed that the project had been 'convenient to join in' (range 36% - 100%). Overall project satisfaction scores across the 11 projects ranged from 45% to 87% (average 58%).

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Table 3.12 Employee satisfaction overall and by project*

		Project											
		ALL	A	B	C	D	E	F	G	H	I	J	K
Total satisfaction score	%	58.1	61.0	73.6	87.6	59.5	44.6	52.6	55.6	50.3	63.1	52.1	87.3
% agree/strongly agree the project was interesting	%	68.8	73.8	83.3	90.6	66.9	58.6	51.5	71.1	64.5	75.7	66.9	92.9
	n	2,101	404	48	171	169	232	235	325	273	103	127	14
% agree/strongly agree the project was helpful	%	61.8	64.9	77.1	88.7	60.9	46.3	53.5	61.7	58.5	68.9	53.9	85.7
	n	2,098	407	48	168	169	227	241	321	272	103	128	14
% agree/strongly agree the project was enjoyable	%	51	51.6	68.1	86.3	54.2	38.4	46.8	44.8	34.7	67.6	55.5	78.6
	n	2,084	405	47	168	168	219	252	310	271	102	128	14
% agree/strongly agree the project provided the responder with useful information	%	63.3	64.9	79.2	94.1	64.9	46.7	52.8	58.8	64.0	72.4	58.3	100.0
	n	2,114	405	48	170	171	227	252	323	272	105	127	14
% agree/strongly agree the project met the responders needs	%	39.9	38.6	53.2	67.1	42.4	25.0	42.5	36.9	33.1	44.2	37.0	61.5
	n	2,095	404	47	167	170	228	252	314	269	104	127	13
% agree/strongly agree the project was convenient to join	%	55.1	59.1	77.1	90.5	59.1	35.8	55.9	50.3	40.8	57.7	48.8	100.0
	n	2,092	403	48	168	171	226	254	312	267	104	125	14
% agree/strongly agree the project was well publicised	%	67	74.5	77.1	95.9	68.4	61.6	65.5	65.4	56.5	55.3	44.2	92.3
	n	2,115	408	48	170	171	229	252	321	271	103	129	13

*Data source: follow-up employee questionnaire

3.6 Key findings

Well@Work co-ordination and management

- Administration, management, co-ordination and planning tasks required the largest proportion of the project co-ordinators time across the two years (approximately 60%), with little variation over the two year period. The need for a significant amount of time to plan, arrange and implement workplace health projects should not be underestimated.
- Approximately 20% of project co-ordinators time was spent engaged in meetings. Given the importance of communication and the need to build management support, employee involvement and access external resources and providers, engaging with key stakeholders should be viewed as an important aspect of the project co-ordinators role and the time needed should, again, not be underestimated.
- Project co-ordinators spent on average less than 10% of their time running project initiatives (range across projects 4% - 27%). Projects with workplace champions showed a different pattern for the project co-ordinators time on tasks, specifically these project co-ordinators (A, B+K, I, J) reported the lowest amount of time running events.
- The desirable skills needed by project co-ordinators for workplace health programmes are likely to be project management, planning, co-ordination and communication rather than an ability to run specific initiatives themselves.
- Time spent on evaluation tasks accounted for a relatively small proportion of overall time. No data were available for evaluation tasks at the start of the project but data captured from the middle of the project onwards suggest evaluation tasks required on average only 2% of the co-ordinators time.
- Overall the distribution of time spent on different tasks did not vary over the course of the 2 year project. This is surprising as it was anticipated that a shift in tasks and roles might be more evident. It is possible that the 2 year duration was too short to detect a change. Moreover the data highlight the significant amount of on-going planning and management required to co-ordinate a workplace health project.

Well@Work initiatives delivered

- Overall 546 interventions were delivered across the 11 projects over the 2 year period. The number of initiatives varied between projects (range 23 to 91).
- Projects with workplace champions implemented more interventions (A, I, J) whilst in the two regions where the project co-ordinators' delivered Well@Work projects in two different workplaces (B and K; D and H) these projects has the lowest number of initiatives.
- Physical activity was the most frequent area of focus for Well@Work project initiatives and accounted for half (49%) the activities across the 11 Well@Work projects. The proportion of

physical activity initiatives varied across the 11 projects from one quarter (26%) to three quarters (73%) of all events.

- Fewer initiatives were conducted addressing nutrition (19% of the 546 interventions) and very few initiatives were conducted addressing stress, mental health and alcohol (9%); these were considered to be sensitive and more difficult topics.
- Eight Well@Work projects implemented activities aimed at improving the supportive environment and 4 projects creating relevant policy.
- Half of the initiatives implemented were described as 'one-offs' (52%) either run once or repeated several times and every project delivered some form of 'challenge' or 'competition'.

Scheduling and promotion of Well@Work initiatives

- The majority of initiatives (over 80%) were delivered during work, at lunchtime or after work, however data from the employee questionnaire suggest that only just over half of all employees (55%) considered the Well@Work projects as convenient for participation. This did vary by project, ranging from 36% to 100%.
- Well@Work initiatives were most frequently advertised via email and posters, with nearly half (42%) of all advertising of interventions requiring access to a computer. There was less frequent use of face-to-face promotional approaches.

Well@Work reach (awareness and participation)

- Project awareness was very high (93%) based on responses to the follow-up questionnaire. However, this is likely to be an over estimate due to questionnaire response bias. A more conservative estimate of project awareness (assuming all non-responders to the follow-up questionnaire were not aware of Well@Work projects) provides a revised (worst case scenario) estimate on population level project awareness of 24%.
- Estimates on participation (or project reach) based on 'attendance' data ranged from about 8000 – 16,000 attendances. However, this does not equate to unique individual employees participating and it is likely that some employees participated more than once and some not at all.
- The highest attendance was observed for physical activity initiatives and this is probably because these were the most frequently conducted initiatives.
- Participation data from the employee questionnaire suggests that three quarters (average 64%, range 37%-88%) of employees participated in a Well@Work project initiative. However, this is likely to be an over estimate due to questionnaire response bias. A more conservative estimate of participation (assuming all non-responders to the follow-up questionnaire did not participate) provides a revised estimate on population level project participation of 16%.

Satisfaction with Well@Work

- Comments from the employee questionnaire indicate that responders were mainly positive and enjoyed the Well@Work initiatives.
- Roughly two-thirds of employees reported that the Well@Work projects had been 'interesting', 'helpful' and 'provided them with useful information' and half of employees reported that the projects had been enjoyable.
- Only 40% of employees thought the Well@Work projects had 'met their needs'. This may be explained, in part, by the focus and breadth (or lack of) of project initiatives which may not have met all employees' needs. Furthermore, the low perceptions of project convenience may be due to the scheduling of events at 3 main time points (during work, lunch time and after work), which may not have been perceived as convenient or accessible.

Well@Work fidelity (implementation as planned)

- Less data were available on the fidelity of project implementation (data provided on only 27% of the total 546 interventions).
- Project co-ordinators reported that the majority (89%) of their initiatives had been 'delivered as intended'.
- Reflective comments from project co-ordinators revealed that the main problems encountered were disappointing participation rates, staff signing up but not attending, and lack of suitable space / facilities.

Strengths and weaknesses of the process evaluation tools

- Overall good return rates were obtained with the process evaluation tools, specifically the return rates for the Log of Activities with on average of 85% and these were mostly of good quality.
- The data obtained from the returned Log of Activity forms accounted for on average 72% of the total project time (range across projects was 63%-89%).
- The Event Summary Form, as an instrument, appeared less effective. Of the 546 total events and activities reported as delivered across the 11 projects, only 34% of the data were provided via the Event Summary Forms. These data collection forms appear to be more difficult to use and would require modification and simplification for future application.
- The Quarterly Monitoring Reports were identified during the project as another useful source of data on Well@Work project activities; the inclusion of data identified in these reports helped develop a more comprehensive overview of each of the Well@Work projects.

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- Specific details on project initiatives, such as the type, scheduling and advertising strategies, were available for 81%, 67% and 71% (respectively) of all initiatives delivered which represents good coverage.
- Assessment of fidelity (project implementation 'as intended') via the Event Summary Form and the request for reflective comments from the project co-ordinators was less successful with low response rates (27%). These data must be interpreted with caution.
- Similarly, participation data were missing for just over half of all events and as such conclusions concerning project reach should also be cautiously considered.
- Employee feedback on event satisfaction covered only 19% of Well@Work initiatives (ranging from just 9% to 54% across the 11 projects) and may be explained by: poor use of satisfaction surveys by the co-ordinator; the time required to hand out and collate data; and / or poor returns from participating employees.
- Although every effort was made to capture all Well@Work initiatives delivered, the data obtained may still underestimate the number of events because the process evaluation methods were not able to capture any incidental activities that employees may have undertaken as a consequence of being motivated from the project.
- The Event Summary Forms were modified during the 2-year Well@Work project duration to include new items for data collection. This may, in part, explain some of the low data coverage of particular variables.
- Overall the high proportion of project time accounted for by the process evaluation and the data collected from the different tools increases the level of confidence placed in these data being a representative reflection of both the project co-ordinators time and tasks undertaken and the descriptions presented of the Well@Work project initiatives.
- Confidence in the completeness of the process evaluation data is enhanced by the additional consultation undertaken by the evaluation team with each project co-ordinator to verify details on the interventions delivered within each project.

CHAPTER 4: Outcome evaluation: Health and lifestyle behaviours

4.1 Introduction

An employee questionnaire was undertaken as part of the Well@Work Evaluation framework to identify any behavioural change in the three key lifestyle behaviours, namely, physical activity, smoking and nutrition including alcohol consumption. In addition to change in behaviour, items were included to assess change in factors associated with helping adults to make lifestyle changes, such as knowledge, confidence and social support (known as mediating factors). These were assessed for each of the three key lifestyle areas. Several additional questions assessed general health and quality of sleep.

This chapter reports the results on change in lifestyle behaviour and the mediating factors from the employee questionnaire between baseline (pre-) and follow-up (post-). It also includes a summary description of the demographic characteristics of the employees completing the questionnaire at both time points. Table numbers which are preceded with A3. can be found in Appendix 3.

4.2 Data sources

- Employee questionnaire

4.3 Methods

The employee questionnaire was conducted before the Well@Work projects started (at baseline - between July 2005 and March 2006) and after approximately 14-18 months of programme implementation (at follow-up – February to June 2007). All employees in the participating organisations were invited to complete the 20 page questionnaire at both baseline and follow-up. The survey was available as a paper version or web-based format at both time points. Questions addressed lifestyle behaviours (e.g. physical activity, smoking, nutrition and alcohol), selected mediating variables (knowledge, self-efficacy, intention to change, barriers to change and social support) and general health. A set of demographic items were included and employees' perceptions of the project effects were assessed. Other items assessed employees' perception of the workplace environment, work-related factors (e.g. job satisfaction) and participation in, and satisfaction with, the Well@Work projects. Data on these issues are reported in other chapters of this report (Chapters 3 and 6). Project co-ordinators arranged for management approval for the questionnaire to be conducted and assisted with the distribution of the survey. Further details on the methods are reported in Chapter 2 and a copy of the baseline and follow-up questionnaires are in Appendix 1.

4.4 Data analyses

4.4.1 Data cleaning and preparation steps

Data from the returned paper versions of the questionnaire were entered into the SPSS database with reverse coding responses (where needed) ready for analysis. Data from the web version of the questionnaire were downloaded into an Excel file and imported into SPSS and variables were reverse coded where required. Questions with no response were coded as missing variables. Responses to all questions were checked for range, logic and plausibility. Variables exceeding a maximum expected value (e.g. 7 days a week) were recoded to the maximum value. For variables where duration (in hours and minutes) was recorded or computed, responses were checked and extreme values were truncated (e.g. time spent walking or cycling to work was truncated to 60 minutes maximum).

At follow-up, responders who reported employment by the organisation for less than three months were removed from the analysis (n=90) because these employees would not have been present for the majority of the Well@Work project time period.

4.4.2 Response rate

Response rates to the baseline and follow-up questionnaires were computed based on staff numbers provided to the evaluation team at baseline and follow-up, respectively. Response rates are presented for the pooled (total) sample, by project and by gender.

Results for all variables in subsequent tables and figures in this chapter (and throughout the report) are presented by project. The order of presentation of the 11 projects was determined by the response rate at follow-up (the project with the highest response rate is listed first and subsequent projects in descending order of response rate). Data presented in tables is shaded in dark grey for projects with a response rate of over 40%, in lighter grey for projects with a response rate between 30% and 40% and in white for projects with a response rate of <30%. Readers should note that results from projects with low response rates are less likely to provide reliable findings that can be generalised to the whole organisation.

4.4.3 Demographics

The following demographic characteristics were assessed in the employee questionnaire: gender, age, ethnicity, marital status and education. In addition, questions on aspects of responders' work and employment including working hours, working pattern and years of employment with

organisation were included. Descriptive statistics were used to describe the sample of employees (responders) at baseline and follow-up.

4.4.4 Computation of physical activity variables

Data collected on physical activity were analysed to provide a measure of activity across three domains: work-related physical activity, active travel (including cycling and walking to work and cycling and walking for non-work trips) and participation in sport and recreation. Within the travel to work domain, data are presented on the proportion of responders doing any active travel (i.e. walking or cycling) to/from work and the proportion of responders walking or cycling, separately. The continuous data on minutes of walking or cycling to work were aggregated to provide a continuous variable of 'total active travel to work' and the mean (and SD) is presented for baseline and follow-up, by project. Active travel for non-work trips is summarised as the mean (and SD) total time per week. An overall total of all active travel was computed by summing the time spent doing physical activity for work-related and non-work-related trips. This is presented as mean (and SD) total active travel.

Participation in sport and recreation was assessed via a list of 18 activities and responders were asked to indicate the frequency (number of days), duration (hours and minutes) and intensity (does the activity make you breathe much harder than normal?) of participation over the period of one week⁵. Data were summarised to provide an indicator of the proportion of responders participating at levels to meet Sport England's current indicator for participation in sports and recreation (participation three times a week, for at least 30 minutes, of at least moderate intensity activity).

The proportion of responders meeting the current health recommendations for physical activity, namely that adults should achieve a total of at least 30 minutes a day of at least moderate intensity physical activity on 5 or more days of the week⁶ was computed using the number of days and time spent in active travel to work and participation in sport and recreation. A second variable presents the mean total physical activity using METmins across active travel to work, active travel for non-work trips and participation in sport and recreation. This variable includes light, moderate and vigorous activities and the unit of METmins is used to present the data. Walking and cycling to or from work or for non-work trips were coded at 3.3 and 4 METS, respectively. All sport and recreational activities were allocated MET values for participation at moderate intensity and at

⁵ The referent time frame of 'last 7 days' was used for 3 projects at baseline (projects A, C and I) but was changed to 'usual week' for projects that, due to circumstances, collected data outside of the preferred seasons (spring, summer, autumn). At follow-up "usual week" was used for all projects.

⁶ Department of Health (2004) At least 5 a week. Evidence on the impact of physical activity and its relationship to health. A report from the Chief Medical Officer. Department of Health, London.

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vigorous intensity (see Appendix 2) based on the Ainsworth compendium⁷. The variables created for each domain and total physical activity are summarised in Table 4.1.

Other physical activity-related variables assessed in the questionnaire included membership of clubs and ownership and use of pedometers. Descriptive statistics were used to report the proportion of responders at baseline and follow-up for each item. In addition, data relating to participation in incidental activity was collected; the proportion of responders participating most or all of the time in 3 of the activities at baseline and follow-up is described. Sedentary behaviour on a work day and non-work day was computed by summing the time responders reported sitting whilst doing 4 sedentary activities (e.g. watching television, sitting reading).

Responders reporting an illness or disability preventing them from participating in physical activity were excluded from all physical activity analyses. At baseline this affected 10.6% of responders (n=371) and at follow-up 10.8% (n=256).

4.4.5 Computation of smoking variables

Data on smoking were summarised to identify the proportion of current smokers in each project. Data from follow-up were analysed to assess for any change in the proportion of current smokers.

4.4.6 Computation of nutrition variables

Data collected assessed the nutritional intake across a selected set of food groups. Consumption of the recommended level of at least 5 portions of fruit and vegetables per day was computed using 3 items which asked about the number of portions of fruit and vegetables (including juice) consumed each day. A maximum of 1 portion of juice was included in the computation. Scores on 10 items (including fruit and vegetable consumption) were summed to create a 'healthy eating index' (maximum score of 100); change in mean scores on healthy eating is presented by project.

Alcohol questions assessed the number of units of alcohol consumed on a typical day when drinking and whether the responder has participated in hazardous drinking behaviour (males >8 units, females >6 units in one session) in the past month. The data are presented as the proportion exceeding recommended daily alcohol levels (for males and females) and the proportion reporting hazardous drinking (for males and females). The variables for nutrition presented in this chapter are summarised in Table 4.1.

⁷ Ainsworth BE, Haskell WL, Whitt MC, Irwin ML, Swartz AM, Strath SJ, O'Brien WL, Bassett DR Jr, Schmitz KH, Emplainscourt PO, Jacobs DR Jr, Leon AS. (2000) Compendium of Physical Activities: An update of activity codes and MET intensities. *Medicine and Science in Sports and Exercise*, 32 (Suppl), S498-S516.

4.4.7 Computation of general health variables

General health was assessed via a single question asking for a self-rating of health status and by an adapted version of the general health questionnaire (GHQ-12). The GHQ-12 variables were recoded such that the highest score represented the most distressing situation and were summarised to provide a mean score which is presented for baseline and follow-up, by project. One item assessed the quality of sleep asking responders to indicate how regularly they achieved 7 or more hours of quality sleep. These data are summarised for both baseline and follow-up.

Responders were asked to provide data on self-report height and weight and these were used to compute mean body mass index (BMI) and the proportion of responders in categories of BMI using the following criteria: normal weight $<25\text{kg/m}^2$; overweight $\geq 25\text{kg/m}^2$ to $<30\text{kg/m}^2$; and obese $\geq 30\text{kg/m}^2$.

4.4.8 Computation of mediating variables

Mediating factors for behaviour change are well known and a set of questions was included in the employee questionnaire addressing each of the key lifestyle factors. For physical activity: knowledge, intention to change (stage of change), self efficacy (confidence) and social support were assessed.

For smoking: knowledge of the health effects of passive smoking was assessed along with intention to quit smoking for current smokers. For nutrition: knowledge, intention to change (stage of change), self-report successful change (follow-up only), self efficacy (confidence) and social support were measured. Two mediating factors were assessed for alcohol, namely knowledge and social support. Knowledge questions for physical activity, smoking and nutrition were asked only at baseline due to a high level of correct answers. Knowledge of alcohol recommendations was asked at baseline and follow-up.

For all lifestyle behaviours, the social support questions assessed support from 3 sources (family members, friends and colleagues). The proportion of responders receiving support 'often' or 'very often' are presented for each source for each of the lifestyle behaviours.

The mediating variables presented in this chapter are summarised in Table 4.1. Data for intention to change and self efficacy are not reported as no project was able to provide matched data for baseline and follow-up; thus the proportion of responders showing a positive shift in stage or change in self efficacy at the individual level could not be reported.

4.4.9 Perceptions of project effects

Employees' perceptions of the support the project provided across the lifestyle behaviours in terms of helping employees to change, increasing motivation, changing employee's attitude and providing more opportunity or making it more affordable to participate were measured using a five-point Likert scale. The proportion of responders reporting strongly agree or agree is reported.

4.4.10 Statistical analyses

Data were analysed using SPSS (version 13). For categorical data Chi Square tests were conducted assessing change in proportion between baseline and follow-up. These analyses were conducted between baseline and follow-up for each project, separately. As a result of the low response rate in some projects statistical significance can not be reported for some variables in some projects, this particularly affects project K.

Data from baseline and follow-up were treated as independent samples. Continuous data were analysed to test for significance difference over time using an independent t-test. Where data did not show a normal distribution, non-parametric tests (Mann-Whitney) were utilised. Statistical significance is presented at the 0.05 and 0.01 levels, however caution is recommended in the interpretation of statistical significance for all variables. In cases where statistical significance is reached in projects with a low response rate (particularly those with a response rate of less than 30%) these data should be interpreted with particular caution.

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Table 4.1 Key outcomes for employee questionnaire

Outcome of interest	Behaviour Variables	Mediators Variables	Other related variables
Physical activity	<p>Job-related physical activity</p> <ul style="list-style-type: none"> • Level of physical activity at work <p>Cycling/walking for travel to work</p> <ul style="list-style-type: none"> • % doing any walking/cycling for transport to/from work • % doing any cycling to/from work • % doing any walking to/from work • Mean total time (mins/week) spent walking/cycling for trips to work <p>Cycling/walking for travel to other places</p> <ul style="list-style-type: none"> • % reporting any walking/cycling for transport to other places • Mean total time (mins/week) spent walking/cycling to other places <p>Sport and recreation</p> <ul style="list-style-type: none"> • % doing sport/recreation 3 x week [mod intensity / ≥30 minutes] • Mean total time (METmins/week) spent sport/recreation <p>Total physical activity</p> <ul style="list-style-type: none"> • % meeting PA recommendations [sum of travel to work and sport/recreation] • Mean total time (METmins / week) PA 	<ul style="list-style-type: none"> • % correctly reporting PA recommendations [Pre-only] • Social support (family, friends, colleagues) 	<ul style="list-style-type: none"> • % reporting membership of clubs/groups • Pedometer ownership • Pedometer use • % participating in incidental activity • Mean time engaging in sedentary activities on work days • Mean time engaging in sedentary activities on non-work days • Employee perceptions of project effects on physical activity
Smoking	<ul style="list-style-type: none"> • % current smokers 	<ul style="list-style-type: none"> • % correct knowledge of passive smoking [Pre-only] 	<ul style="list-style-type: none"> • Employee perceptions of project effects on smoking cessation
Nutrition	<ul style="list-style-type: none"> • % meeting at least 5-a-day fruit and vegetable recommendation • Healthy eating index score 	<ul style="list-style-type: none"> • % correctly reporting health recommendations [Pre-only] • Social support (family, friends, colleagues) 	<ul style="list-style-type: none"> • Employee perceptions of project effects on healthy eating
Alcohol	<ul style="list-style-type: none"> • % exceeding recommended daily levels • % reporting hazardous drinking 	<ul style="list-style-type: none"> • % correctly reporting health recommendations [Pre- and post-] • Social support (family, friends, colleagues) 	<ul style="list-style-type: none"> • Employee perceptions of project effects on alcohol consumption
General health	<ul style="list-style-type: none"> • Mean BMI • % obese / overweight / normal • GHQ-12 mean score • Self-reported health status • % of employees reporting ≥7 hours sleep per night 		<ul style="list-style-type: none"> • Employee perceptions of project effects on general health

4.5 Response rates for employee questionnaire

The response rates for the employee survey at baseline and follow-up are summarised in Table 4.2. At baseline the overall response rate was 34% with a range from 16% to 51%. Eight projects achieved a response rate greater than 30%. At follow-up the overall response rate was 27% and the range across projects was from 9% to 48%. At follow-up 6 projects achieved a response rate greater than 30%; two additional projects achieved greater than 20%. Figure 4.1 reports the response rate at baseline and follow-up, as an overall average across all 11 projects and for each project separately.

At follow-up, responders were asked to indicate whether or not they had completed a questionnaire at baseline. Overall, 52% of responders completed a questionnaire at baseline and follow-up (pre-/post- completers) with a range of 40% (project F) to 71% (project C) (Table 4.2).

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Table 4.2 Employee questionnaire returns

Project	A	B	C	D	E	F	G	H	I	J	K	
BASELINE												
Number of employees	10353	843	184	465	720	1000	1579	2240	1400	773	894	255
Questionnaire type												
Paper LONG (n)	1993	34	86	235	264	430	191	239	201	120	174	53
Paper SHORT (n)	339	-	-	-	1	-	-	304	20	-	-	14
Web (n)	885	273	-	-	-	-	444	196	-	135	76	-
Overall response												
Total (n)	3490	307	86	235	265	430	635	739	221	255	250	67
Response rate (%)	34	36	47	51	37	43	40	33	16	33	28	26
% Male	38.9	42.0	38.8	52.8	54.7	12.6	57.3	28.0	70.8	23.0	32.4	9.0
Mean age	40.5	39.5	38.0	35.3	41.7	42.9	38.6	39.5	43.8	46.8	41.0	40.6
SD	11.1	11.2	12.1	10.5	10.8	10.3	9.0	10.9	8.9	12.7	12.3	14.0
FOLLOW-UP												
Number of employees	9213	956	117	423	600	1000	920	1919	1400	736	946	196
Paper LONG (n)	1490	151	50	178	191	295	40	239	28	129	172	17
Web (n)	979	305	-	-	-	-	234	164	258	8	10	-
Overall response												
Total (n)	2469	456	50	178	191	295	274	403	286	137	182	17
Response rate (%)	27	48	43	42	32	30	30	21	20	19	19	9
FOLLOW-UP ADJUSTED*												
Adjusted total (n)	2379	441	50	173	187	284	266	386	282	124	171	15
Employees excluded (n)	90	15	0	5	4	11	8	17	4	13	11	2
% employees excluded	3.6	3.3	0	2.8	2.1	3.7	2.9	4.2	1.4	9.5	6.0	11.8
% Male	37.2	44.7	28.0	48.0	48.1	10.9	39.1	25.4	70.6	13.7	29.8	6.7
Mean age	40.8	41.3	38.4	35.5	41.6	43.7	36.8	40.3	43.3	43.7	41.3	39.9
SD	10.7	11.1	12.1	10.5	10.4	10.1	8.6	10.3	9.0	11.6	12.3	13.3
**Pre- / post-completers (n)	1188	229	31	120	76	175	104	182	108	69	85	9
**Pre- / post-completers (%)	51.9	53.9	66.0	71.0	43.9	66.3	40.0	48.7	38.8	58.5	51.2	64.3

*Responders employed for less than 3 months at organisation at follow-up removed from analysis (n=90)

**Responders indicating that they also completed a questionnaire at baseline

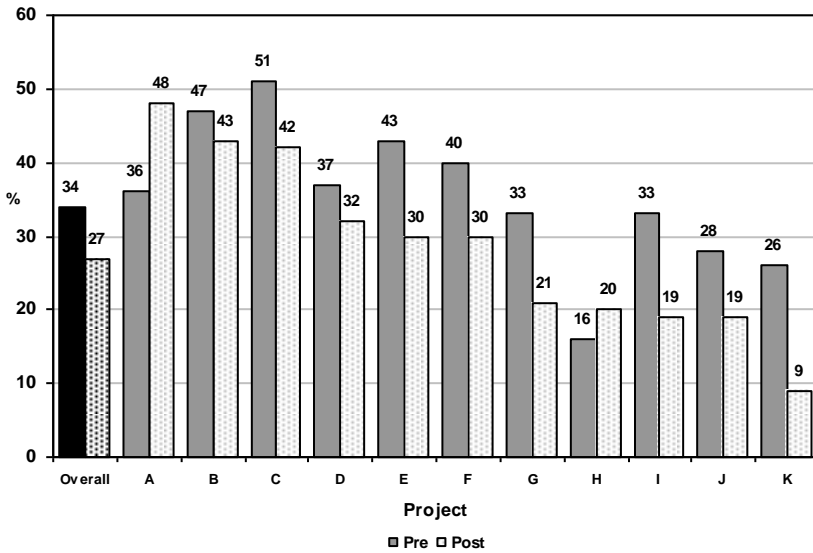


Figure 4.1 Employee questionnaire response rate at baseline and follow-up

4.6 Respondent characteristics

Overall, at baseline 39% of responders were male and 61% female, the breakdown by gender at follow-up was very similar (37% male and 63% female) (data not shown). Figure 4.2 shows the proportion of males at baseline and follow-up by project. There was a significant difference in the proportion of males completing the survey between baseline and follow-up in one project (project F). The breakdown of responders by age category at baseline and follow-up shows that overall, forty four percent of responders at both time points were aged between 31-45 years, approximately one third of responders were aged between 45-60 years and one fifth were aged between 16-30 years (Table A3.1). The mean age of responders was 40.5 (SD=±11.1) years at baseline and at follow-up 40.8 (SD=±10.7) years. Across the 11 Well@Work projects the mean age ranged from 35.3 years to 46.8 years at baseline and 35.5 years to 43.7 years at follow-up (Table A3.2).

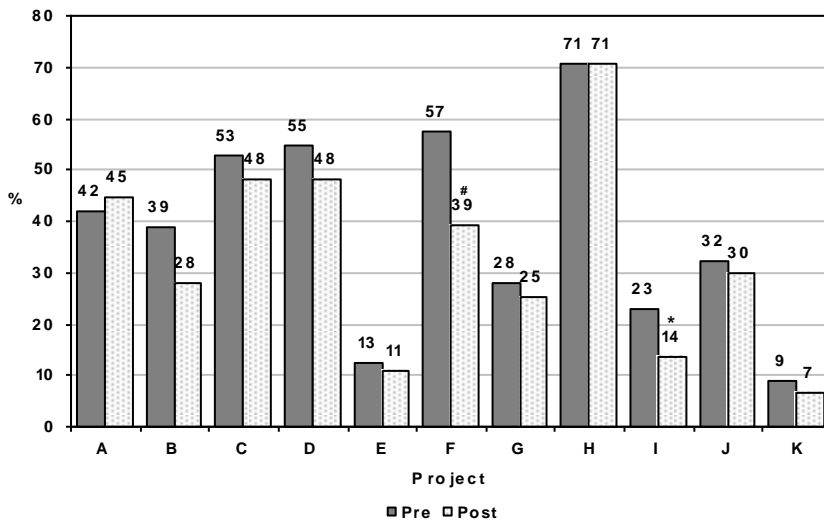


Figure 4.2 Proportion of male responders by project

#p<0.01, *p<0.05

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A high proportion of employees responding to the questionnaire at baseline and follow-up were married (69% and 72% respectively) (data not shown). Over 85% of the responders from all but one project were from a white ethnic background (Figure 4.3). Project G had the largest response from a non-white employee population; at baseline and follow-up approximately 20% were Black, 20% Asian and 5% reported other ethnic backgrounds (data not shown).

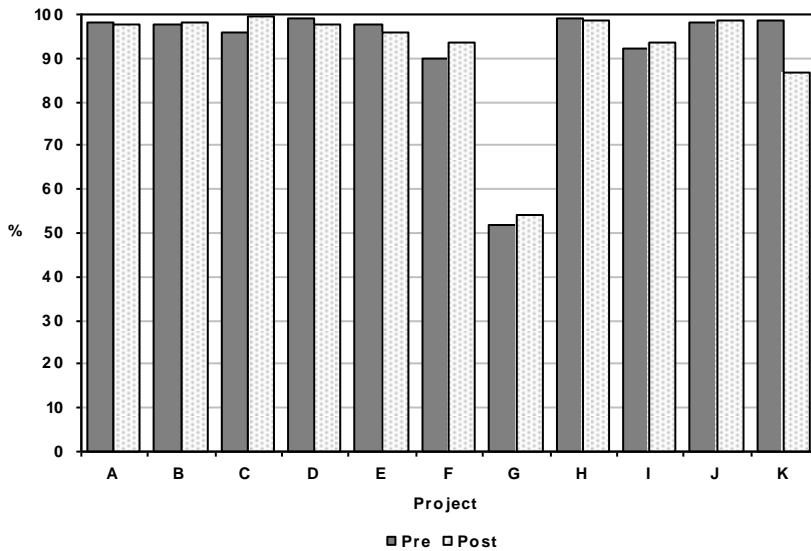


Figure 4.3 Responders of white ethnic group

Overall more than one third of responders had a degree at baseline and follow-up (Table A3.3). This ranged from 10% (project K) to 51% (project A) at baseline and from 0% (project K) to 52% (project F) at follow-up.

The average years of employment with the participating workplace was 8.2 years and 8.7 years at baseline and follow-up, respectively (data not shown). Table 4.3 shows the number of years of employment broken into categories overall and by project. Overall, approximately one third of employees returning a questionnaire had worked for greater than 10 years and around one quarter had worked for between 2-5 years. At follow-up, there was a slight decrease in the response rate from the those employees who had worked for less than 2 years and slightly higher response from employees reporting employment for 5-10 years. A similar pattern was observed in projects A, C, D, E, G, I and K.

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Table 4.3 Breakdown of time employed at organisation

			0-2 years	2-5 years	5-10 years	>10 years	Sig.
Project A		Pre-	37.1	23.8	12.4	26.7	
Pre- total n	247						
Post- total n	383	Post-	23.4	29.3	18.4	29.0	#
Project B		Pre-	18.6	37.2	11.6	32.6	
Pre- total n	75						
Post- total n	48	Post-	20.0	38.0	8.0	34.0	NS
Project C		Pre-	17.9	21.3	32.8	28.1	
Pre- total n	207						
Post- total n	150	Post-	18.5	15.6	32.4	33.5	NS
Project D		Pre-	26.8	25.7	12.8	34.7	
Pre- total n	231						
Post- total n	162	Post-	20.9	28.9	14.4	35.8	NS
Project E		Pre-	30.2	27.0	15.1	27.7	
Pre- total n	374						
Post- total n	249	Post-	17.6	31.3	19.7	31.3	#
Project F		Pre-	9.1	12.3	26.8	51.8	
Pre- total n	569						
Post- total n	244	Post-	23.3	9.8	22.6	44.4	#
Project G		Pre-	40.7	24.6	14.3	20.3	
Pre- total n	371						
Post- total n	335	Post-	23.8	33.4	22.5	20.2	#
Project H		Pre-	5.0	10.4	20.8	63.8	
Pre- total n	169						
Post- total n	253	Post-	6.4	10.3	23.4	59.9	NS
Project I		Pre-	44.7	29.4	15.7	10.2	
Pre- total n	192						
Post- total n	98	Post-	34.7	29.8	25.0	10.5	NS
Project J		Pre-	44.0	31.2	14.8	10.0	
Pre- total n	213						
Post- total n	146	Post-	41.5	32.7	19.9	5.8	NS
Project K		Pre-	23.9	41.8	9.0	25.4	
Pre- total n	41						
Post- total n	11	Post-	20.0	33.3	20.0	26.7	ND
Overall		Pre-	28.2	23.0	18.0	30.8	
Pre- total n							
Post- total n		Post-	22.0	25.2	21.2	31.6	#

#p<0.01 *p<0.05

NS = non-significant ND = no data

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Figure 4.4 reports the proportion of responders who had supervisory responsibilities. Across all projects at both baseline and follow-up 37% of responders reported supervising staff (overall data not shown). There was some project variation, for example project G and J had a notably higher proportion of responders with supervisory duties and projects D, H and I had more responders with supervisory duties at follow-up than at baseline.

Figure 4.5 shows the proportion of responders working full-time. At baseline 80% of responders worked full-time (overall data not shown). There were some differences between projects. In project I, only 39% of responders reported full-time employment and in project E this was 54%. The proportion of responders working full time at baseline ranged from 39% to 97% and at follow-up ranged from 44% to 96%.

Working patterns varied between projects (Figure 4.6). Overall at baseline, 78% worked regular hours (data not shown) although for some projects this was as low as 58% for project D and 53% for project H. Significant differences were noted between baseline and follow-up in the proportion of responders working regular hours in projects F and H.

4.6.1 Respondent representativeness

Characteristics of the sample of responders to the baseline and follow-up employee questionnaires were compared with characteristics of the workforce in each Well@Work project to assess representativeness. Participating organisations were asked to provide data (where available) on gender, age, ethnicity, and the proportion of employees working full-time, part-time, regular hours or shift work. The data provided by projects are summarised in Table 1.2 (Chapter 1).

Nine of the 11 projects supplied data on gender for the whole workforce and in 8 the difference in the proportion of males in the workforce and those completing the baseline and follow-up questionnaires was less than 16%. In one project (project F) the proportion of males completing the questionnaire at follow-up was 30% less than the proportion of males in the workforce. Males were therefore under-represented in the sample of questionnaire responders at follow-up in this project.

Data on the age profile of the workforce was provided by 6 projects and overall survey responders were similar to the total workforce in these projects. The difference in mean age between responders and the workforce across the 6 projects ranged from 1-3 years.

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Details on employee ethnicity were provided by 8 Well@Work projects and in 4 projects (A, B, C, H) the proportion of employees of white ethnic background in the workforce was over 90% (Table 1.2). In only one project (project G) was there a more diverse profile across ethnicity (Black 34%, Asian 20%, other 11%).

The difference in the proportion of responders of white ethnic background at baseline and follow-up compared with the total workforce varied by less than 10% in five projects (Projects A, B, C, E and H). In two projects (F and G) a variation of 12-16% was observed and in one project (project D) the difference in the proportion of white ethnic responders compared with the workforce was 22% at baseline and 23% at follow-up. Non-white employees were under-represented in the employee questionnaires at baseline and follow-up in project D.

Eight projects provided data on the proportion of employees working full-time in the total workforce. Overall the difference between the proportion working full-time in the total workforce compared with the responders to the baseline and follow-up questionnaire was small (range 1-13%). Four projects provided data on the proportion of employees working regular day time hours and those working shift patterns. In one project (project B) there was no difference between the sample of responders to the questionnaires and the workforce. For three projects (D, F and H) the difference ranged from 20-49% suggesting that shift workers were under-represented in the responders to the employee questionnaires at baseline and follow-up.

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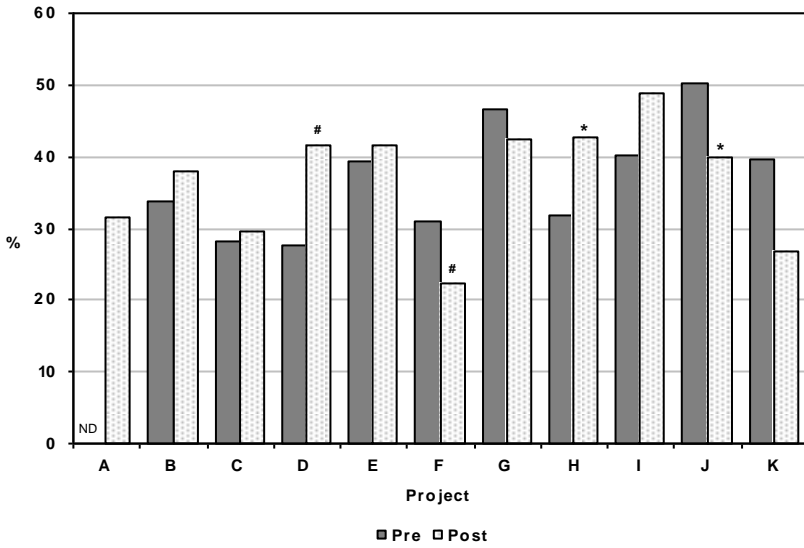


Figure 4.4 Proportion of responders with supervisory responsibilities

#p=<0.01, *p=<0.05

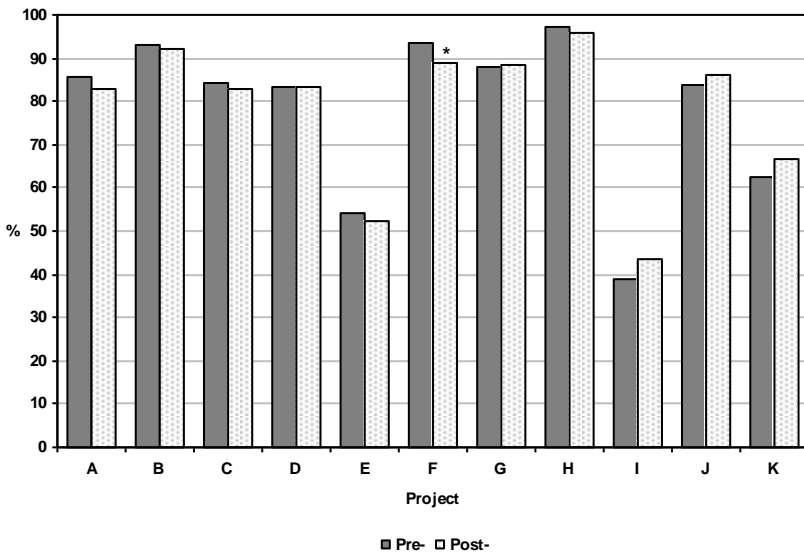


Figure 4.5 Proportion of responders working full-time

*p=<0.05

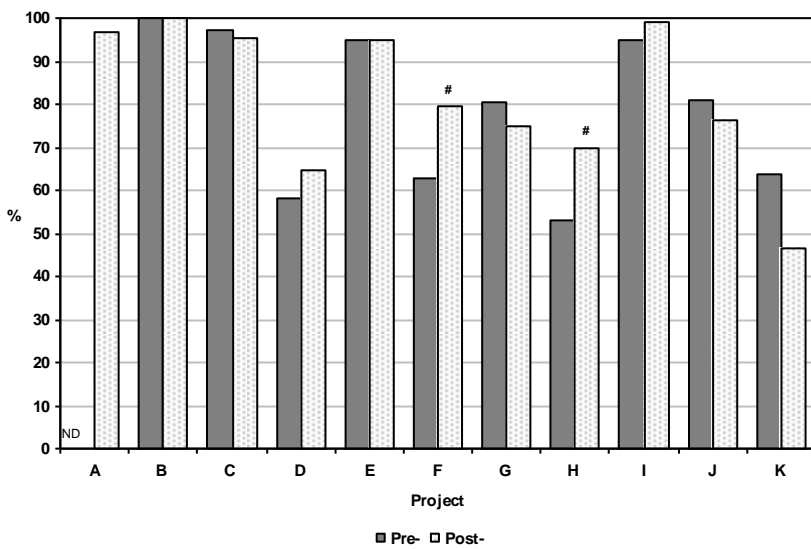


Figure 4.6 Proportion of responders working regular hours

#p=<0.01

4.7 Physical activity

4.7.1 Lifestyle behaviour variables for physical activity

Data for physical activity behaviour are reported under the following four headings:

- A** Work-related physical activity
- B** Active travel; including
 - Cycling and walking to work
 - Cycling and walking for non-work trips
- C** Sport-related physical activity
- D** Total physical activity

A. Work-related physical activity

The level of physical activity at work was assessed via one item. Figure 4.7 shows the proportion of responders classifying their work as ‘very physically active’ and ‘fairly physically active’ at baseline. Project K had the highest proportion of responders reporting ‘very physically active’ work followed by project G and project J. The lowest proportion of very physically active work was seen in project C.

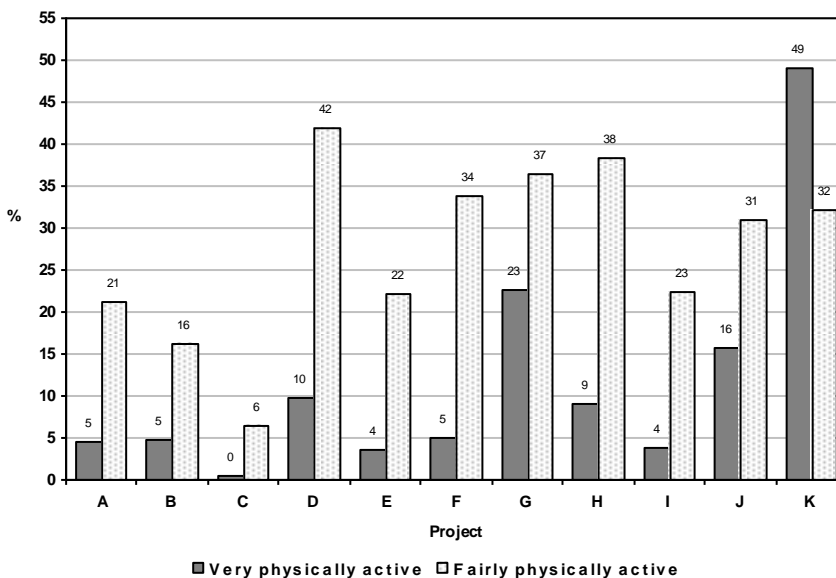


Figure 4.7 Baseline work-related physical activity

B. Active travel

Cycling and walking for travel to work

Figures 4.8, 4.9 and 4.10 summarise the data on work-related active travel (cycling and walking to and from work). Figure 4.8 shows the proportion of responders reporting doing any walking or cycling to or from work; this ranges from 9% (project E) to 57.5% (project A). At follow-up, all but two projects showed an increase but this reached statistical significance in only three projects (project B, F and G). Data are reported in Table A3.4.

Figures 4.9 and 4.10 report the results for cycling and walking separately, by project. The range at baseline for the proportion of employees doing any cycling to work was 0.5% to 10.7%. For walking the range at baseline was 6.0% - 47.5%. Only two projects showed a significant increase in cycling at follow-up (projects F and G) and three projects showed an increase in walking for transport to and from work (projects B, F and G). Note that only project B and F had an employee questionnaire response rate greater than 30%.

Table 4.4 reports the mean total minutes of all walking and cycling to and from work over a week. At baseline, the average time ranged from 8.2 minutes per week (project E) to 80.4 minutes per week (project A) and at follow-up from 7.9 minutes (project E) to 87.7 minutes (project G) per week. There was an increase in the average time in 9 projects. In projects B, F, and G the increase reached statistical significance.

Table 4.4 Total minutes per week active travel to work

		Project										
		A	B	C	D	E	F	G	H	I	J	K
	Pre- total	N=261	N=76	N=214	N=234	N=390	N=577	N=693	N=194	N=200	N=218	N=62
	Post- total	N=387	N=48	N=153	N=165	N=257	N=246	N=348	N=254	N=102	N=150	N=13
Total minutes per week	Pre-mean	80.1	20.7	39.9	17.4	8.2	12.3	67.1	16.9	37.6	24.4	48.2
	SD	101.8	51.6	62.0	56.2	30.4	45.0	99.7	53.3	90.5	62.8	102.9
	Post- mean	83.8	48.1	55.5	18.2	7.9	22.9	87.7	20.2	33.0	27.1	55.4
	SD	98.1	76.3	84.8	59.8	30.1	62.1	112.2	65.2	50.6	78.6	64.8
	Sig. MW	NS	*	NS	NS	NS	#	#	NS	NS	NS	NS

#p<0.01 *p<0.05

NS = non-significant ND = no data

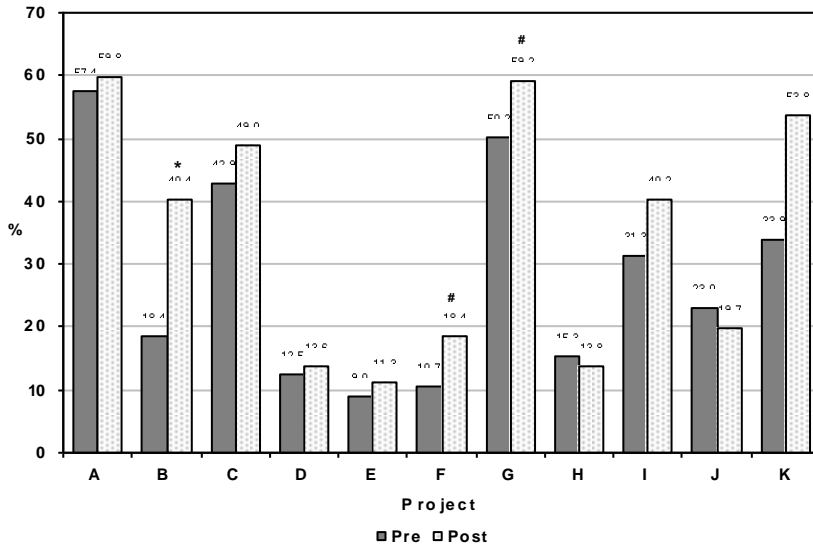


Figure 4.8 Responders reporting any cycling or walking to/from work

#p<0.01, *p<0.05

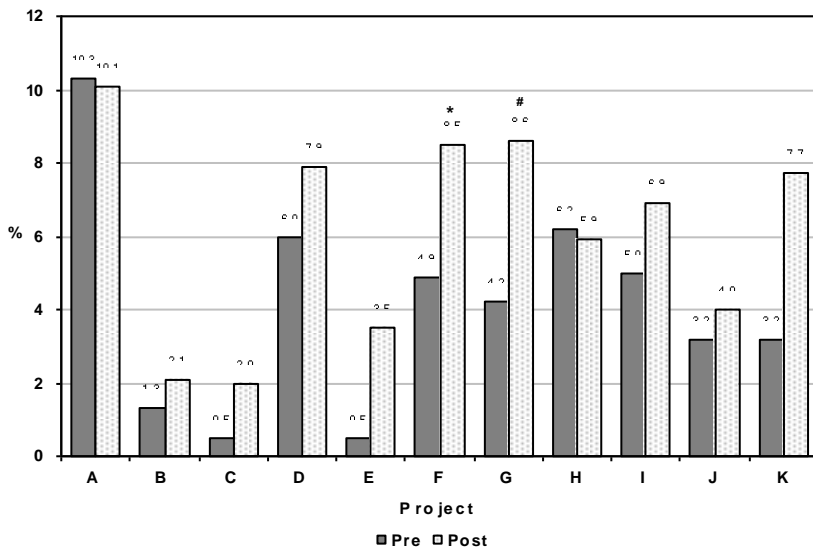


Figure 4.9 Responders reporting any cycling to/from work

#p<0.01, *p<0.05

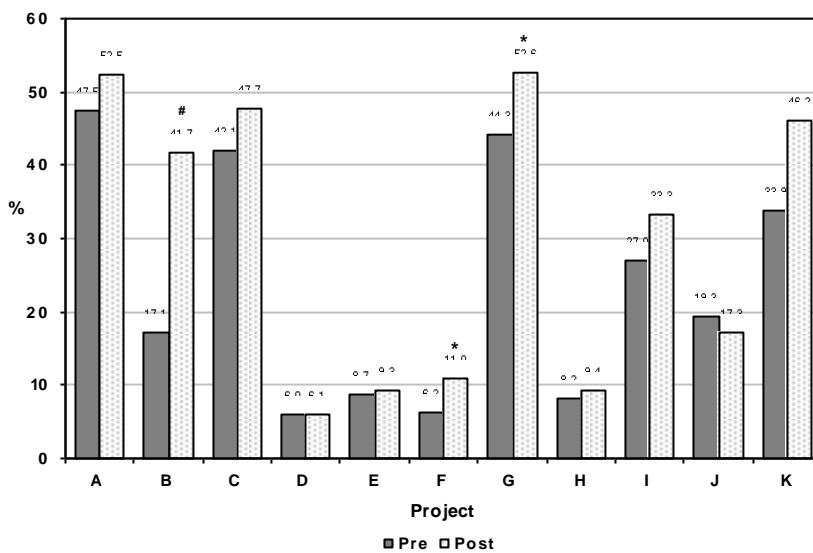


Figure 4.10 Responders reporting any walking to/from work

#p<0.01, *p<0.05

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Cycling and walking for non-work trips

In addition to assessing active travel to work, the employee questionnaire asked about cycling and walking for transport for non-work trips (i.e. excluding travel to work and cycling and walking for recreation). At baseline the range in total minutes per week of active travel for non-work trips was 87 minutes (project E) to 157 minutes (project K). No statistically significant changes were observed over time in any project. The mean total minutes per week of cycling and walking for non-work trips is reported in Table A3.6.

Total active travel for work and non-work trips

There were increases in the summary outcome variable of total active travel (minutes per week) between baseline and follow-up in 7 projects. These increases were statistically significant in projects B, F, and G (Table A3.7).

C. Sport-related physical activity

Figure 4.11 shows the proportion of responders reporting participation in sports or recreational activities at least 3 times a week, of at least moderate intensity and for 30 minutes or more. The proportion of employees meeting these criteria at baseline ranged from 30.4% (project G) to 57.9% (project A). Nine projects showed a significant increase in the proportion of meeting these criteria at follow-up.

There were differences between males and females meeting the above criteria across projects (Table A3.8). In males, a significant increase in sports participation was seen in only three projects (projects C, D and F). In contrast, nine projects showed significant increases in sports participation amongst females. However, it is important to note that the sample sizes are very small in these gender stratified analyses for most of the projects.

Figure 4.12 reports the continuous variable of total METminutes of participation in sport and recreation per week. Eight projects showed a significant increase in METmins of sports activities between baseline and follow-up. Again the two projects with the highest response rate (projects A and B) did not show a statistically significant increase and actually show a decrease in total METmins sport and recreation between baseline and follow-up.

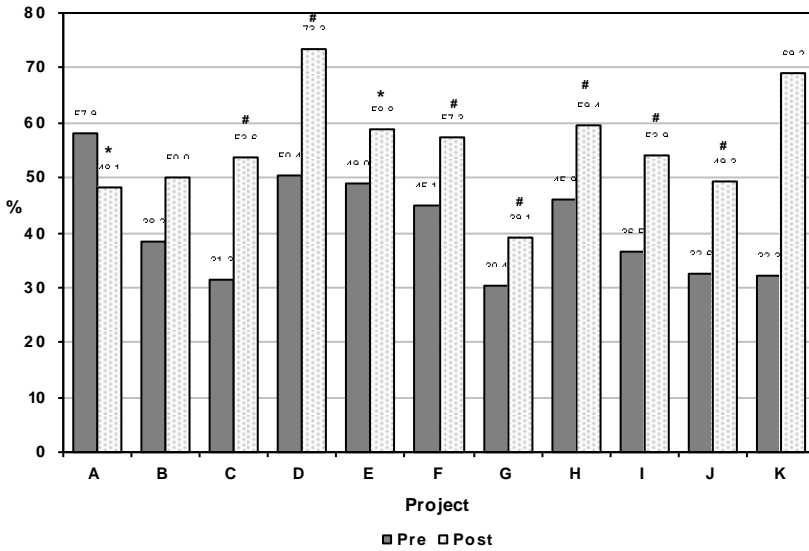


Figure 4.11 Participation in sport of at least moderate-intensity and at least 30 minutes on at least 3 days per week

#p<0.01, *p<0.05

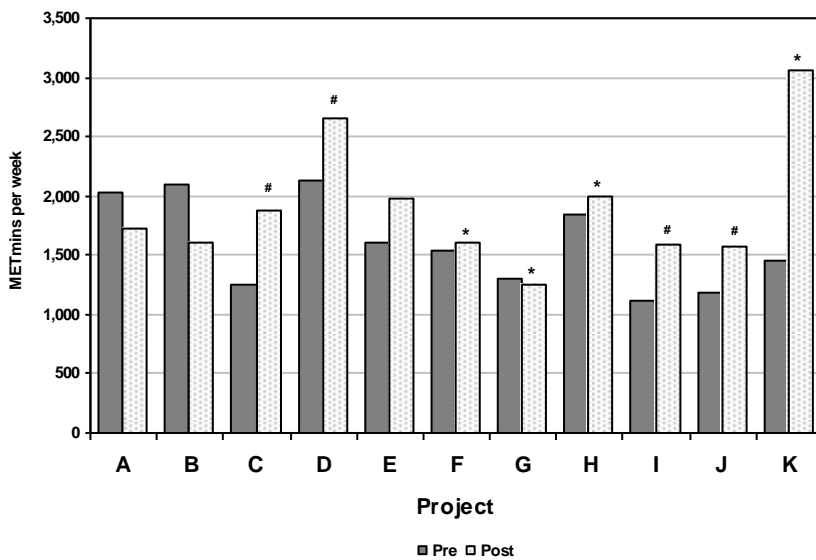


Figure 4.12 Total METminutes per week: sport and recreation

#p<0.01, *p<0.05

D. Total physical activity

Meeting recommendations on physical activity

Data on active travel (cycling and walking) to work and participation in sport and recreational activities were combined to assess the proportion of employees meeting the current physical activity recommendations, namely 30 minutes or more of at least moderate intensity physical activity on at least 5 days of the week.

At baseline, the proportion of employees meeting recommendations ranged from 21.6% (project J) to 49.8% (project A). Ten projects showed an increase at follow-up and the increase compared to baseline was significant in 5 projects (see Table A3.10). Neither projects A or B reported a significant increase in the responders meeting the recommendations; these were two of the three projects that achieved a response rate to the employee questionnaire of greater than 40% at

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follow-up, therefore caution is needed in generalising the results from all other projects. Project A did not show an increase. Projects G, H and I showed an increase but these did not reach significance. No data on statistical significance is available for project K due to the low response rate to the employee questionnaire at follow-up and thus low sample size for these analyses.

Figures 4.13 and 4.14 show the results for males and females respectively. For males a significant increase in the proportion of responders meeting recommendations was observed in 3 projects (C, D and F) and for females in 4 projects (C, D, E and J).

Total METminutes physical activity per week

Total METminutes across the three domains of physical activity, active travel to work, active travel for other trips and sport and recreation were summed to provide the total METminutes of physical activity per week, by male and female combined and separately (Table A3.11). A significant increase in METmins of physical activity between baseline and follow-up was observed in 6 projects (Figure 4.15). Again in the two projects with the highest response rate to the follow-up employee questionnaire (projects A and B) a decrease in total METmins physical activity between baseline and follow-up was observed.

The assessment of physical activity behaviour is complicated not least because of the multiple domains of activity (e.g. transport, leisure) but also because activity patterns can be affected by changes in the seasons. Any seasonal differences between the timing of baseline and follow-up questionnaires is likely to have an impact on the results. In addition, any changes to the wording or referent time period can also affect responses. Due to the prolonged period over which the employee questionnaire was conducted (at both baseline and follow-up), the impact of both a change in season and the necessary change in referent time period (from 'last week' to 'usual week') may have affected the results observed for the physical activity variables in some projects. For example, one project (project A) showed a significant decrease in sports participation but this most likely reflects the difference in timing of the baseline (in summer) and follow-up (in winter) questionnaires.

As noted in Chapter 2, caution is advised in interpreting the results and particularly those which suggest statistical significant difference over time in all project where the sample size is small and those in which the response rates is low.

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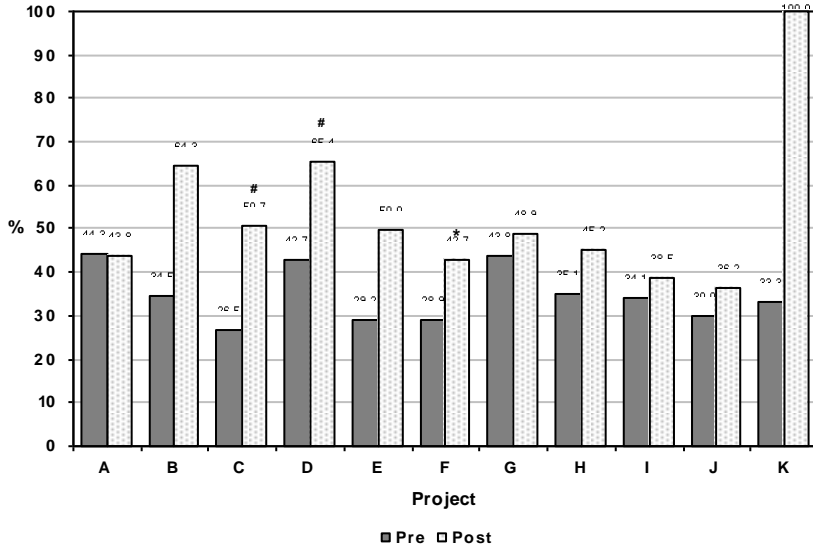


Figure 4.13 Proportion of males meeting physical activity recommendations

#p<0.01, *p<0.05

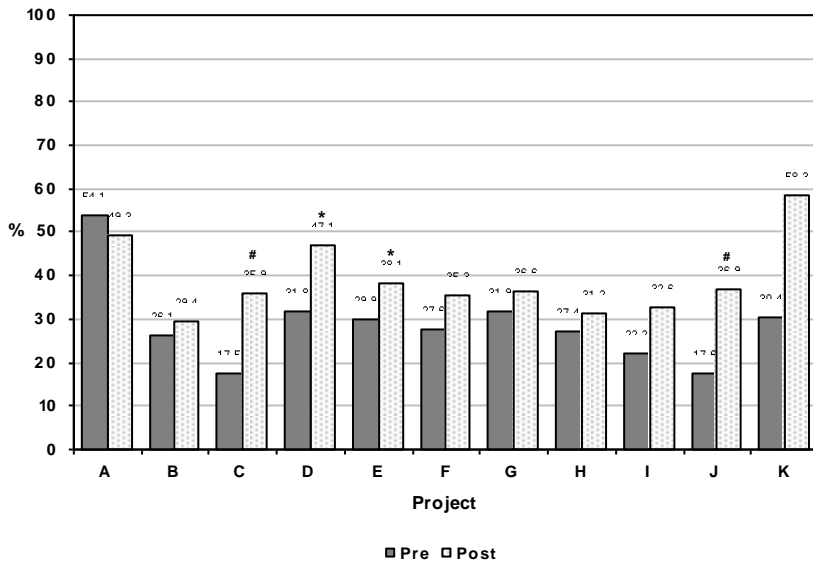


Figure 4.14 Proportion of females meeting physical activity recommendations

#p<0.01, *p<0.05

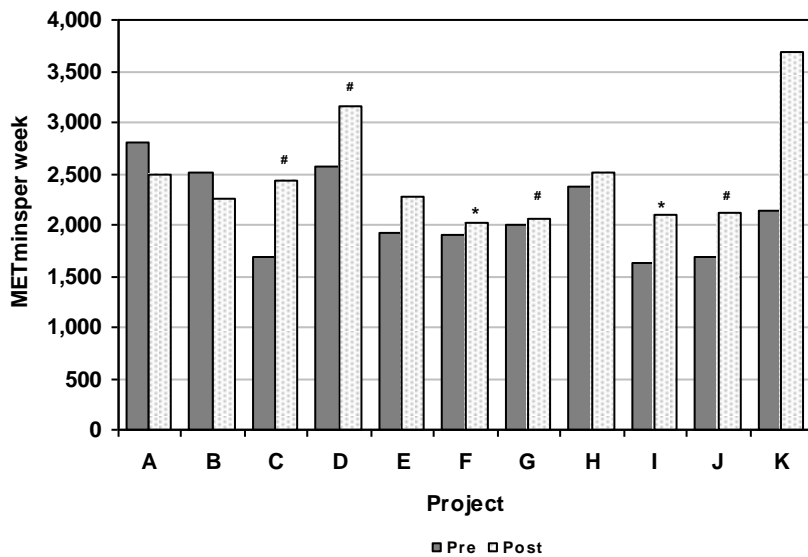


Figure 4.15 Total METminutes physical activity per week

#p<0.01, *p<0.05

4.7.2 Mediating variables for physical activity

Knowledge of physical activity

Five questions assessed employees' knowledge of key facts related to current recommendations on physical activity (Table A3.12). Item one assessed knowledge of stair use being beneficial and over three quarters of all responders agreed or strongly agreed with this statement across all 11 projects (range 74% to 80%). Item two assessed agreement with the benefits of 30 minutes of walking and again well over three quarters of all responders in all projects agreed (range 83% to 95%). Item three assessed agreement with the need to do vigorous exercise to gain health benefits and approximately half of responders agreed (range 44% to 59%). Item four assessed knowledge of the accumulation message, that activity does not need to be conducted in one continuous bout. Approximately two thirds of all responders agreed (range 62% to 80%). Lastly, item five assessed knowledge on the benefits of moderate intensity activity and approximately three quarters of responders agreed that it was beneficial (range 84% to 94%). These questions were asked in the baseline questionnaire and due to the high level of correct answers they were not repeated in the follow-up survey.

Social Support for physical activity

Social support for physical activity was assessed using three items that asked responders how frequently they had been supported or encouraged to be active from 1) their colleagues; 2) their family; and 3) their friends. The proportion reporting encouragement to be physically active 'often' or 'very often' from colleagues (Figure 4.16) ranged from 8% to 25% at baseline and 17% to 31% at follow-up. Increases in support from colleagues were observed in 10 projects which were significant in 4 projects (C, E, F and I). Support from family (Figure 4.17) ranged from 13% to 23% at baseline and 18% to 38% at follow-up and from friends (Figure 4.18) ranged from 23% to 33% at baseline and 30% to 52% at follow-up. A significant increase in support from both family and friends was observed in 5 projects (B, C, D, F, I).

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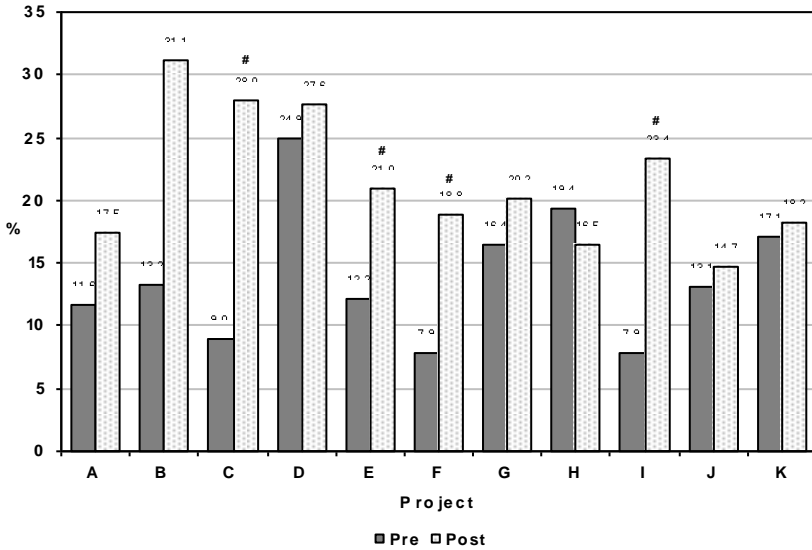


Figure 4.16 Social support for physical activity: Colleagues

#p<0.01, *p<0.05

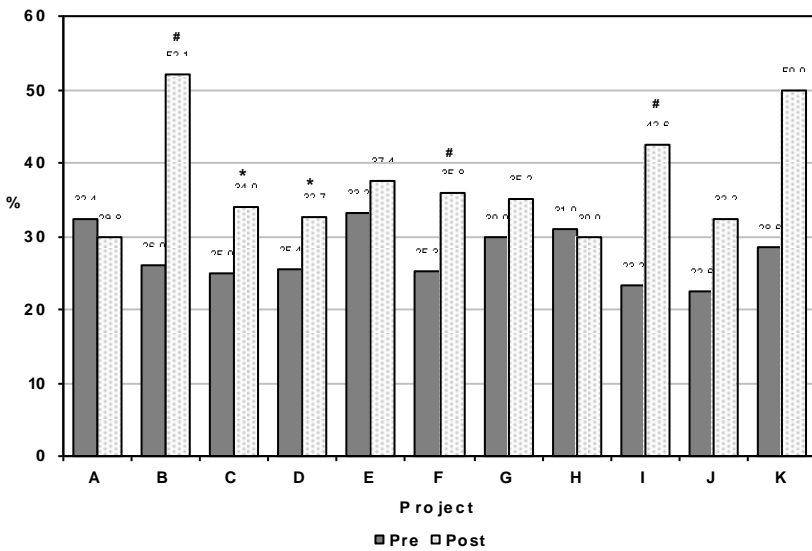


Figure 4.17 Social support for physical activity: Family

#p<0.01, *p<0.05

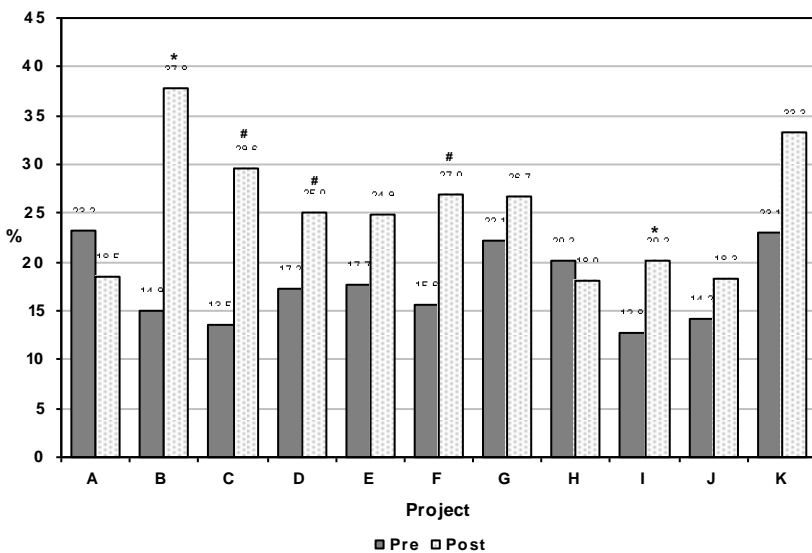


Figure 4.18 Social support for physical activity: Friends

#p<0.01, *p<0.05

4.7.3 Other physical activity-related variables

Participation in incidental physical activity

Participation in incidental physical activity was assessed across 6 items. The proportion of responders participating in three of the activities 'most' or 'all of the time' is reported in Table A3.13. Item one assessed the use of the stairs instead of using the elevator. A high level of stair use was reported at baseline and follow-up with increases in use 'most' or 'all of the time' between baseline and follow-up in 9 projects. Item two asked about parking further away to add a short walk to the journey. A much lower proportion of responders indicated participating in this activity at baseline which ranged from 18.6% (project A) to 50.1% (project G). Increases were observed in 8 projects with significant increases in 5 projects (projects A, B, D, E and F). The proportion of responders walking or cycling to destinations less than 5 minutes away increased in 10 projects however this was only significant in 2 projects (projects E and F).

Membership of clubs and groups

The proportion of responders who were members of clubs and groups (e.g. sports club, exercise group, leisure centre, outdoor recreation or walking groups) ranged from 19% (project G) to 42% (project F) at baseline (Table 4.17). There was an increase of membership of these types of clubs in 8 projects at follow-up which was statistically significant in one project (project B) (see Table A3.14).

Pedometer ownership and use

Ownership and use of pedometers by project is shown in Table A3.15. At baseline the proportion of responders reporting owning a pedometer ranged from 20.3% (project D) to 38.1% (project E). Ownership increased in 10 projects at follow-up ranging from 27.3% (project D) to 71.7% (project C). This increase was significant in 7 projects (projects B, C, E, F, G, I, J). Pedometers were provided to employees in some workplaces as part of the project and 52% of responders who owned a pedometer reported they had obtained their pedometers from the project (data not shown). Despite the increase in pedometer ownership, 8 projects also reported an increase in the proportion of responders who 'never' or 'rarely' use their pedometers.

Sedentary behaviour

Data were collected on time spent sitting whilst undertaking different activities (travelling, watching TV/DVD/films, using a computer (not for work) or playing computer games and reading, chatting, socialising, listening to music or playing board games), on a work day and a non-work day (Table A3.16). The mean time spent sitting on a work day ranged from 228 minutes (project K) to 303 minutes (project F) at baseline. At follow-up, the range was from 175 minutes (project K) to 295

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minutes (project H). Decreases in sitting time were observed in 9 projects although none were significant. On non-work days, mean sitting time ranged from 304 minutes (project K) to 403 minutes (project B) at baseline and 285 minutes (project E) to 385 minutes (project C) at follow-up. Decreases were observed in 10 projects and these were significant in 2 projects (projects F and H).

4.7.4 Perceptions of project effect on physical activity levels

Employees' perceptions of the effect of the project on physical activity levels were collected using 5 questions at follow-up. The proportion of responders who 'agreed' or 'strongly agreed' with each item are reported in Table A3.17. In project K a very high proportion of responders 'agreed' or 'strongly agreed' with each of the items however the response rate was very low in this project (n=15) and may have been biased towards those who were more fully engaged in the project. The following summary results therefore exclude project K. The following items were assessed: agreement that the project helped the responder to be more physically active (ranged from 31% in project H to 67% in project B); agreement that the project provided more opportunity to be physically active (ranged from 35% in project H to 74% in project C); agreement that the project made the responder more motivated to be physically active (ranged from 38% in project H to 72% in project C); agreement that the project made it more affordable to be physically active (ranged from 26% in project H to 64% in project C); and agreement that the project changed the way the responder felt about being physically active (ranged from 37% in projects F and H to 69% in project C).

4.8 Smoking

4.8.1 Lifestyle behaviour variables for smoking

Current smokers

Table 4.5 presents the data on the proportion of current smokers. There was some variation across projects in the level of smoking with a range at baseline of 7.5% (project E) to 43.4% (project K). At follow-up, no project showed a significant change in the proportion of current smokers.

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Table 4.5 Current smokers and knowledge of passive smoking

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% Current smokers Total	Pre-	20.7	31.7	19.0	21.7	7.5	19.7	14.1	17.6	18.3	27.3	43.4
	Post-	17.3	20.4	20.3	26.0	5.0	15.1	14.4	15.6	19.7	28.2	35.7
	Sig.	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
	Pre-n	300	82	231	258	426	633	425	199	251	249	53
	Post-n	434	49	172	181	281	265	376	282	122	170	14
% Current smokers Males	Pre-	22.6	25.0	13.0	14.3	5.6	23.2	14.8	18.3	21.1	31.3	50.0
	Post-	21.0	14.3	9.6	19.8	3.2	21.4	9.4	16.1	23.5	21.6	ND
	Sig.	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
	Pre-n	124	32	123	140	54	354	122	142	57	80	6
	Post-n	195	14	83	86	31	103	96	199	17	51	1
% Current smokers Females	Pre-	19.3	36.7	25.9	30.5	7.8	15.6	13.8	16.4	17.8	25.4	42.6
	Post-	14.2	22.9	30.3	31.6	5.2	11.1	16.1	14.5	19.0	31.1	38.5
	Sig.	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
	Pre-n	176	49	108	118	372	263	298	55	191	169	47
	Post-n	239	35	89	95	250	162	280	83	105	119	13
% answering yes to 'do you think that breathing someone else's smoke is dangerous to health'	Pre-	98.3	100.0	97.8	98.8	99.3	97.8	96.2	96.9	98.8	96.8	94.2
	Pre-n	302	84	226	255	406	632	418	196	250	247	52

#p<0.01 *p<0.05

NS = non-significant ND = no data

4.8.2 Mediating variables for smoking

Knowledge of dangers of inhaling second hand smoke

At baseline responders were asked about their knowledge of the dangers of inhaling second hand smoke (Table 4.5). Overall 97.8% of responders answered the question correctly. Across the 11 projects the proportion of responders answering the question correctly ranged from 94.2% (project K) to 100% (project B). This question was asked at baseline only.

4.8.3 Perceptions of project effect on smoking cessation

Employees' perceptions of the effect of the project on quitting smoking were collected across 3 items at follow-up. Again project K is excluded from the data summary due to the low response rate to the follow-up questionnaire. The proportion of responders who 'agreed' or 'strongly agreed' with each item are reported in Table A3.18. The following items were assessed: agreement that the project helped the responder to be quit smoking (ranged from 9% in project I to 30% in project G); agreement that the project made the responder more motivated to quit smoking (ranged from 10% in project I to 43% in project B); and agreement that the project changed the way the responder felt about quitting smoking (ranged from 13% in project I to 37% in project C).

4.9 Nutrition

4.9.1 Lifestyle behaviour variables for nutrition

Meeting recommended levels of fruit and vegetable consumption

Responses on the daily consumption of fruit and vegetable juices, portions of fruit and portions of vegetables were combined to provide a summary measure of the proportion of responders meeting the recommendations for consuming at least 5 portions of fruit and vegetables per day. Consumption of fruit or vegetable juice was limited to 1 portion in the calculation of total number of portions.

Figure 4.19 shows the results at baseline and follow-up, by project. At baseline the proportion of responders meeting the recommendations ranged from 44.3% to 77.0%. An increase in the proportion of responders meeting recommendations at follow-up was seen in 7 of the 11 projects and was statistically significant in 5 projects. A higher proportion of females than males met the recommendation at baseline in nine projects (Table A3.19). At follow-up, increases were observed in both males and females in 7 projects. This was statistically significant in only 2 projects (projects A and D for males and projects A and E for females).

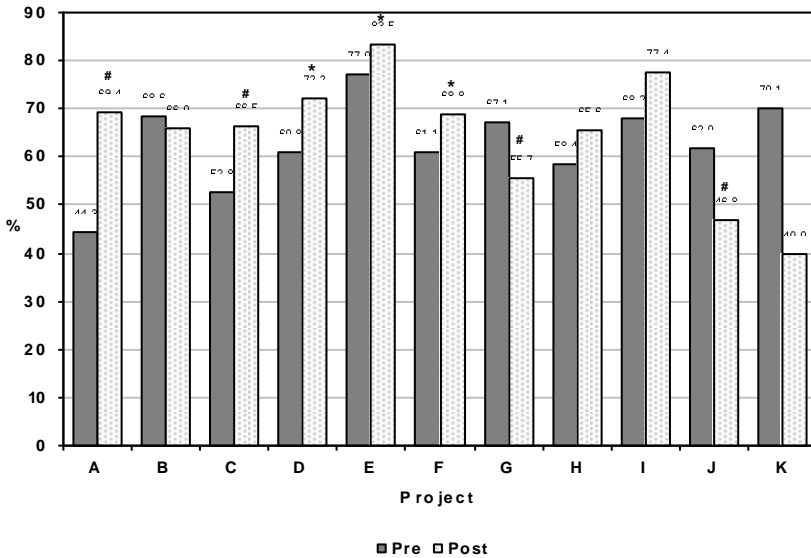


Figure 4.19 Proportion of responders meeting 5 a day fruit and vegetable recommendation

#p<0.01, *p<0.05

Health eating index

A healthy eating index was computed from 10 items assessing the consumption of different food products or food groups (e.g. fruit and vegetables, carbohydrates, meat, fish and alternatives, milk and dairy products and food containing fat or sugar) as well as water intake. Scores could range from 0 to 100. At baseline, the mean score across projects ranged from 39.5 (SD=24.7) (project G) to 64.2 (SD=13.0) (project E) (Table A3.20) with a mean score across all projects of 54.7 (SD=19.3) (data not shown). In most projects there was very little change in the score between baseline and follow-up; however a statistically significant increase was observed in projects F, G and H.

4.9.2 Mediating variables for nutrition

Knowledge of fruit and vegetable recommendations

Two questions assessed employees’ knowledge of key facts related to current recommendations for consumption of fruit and vegetables (Table A3.21). Question one assessed knowledge of the recommended number of portions of fruit and vegetables that should be consumed each day. The second question contained six items asking employees about the number of portions of fruit and vegetables contained in specific food items. These questions were combined to give a total score based on the correct answers being given. The mean score ranged from 35.6% (SD=40.5) (project G) to 83.2% (SD=25.0) (project E) with an overall mean score across all projects of 65.8% (SD=35.7). These questions were asked at baseline only.

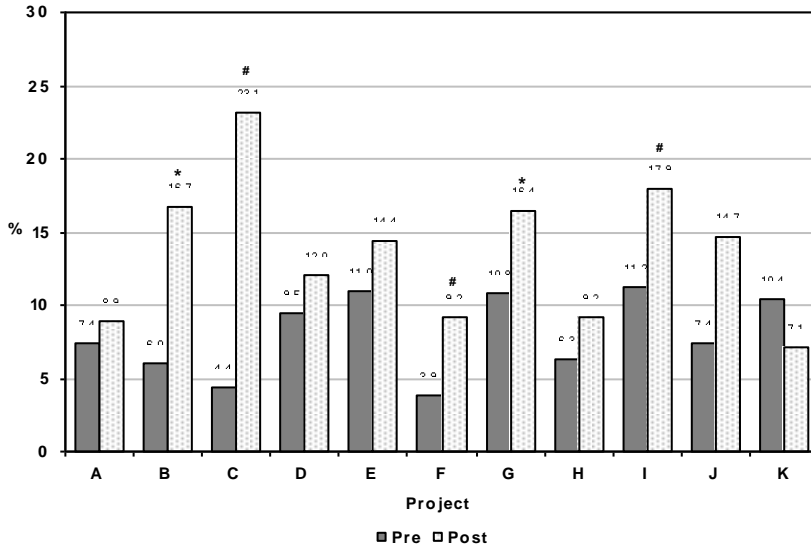


Figure 4.20 Social support for healthy eating: Colleagues

#p<0.01, *p<0.05

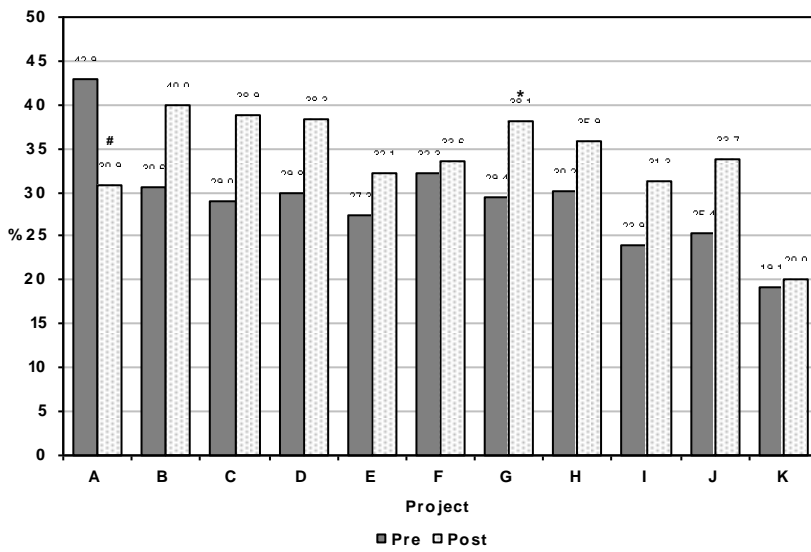


Figure 4.21 Social support for healthy eating: Family

#p<0.01, *p<0.05

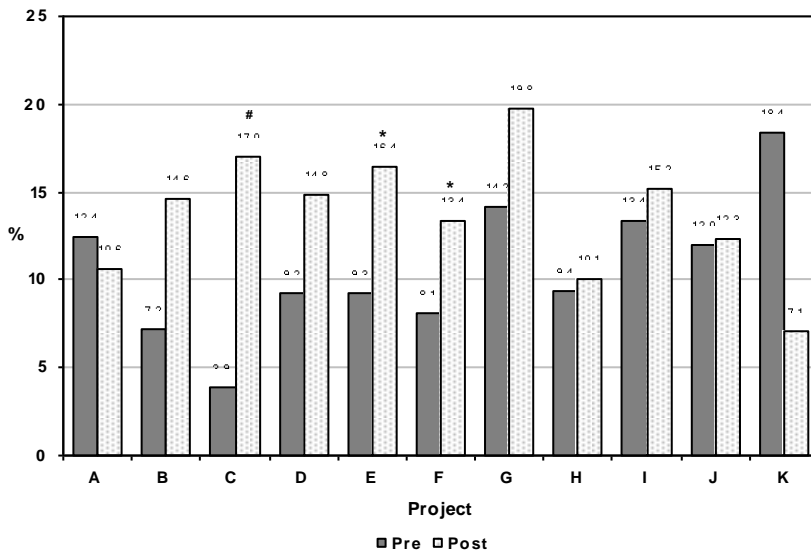


Figure 4.22 Social support for healthy eating: Friends

#p<0.01, *p<0.05

Social Support for nutrition

Social support for nutrition was assessed using three items that asked responders how frequently they had been supported or encouraged to eat healthily from 1) their colleagues; 2) their family; and 3) their friends. The proportion reporting encouragement to eat more healthily 'often' or 'very often' from colleagues (Figure 4.20) ranged from 4% to 11% at baseline and 7% to 23% at follow-up. Increases in support from colleagues were observed in 10 projects which were significant in 2 projects (A and G). Support from family (Figure 4.22) ranged from 19% to 43% at baseline and 20% to 40% at follow-up with a significant increase in 1 project (project G). Support from friends (Figure 4.21) ranged from 4% to 18% at baseline and 7% to 20% at follow-up with a significant increase in 3 projects (C, E and F).

4.9.3 Perceptions of project effect on healthy eating

Employees' perceptions of the effect of the project on healthy eating were collected across 5 items at follow-up. The proportion of responders who 'agreed' or 'strongly agreed' with each item are reported in Table A3.22. Again project K is excluded from the summary below due to the low response rate at follow-up. The following items were assessed: agreement that the project helped the responder to be eat more healthily (ranged from 26% in project E to 74% in project C); agreement that the project provided more opportunity to eat more healthily (ranged from 32% in project E to 77% in project C); agreement that the project made the responder more motivated to eat more healthily (ranged from 29% in project E to 75% in project C); agreement that the project made it more affordable to eat more healthily (ranged from 21% in project E to 55% in project C); and agreement that the project changed the way the responder felt about eating more healthily (ranged from 22% in projects E and H to 70% in project C).

4.10 Alcohol

4.10.1 Lifestyle behaviour variables for alcohol

Consumption of alcohol

Figure 4.23 shows data by project for the proportion of employees exceeding the recommended daily number of units of alcohol. The maximum recommended consumption of units of alcohol per day is 3-4 units for males and 2-3 units for females. Overall at baseline, the proportion of responders exceeding recommendations ranged from 16% (project G) to 57% (Project B). There were no significant reductions in any project at follow-up. The breakdown by gender is shown in Tables A3.23 (males) and A3.24 (females). At baseline, the proportion of male responders exceeding the recommended daily level for alcohol consumption ranged from 6% (project I) to 54.8

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(project B) and at follow-up from 6% (project I) to 46% (project C). For females, at baseline the proportion of responders exceeding the recommended daily level for alcohol consumption ranged from 17.5% (project G) to 58% (project B) and at follow-up ranged from 17.2% (project I) to 50% (project K). There were no significant decreases in the proportion of male or female responders exceeding recommended levels of alcohol consumption.

Hazardous drinking behaviour

Consumption of >8 units of alcohol in one session for males and >6 units in one session for females is considered to be hazardous to health. Figures 4.24 and 4.25 show the proportion of responders engaging in hazardous drinking behaviour for males and females respectively. In male responders, the proportion reporting engaging in hazardous drinking behaviour at baseline across the 11 projects ranged from 21% (project I) to 68% (project H). A decrease in the proportion of males engaging in hazardous drinking behaviour was seen in 4 projects at follow-up (projects E, G, I and J) however this reduction reached statistical significance in only one project (project E) (Figure 4.24).

For females, the proportion of responders engaging in hazardous drinking behaviour ranged from 21% (project E) to 59% (project D) at baseline. Eight projects showed a decrease in the proportion of females engaging in hazardous drinking behaviour at follow-up though none of these results were statistically significant (Figure 4.25).

4.10.2 Mediating variables for alcohol

Knowledge

Knowledge of the recommended daily levels of alcohol intake for males and females was low among both male and female responders (Tables A3.23 and A3.24). At baseline the correct alcohol intake for males was reported by between 17% to 36% of males and 17% to 32% of females. There was little difference in the proportion of correct responders at follow-up although scores improved in 7 projects for males (significant in project G) and in 6 projects for females. Knowledge of the correct recommendations on alcohol intake for females was slightly higher. At baseline approximately 35% of both males and females reported the correct answer. There was an increase in the proportion correctly answering this question at follow-up amongst males in 6 projects and this was significant in project G. Among females at follow-up, there was an increase in the proportion of responders recording the correct response in six projects and this increase was statistically significant in projects A, D and I.

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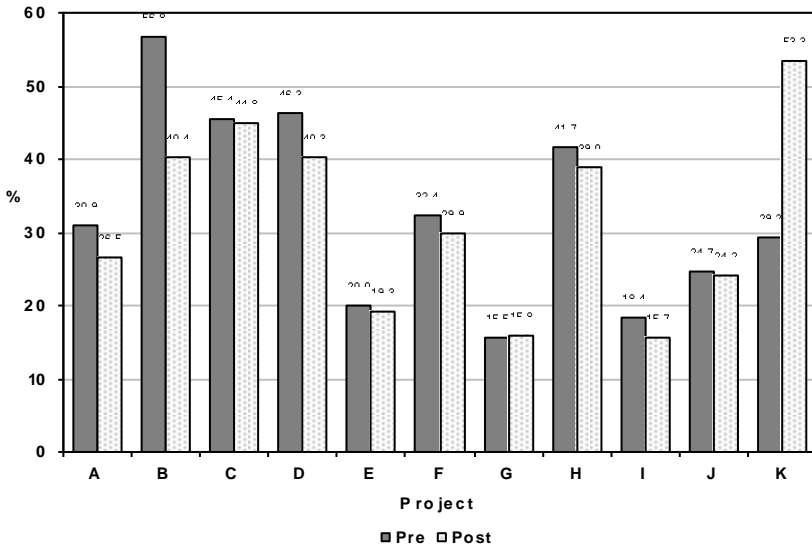


Figure 4.23 Responders exceeding recommended levels for daily alcohol consumption

#p<0.01, *p<0.05

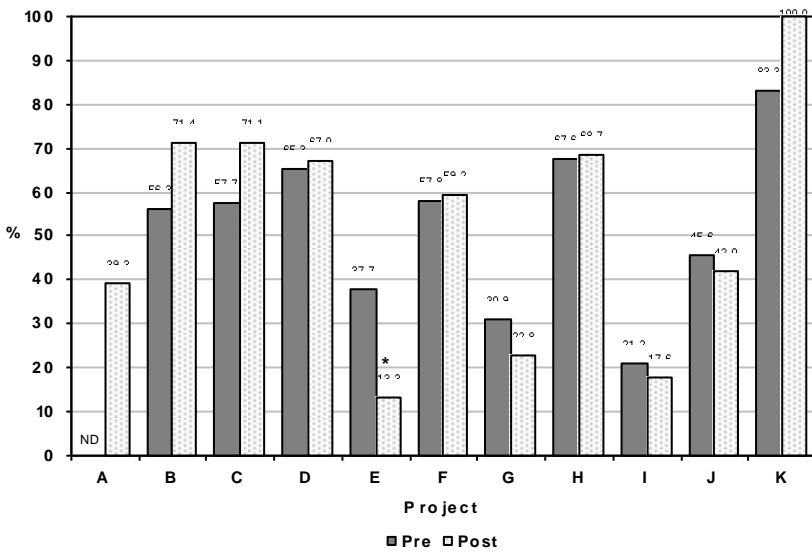


Figure 4.24 Proportion of males engaging in hazardous drinking behaviour

#p<0.01, *p<0.05

ND=no data

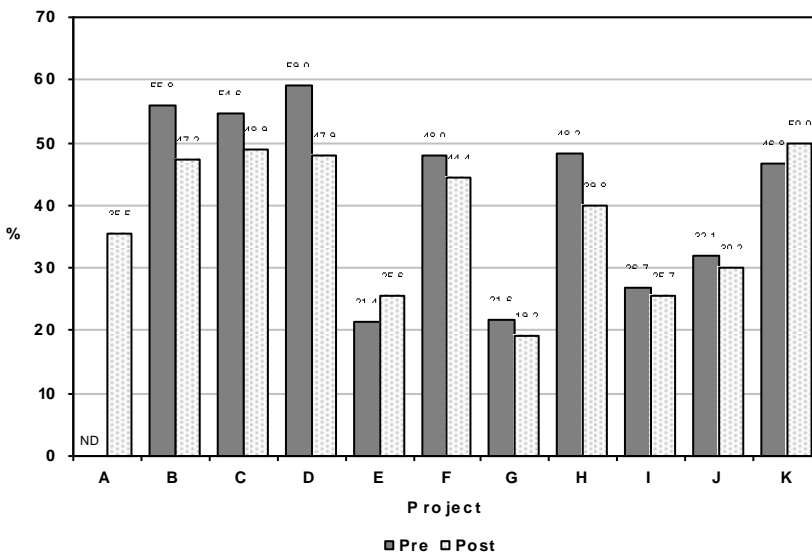


Figure 4.25 Proportion of females engaging in hazardous drinking behaviour

#p<0.01, *p<0.05

ND=no data

Social Support for alcohol

Social support for alcohol was assessed using three items that asked responders how frequently they had been supported or encouraged to make healthy drinking choices from 1) their colleagues; 2) their family; and 3) their friends. The proportion reporting encouragement to make healthy drinking choices 'often' or 'very often' from colleagues (Figure 4.26) ranged from 0% to 4% at baseline and 0% to 10% at follow-up. Increases in support from colleagues were significant in 4 projects (C, E, G and J). Support from family (Figure 4.27) ranged from 4% to 22% at baseline and 5% to 16% at follow-up with a significant increase in 1 project (C). Support from friends (Figure 4.28) ranged from 0.5% to 5% at baseline and 0% to 7% at follow-up with a significant increase in project C.

4.10.3 Perceptions of project effect on alcohol consumption

Employees' perceptions of the effect of the project on alcohol consumption were collected across 3 items at follow-up. Again project K is excluded from the data summary. The proportion of responders who 'agreed' or 'strongly agreed' with each item are reported in Table A3.25. The following items were assessed: agreement that the project helped the responder to drink less alcohol (ranged from 11% in project A to 27% in project G); agreement that the project made the responder more motivated to drink less alcohol (ranged from 11% in project A to 39% in project B); and agreement that the project changed the way the responder felt about drinking alcohol (ranged from 11% in project E to 36% in project C).

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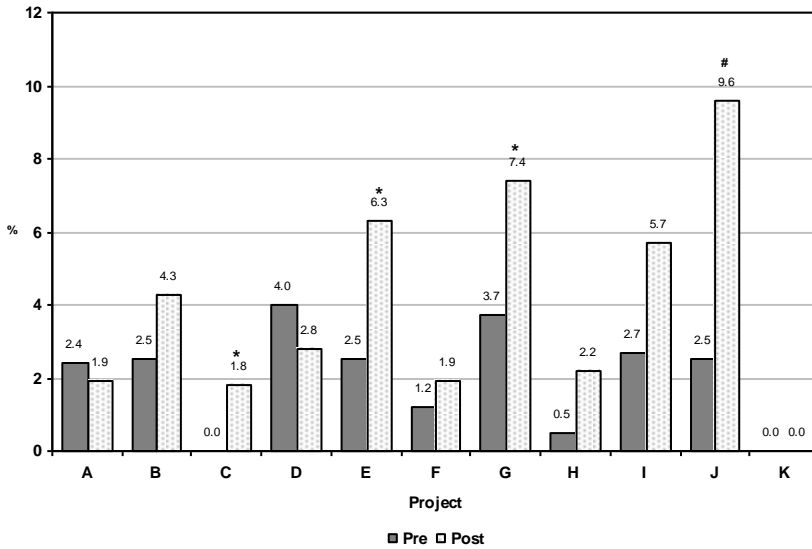


Figure 4.26 Social support for healthy alcohol consumption: Colleagues

#p=<0.01, *p=<0.05

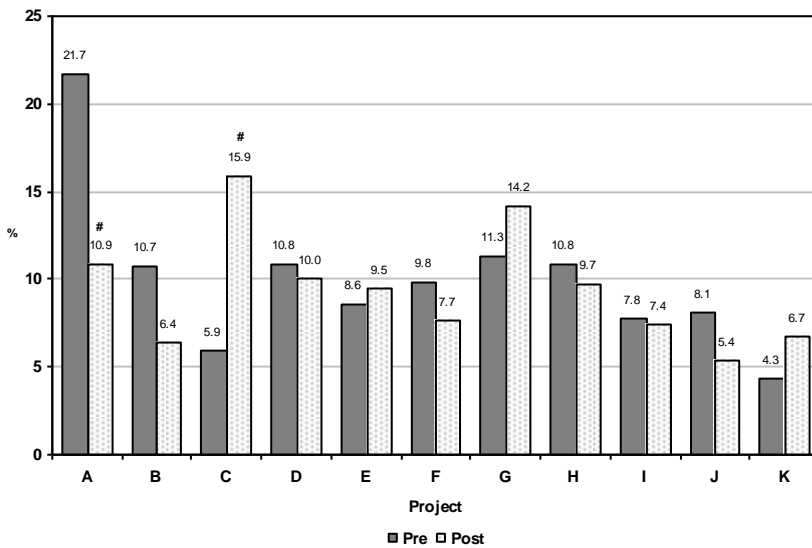


Figure 4.27 Social support for healthy alcohol consumption: Family

#p=<0.01, *p=<0.05

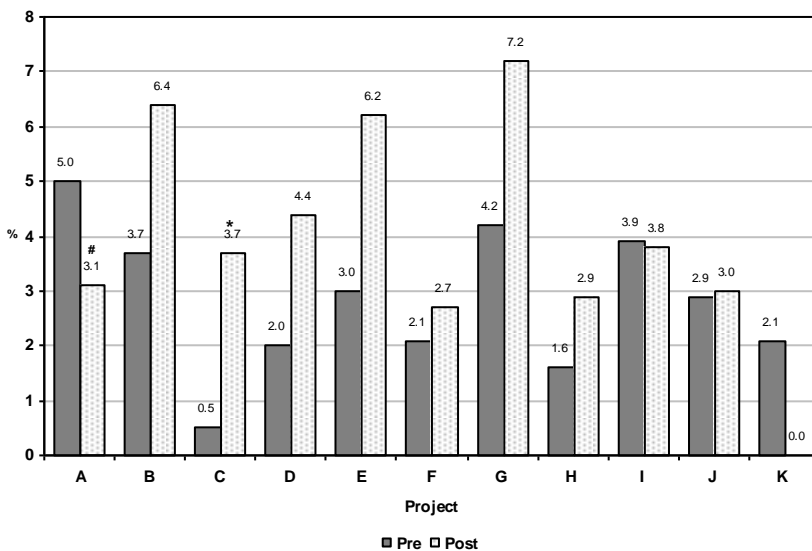


Figure 4.28 Social support for healthy alcohol consumption: Friends

#p=<0.01, *p=<0.05

4.11 Health measures

4.11.1 BMI

Mean BMI

The mean BMI by project at baseline and follow-up is shown in Table A3.26. At baseline, mean BMI ranged from 25.1kg/m² (project A) to 26.7kg/m² (project K). There were no significant changes in mean BMI in any of the 11 projects at follow-up.

BMI Category

The proportion of responders by BMI category was computed using the following criteria: normal weight <25kg/m²; overweight ≥25kg/m² to <30kg/m²; and obese ≥30kg/m² (Table A3.27). The proportion of responders who were obese ranged from 9% (project C) to 21% (project K) at baseline. An increase in the proportion of responders who were obese was seen in 10 projects at follow-up although the changes across the 3 categories were non-significant in all projects.

4.11.2 General health

Self-reported general health

The proportion of responders reporting their general health as 'poor/fair', 'good' or 'very good/excellent', by project is reported in Table A3.28. At baseline the proportion of responders indicating their general health was 'very good/excellent' ranged from 30% (project C) to 54% (project E). An increase was observed in the proportion reporting 'very good/excellent' health across all 11 projects at follow-up. The changes in the proportion in each category were significant in projects A and H.

Mean GHQ-12 score

The mean GHQ-12 score ranged from 1.0 (project A) to 2.3 (project F) at baseline (Table A3.29). Improvements in the GHQ-12 score were observed in 6 projects and were statistically significant in 2 projects (F and I).

4.11.3 Sleep quality

The proportion of responders who reported getting at least seven hours sleep a night 'always' or 'most of the time' is shown in Table A3.30. At baseline scores ranged from 53% (project H) to 80% (project B). Five projects showed an increase in the proportion of responders in this category

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(projects C, E, F, I, K) however this was only statistically significant in project C. In the majority of the other projects there was very little variation between baseline and follow-up.

4.11.4 Perceptions of project effect on general health

Employees' perceptions of the effect of the project on health were collected across 4 items at follow-up. Again project K is excluded from the data summary. The proportion of responders who 'agreed' or 'strongly agreed' with each item are reported in Table A3.31. The following items were assessed: agreement that the project helped the responder to improve their health (ranged from 31% in project H to 64% in project C); agreement that the project helped the responder to lose weight (ranged from 15% in project I to 56% in project C); agreement that the project helped the responder to reduce stress (ranged from 14% in project F to 34% in project G); and agreement that the project changed the way the responder felt about their health (ranged from 35% in projects E and F to 73% in project C).

4.12 Key findings

Strengths and limitations

- Overall the response rates to the baseline (34%) and follow-up (27%) questionnaires were low with few projects achieving greater than 40% (range at baseline 16% - 51%; range at follow-up 9% - 48%).
- Problems in getting higher response rates included: lack of awareness and/or promotion of Well@Work project prior to distribution of baseline questionnaire; relying on line managers to distribute questionnaires; use of unreliable distribution channels (e.g. leaving them in staff rooms and expecting staff to complete them); scepticism from employees about the purpose of the questionnaire and the use of their personal data; lack of support from Trade Unions (in one project) and questionnaire length.
- Low response rates limit the interpretation of the data collected, specifically the generalisability of results.
- There is some evidence of response bias to the follow-up survey. Overall, 64% of respondents reported participating in at least one Well@Work activity (see data reported in chapter 3).
- The lack of a unique identifying variable on the employee questionnaire made it impossible to match the survey responses for those employees who completed a questionnaire at both time points. However, 52% of responders at follow-up indicated they had also completed a questionnaire at baseline.
- Physical activity levels are affected by change in season and weather patterns. Seasonal differences between the timing of baseline and follow-up questionnaires is likely to have had an impact on the results for physical activity. For project A, this may have had a negative impact because of the timing of the baseline (in summer) and follow-up (in winter) questionnaires and may explain the significant decrease in sports participation. Other Well@Work projects may have been affected positively, for example, the timing of the baseline (in autumn/winter) and follow-up (in spring/summer) questionnaires may have exaggerated the increase in physical activity levels.
- A change in the referent time period for the physical activity behaviour questions from 'last 7 days' to 'usual week' between baseline and follow-up questions may have impacted on the results observed in projects A, C and I.

Characteristics of questionnaire respondents

- Overall the sample of responders to baseline and follow-up questionnaire were similar (on age, gender, education and years of employment).

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- Overall the characteristics of responders at baseline and follow-up (gender, age, ethnic group, working hours and working pattern) were similar to the workforce (based on data provided by the participating organisations) with the exception of males being under-represented in project F at follow-up, non-white employees being under-represented in project D at baseline, and follow-up and shift workers being under-represented in projects D, F and H at baseline and follow-up.

Physical activity key findings

- There was some evidence of an increase in active travel to work (specifically any walking and cycling to/from work) between the baseline and follow-up questionnaires which were significant in 3 projects (projects B, F and G). Walking to work increased significantly in 2 projects (project F and G).
- There was no evidence of any change in active travel for non-work trips.
- Overall, there was some evidence of an increase in the summary measure of total mean minutes of active travel per week for work and non-work trips (significant increases were seen in projects B, F and G). This result was most likely driven by the increase seen in travel to work given the lack of change in data for travel for non-work trips.
- Evidence for an increase in sports participation was much stronger. Nine projects showed a significant increase in sports participation (3 x a week, for 30 minutes, at moderate intensity). There was some evidence that the increase in sports participation was more evident in female employees (data remained significant in stratified analyses with females but not males in several projects).
- The proportion of responders meeting the current physical activity recommendations for health increased significantly in 5 projects (projects C, D, E, F and J). However significant increases were not observed in the two projects with the highest response rate to the employee questionnaire (projects A and B) therefore caution is advised in interpreting this data. The results for project A may be affected by the timing of data collection (baseline in summer and follow-up in winter) which may explain the decreases observed in this variable for this project.
- Membership of sports clubs showed an increase in several projects but was only significant in 1 project (project B).
- A very high knowledge of the physical activity recommendations and messages was observed in responders to the baseline questionnaire. These questions were therefore not repeated at follow-up.
- There was some evidence of an increase in social support for physical activity from colleagues in 4 projects, from family in 5 projects and from friends in 5 projects.

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- Across the 11 projects, employees agreed or strongly agreed that the project had helped the responder become more active (31%-67%), gave the responder more opportunity to be physically active (35%-74%), made the responder more motivated to be physically active (38%-72%), made it more affordable to be physically active (26%-64%) or changed the way the responder felt about being physically active (37%-67%).

Smoking

- There were no significant changes in the proportion of current smokers between baseline and follow-up in any project.
- Across the 11 projects, employees agreed or strongly agreed that the project had helped the responder to quit smoking (9%-30%), made the responder more motivated to quit smoking (10%-43%) or changed the way the responder felt about quitting smoking (13%-37%).

Nutrition

- There was some evidence of an increase in the proportion of employees meeting fruit and vegetable recommendations in 5 projects (projects A, C, D, E and F).
- Very little change was observed in the scores on the healthy eating index, although three projects showed a significant difference between baseline and follow-up (projects F, G and H) however these projects had low response rates to the questionnaire and the data should be interpreted with caution.
- Social support for healthy eating increased from colleagues (5 projects), from family (1 project) and from friends (3 projects).
- Knowledge scores for fruit and vegetable recommendations were generally high with the exception of projects G and K.
- Across the 11 projects, employees agreed or strongly agreed that the project had helped the responder eat more healthily (26%-74%), gave the responder more opportunity to eat more healthily (32%-77%), made the responder more motivated to eat more healthily (30%-75%), made it more affordable to eat more healthily (21%-55%) and changed the way the responder felt about eating more healthily (22%-70%).

Alcohol

- One third of all male and female employees exceeded recommendations for alcohol consumption at baseline however there was wide variation across the projects (males: range 6%-45%, females: range 18%-58%).

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- There were no significant changes between baseline and follow-up in the proportion exceeding recommended daily levels of alcohol for males or females.
- Levels of knowledge on recommended levels for males and females were quite low in both males and females (mostly less than 30% of employees reported correct answer in most projects). Only one project (project G) showed a significant increase in the proportion of males correctly reporting the recommended levels of alcohol consumption for males and females at follow-up. No other significant improvements in knowledge were observed.
- Across the 11 projects, employees agreed or strongly agreed that the project had helped the responder drink less alcohol (11%-27%), made the responder more motivated to drink less alcohol (11%-39%) or changed the way the responder felt about drinking alcohol (11%-36%).

General health

- No significant changes in BMI were observed in any project.
- Two projects had a significant increase in self-reported general health (projects A and H).
- Improvements in the GHQ-12 score were observed in 6 projects and were statistically significant in 2 projects (projects F and I).
- Very little variation was reported in quality of sleep between baseline and follow-up. Only 1 project (project C) showed a significant increase in the proportion of responders sleeping ≥ 7 hours per night most of the time or always.
- Across the 11 projects, employees agreed or strongly agreed that the project had helped the responder improve their health (31%-64%), helped the responder lose weight (15%-56%), helped the responder reduce stress (14%-34%) or changed the way the responder felt about their health (35%-73%).

CHAPTER 5: Outcome evaluation: Supportive Environment

5.1 Introduction

The supportive environment refers to the physical facilities (including the buildings and grounds in and around the workplace), the organisational policies that support employees in making healthy lifestyle choices and the extent to which awareness and education on health-related issues are provided within the workplace. On a larger scale, the facilities and amenities in the local area surrounding the workplace may also be considered part of the wider supportive environment. Changes to the physical and policy environments in the workplace can be wide-reaching and affect all those who work at the workplace and are thus considered important in influencing and supporting individual employees' behaviour change in the longer-term.

The workplace site assessment was included in the Well@Work Evaluation framework to provide a descriptive summary of characteristics of the participating workplaces at baseline and to evaluate any changes that took place within organisations to improve the level of support from the workplace environment during the project. This chapter reports the results of the site visits made by the evaluation team in conducting the workplace assessments at baseline and follow-up. Although the evaluation team requested a complete tour of each workplace, the results reflect the areas of the workplace that were shown to the observers during the assessment. Additional data on employee perceptions of the workplace environment from the employee questionnaire are also presented.

5.2 Data sources

- Workplace site assessment
- Employee questionnaire

5.3 Methods

A new objective workplace site assessment tool was developed to record the presence or absence of key features selected for their potential to support employees in making and sustaining healthy lifestyle behaviours. At baseline the evaluation team visited each organisation and conducted a tour of each site to assess the awareness and education environment, the physical environment (physical activity, nutrition and smoking environments) and the local environment surrounding the workplace. In order to complete the assessment the observer(s) were shown around the workplace by an employee of the organisation and/or the project co-ordinator. The site assessment visits were usually combined with collecting qualitative data at baseline and follow-up (data reported in Chapter 7). At follow-up, the project co-ordinators in most organisations indicated

that few changes had taken place in the physical environment therefore only a partial repeat assessment was conducted to visit key areas. Data on change to the physical environment were collected in the employee questionnaire with items assessing satisfaction with the physical environment (at baseline and follow-up) and awareness and use of any changes to the workplace environment and policy (follow-up only).

Further details of the methods for the workplace assessment and the employee questionnaire are provided in chapter 2. A copy of the site assessment tool can be found in Appendix 1.

5.4 Data analyses

At baseline, data collected using the site assessment tool were manually entered into SPSS by the evaluation team. Seven items on the assessment tool were used to summarise the characteristics of each site visited as part of the workplace assessment. Other data from the site assessment were analysed according to an algorithm based on scoring the presence or absence and the quality of key features described in Table 5.1.

Scores were computed for the awareness and education environment; the total physical environment (including sub-scores for the physical activity, nutrition and smoking environments); the policy environment; and finally an overall supportive environment score. The algorithm developed allowed for adjustments when multiple facilities of the same type were present (e.g. multiple entrances to the workplace, more than one staircase, multiple vending machines) and also allowed for adjustments for the presence or absence of certain specific facilities (e.g. presence or absence of lunch rooms, canteen, on-site gym). Consequently, the maximum total score on any scale for each site varied. Computation of total scores was done individually for each project and the results are presented as a proportion of the maximum possible score on each scale. Total scores and sub-scores for each project were computed by aggregating the scores from multiple sites where applicable. The full scoring protocol for the site assessment is provided in Appendix 2 and data for each site visited is presented in Appendix 3.2.

➤ **Awareness and education environment**

Increasing employee awareness of healthy behaviours and providing access to educational materials and resources are an important step in changing individual behaviour. Sites were scored based on information and resources that were available in the workplace including the presence or absence of project-specific display areas, posters promoting healthy lifestyle behaviours, websites or pages providing health promotion or project information and the existence of project-specific newsletters. The score for each item was summed to provide a total for the awareness and education environment.

➤ **Physical Environment**

A total score for the physical environment was computed by summing the scores for each of the sub-environments; namely physical activity, nutrition and smoking (Table 5.1). Data for the sub-environments were scored as follows:

- **Physical activity environment**

The physical activity environment assessed the availability of opportunities and facilities to: 1) enable active travel to/from work; 2) support employees to be physically active during the working day (including incidental physical activity); and 3) participate in sports and recreational activities before, during or after work. Key items scored in the physical activity environment included changing rooms, showers and lockers, facilities and equipment to support participation in sport or recreational activities, facilities promoting active transport and characteristics promoting the visibility and use of stairs (Table 5.1). The scores for each of these components were summed to provide a total score for the physical activity environment.

- **Nutrition environment**

Access to facilities for employees to make or purchase healthy food and drink during working hours may contribute to their ability to consume a healthy balanced diet. In addition, the workplace environment may contribute to employees' ability to drink the recommended levels of water and to the promotion of sensible alcohol consumption. Data in the nutrition environment were scored based on: 1) opportunities to make and purchase healthy food and drink through the presence of lunchrooms, kitchens, canteens and vending machines; 2) the provision of free drinking water to support consumption of the recommended levels of water; 3) the absence of opportunity to purchase alcohol in the workplace; and 4) the provision of signage/posters encouraging healthy eating and sensible alcohol consumption. Scores were summed to provide a total score for the nutrition environment.

- **Smoking environment**

Instigating a smoke-free environment in the workplace may encourage employees to quit smoking and may reduce opportunities for passive smoking for all employees. Sites were scored based on signage indicating smoking restrictions and the lack of opportunity to smoke or to purchase cigarettes in the workplace. Scores were summed to provide a total score for the smoking environment.

➤ **Policy environment**

Documented policy relating to the key lifestyle areas such as physical activity, smoking and nutrition may help to support organisations in developing a whole workplace approach to health promotion and to supporting all employees in leading a healthy lifestyle. Organisations were assessed on the presence or absence of smoking, nutrition or physical activity policy. These were summed to provide a total score for the policy environment.

➤ **Overall supportive environment score**

A total score for the supportive environment was computed for each of the 11 projects to provide an overall indicator of the extent to which each workplace provided a supportive environment for healthy lifestyle choices. The overall supportive environment score was computed by summing the scores for the awareness and education environment, the physical environment (computed from the physical activity, nutrition and smoking environment sub-scores) and the policy environment. Scores were aggregated across multiple sites (where needed) and divided by the total possible score to give an overall score for each project.

➤ **Local Area Environment**

An accessibility score and walking and cycling environment scores were computed based on the assessment of the local environment surrounding the workplace. The key characteristics assessed are summarised in Table 5.2.

• **Accessibility score**

An accessibility score was computed by scoring positively the availability of 10 facilities that supported healthy lifestyles (bus/public transport stops, fitness facility, swimming pool, commercial fitness club, local government leisure centre, shopping centre/precinct, supermarket, health food shop, sandwich bar and park/open space) within 20 minutes walking distance of the workplace (<10 minutes = 2 points, 10-20 minutes = 1 point, >20 minutes = 0 points) and negatively the availability of 4 facilities promoting detrimental health behaviour (e.g. shops selling cigarettes, pub or bar, off licence and fast food outlet) (<10 minutes = 0 points, 10-20 minutes = 1 point, >20 minutes = 2 points). The maximum score possible was 28. Scores were aggregated across multiple sites (where needed) and divided by the total possible score to give an overall score for each project. The scores were then categorised into low (0%-35%), medium (36%-70%) or high (>70%) accessibility.

Table 5.1 Key items used to compute the Supportive Environment Score and Sub-scores

Environment	Key items
Education and awareness score	<ul style="list-style-type: none"> - Display areas promoting the project and its activities - Posters encouraging physical activity, smoking cessation, healthy eating etc. - Websites or web pages dedicated to health promotion or project-specific - Project-specific newsletters or sections of existing organisational newsletters dedicated to project activities
Physical Environment:	
Physical activity score	<ul style="list-style-type: none"> - Provision of changing facilities, showers and lockers - Opportunity for activity: presence of gym or on-site area for activity, provision of sports equipment or facilities to undertake sport and other recreational activities - Aesthetics of facilities (overall condition, fit for purpose, evidence of maintenance) - Promotion of active transport: provision of secure bicycle storage facilities, signage encouraging drivers to park further away from buildings - Stairwell access and characteristics encouraging stair use - Stair visibility and signage promoting stair use
Nutrition score	<ul style="list-style-type: none"> - Facilities for making food and drink e.g. microwaves, ovens, toasters, kettles, fridge in lunchrooms or kitchens - Facilities to purchase food and drink e.g. canteen - Aesthetics of facilities (overall condition, fit for purpose, evidence of maintenance) - Availability of low fat/sugar snacks, fresh fruit, fresh green salads, fruit juice or mineral water, other low fat items in the canteen - Availability of vending machines with low fat/sugar snacks, fresh fruit, fresh green salads, fruit juice or mineral water, other low fat items - Availability of free drinking water - Suitable areas for eating (inside the workplace and within the workplace grounds) - Aesthetics of outdoor eating/seating areas (overall condition, fit for purpose, evidence of maintenance) - Signs/posters encouraging consumption of fruit and vegetables, dietary fat reduction, other healthy eating - Lack of opportunity to purchase alcohol - Signage/posters encouraging sensible consumption of alcohol
Smoking score	<ul style="list-style-type: none"> - Signage indicating smoking restrictions - Ban on smoking in any area of the workplace - Lack of opportunity to purchase cigarettes in the workplace - Signs/posters encouraging smoking cessation
Physical environment Total score	Scores from items in the physical activity, nutrition and smoking environments were aggregated to provide a total score for the physical environment
Policy score	<ul style="list-style-type: none"> - Workplace policies on physical activity (including green travel plans), the smoke-free environment and nutrition
Supportive environment TOTAL SCORE	Scores from items in the awareness and education environment, the physical activity, nutrition and smoking environments and the policy environment were aggregated to provide an overall total score for the supportive environment

• **Walking and cycling environment**

The facilities and aesthetics of the local environment were assessed for each site to determine how well the environment positively supported cycling and walking for transport, health or recreation. A score was computed for cycling and walking separately, for each site, with a possible maximum score of 9 for each. Summary scores were also computed across the sites in each project by aggregating the scores for each site and dividing by the total possible score to provide an overall score (%) for each project. The summary score was categorised into low (0%-35%), medium (36%-70%) or high (>70%).

For projects with multiple sites, data from all the above analyses were aggregated to provide total scores for the project. In projects I and J, which involved multiple un-related organisations, data were aggregated to compute a project score but these scores may poorly reflect the specific environments of individual workplaces involved in each of these projects.

Table 5.2 Local neighbourhood environment scores

Accessibility	<ul style="list-style-type: none"> - Walking time (<10 minutes, 10-20 minutes, >20 minutes) to local shops and services which could influence employees lifestyle behaviours e.g. public transport, supermarkets, sports facilities, parks and open spaces
Cycling environment	<p>Quality and aesthetics of local environment surrounding workplace for promoting cycling including:</p> <ul style="list-style-type: none"> - Level of traffic on nearby roads - Presence of cycle paths (on or off road, designated for cyclists or shared with pedestrians/traffic) - Overall attractiveness of the area for cycling
Walking environment	<p>Quality and aesthetics of local environment surrounding workplace for promoting walking including:</p> <ul style="list-style-type: none"> - Level of traffic on nearby roads - Presence and quality of footpaths and suitable pedestrian crossings - Overall attractiveness of the area for walking

➤ **Satisfaction with the physical environment**

Items on the workplace environment were included in the baseline and follow-up employee questionnaire. These data were analysed and are presented in this chapter to provide a secondary source of information on the workplace environment and the opportunity to triangulate the emerging findings. At baseline and follow-up employees were asked about their satisfaction with the work physical environment (1-5 Likert scale ranging from very dissatisfied to very satisfied). Data were collapsed into 3 categories: dissatisfied (including very dissatisfied/dissatisfied), neither dissatisfied nor satisfied and satisfied (including satisfied and very satisfied). Data were summarised to provide change in the proportion of employees satisfied with the workplace physical environment at baseline and follow-up.

➤ Awareness and use of changes to the environment

Additional items in the follow-up employee questionnaire asked employees about their awareness, and use, of any of the changes that had taken place to the workplace environment. These items were tailored to enquire about the specific changes made in each individual project as not all projects made changes in all areas. Data were summarised to provide: the proportion of employees aware of changes to the physical environment and the proportion of employees using the changed environments.

5.5 Results of workplace site assessments

At baseline, 47 site assessments were completed across the 32 organisations participating in the project (Table 5.3a). If organisations were based at multiple sites a workplace assessment was conducted for each. The evaluation team conducted the assessments (n=32) except in projects I and J, where due to the multiple locations site assessments were completed by the project co-ordinator (n=5) using the assessment tool or by the workplace champion (n=10) using a shorter, self-complete survey with telephone support from the evaluation team. Only 2 organisations did not undergo the site assessment at baseline (project I, organisation 11 and project J, organisation 8).

At follow-up, most project co-ordinators indicated that few major changes had taken place in the workplace environment; therefore, in the majority of workplaces only a partial assessment was conducted (see Table 5.3b).

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Table 5.3a Baseline workplace site assessment

Project	Overall	A	B	C	D	E	F	G	H	I	J	K
Assessment type	-	VISIT FULL	VISIT FULL	VISIT FULL	VISIT FULL	VISIT FULL	VISIT FULL	VISIT FULL	VISIT FULL	SELF-REPORT WC/ET (support)	VISIT FULL	VISIT FULL
Assessor	-	ET	ET	ET	ET	ET	ET	ET	ET		PC	ET
Shown around workplace by	-	PC	PC	PC	Employee	PC	Employee	PC	Employee	-	Employee	PC
No of organisations	32	1	1	1	1	1	1	1	1	14	9	1
Organisations assessment completed (n)	29	1	1	1	1	1	1	1	1	12	8	1
Sites (n)	50	8	1	4	1	7	2	1	1	14	9	3
Total number of sites assessment completed	47	7	1	4	1	7	2	1	1	13	7	3
											*2 organisations based at 1 site	

Table 5.3b Follow-up workplace site assessment

Project	Overall	A	B	C	D	E	F	G	H	I	J	K
Assessment type	-	VISIT PARTIAL	VISIT PARTIAL	VISIT PARTIAL	VISIT PARTIAL	NOT REPEATED	VISIT PARTIAL	VISIT PARTIAL	VISIT PARTIAL	WC E-mail	VISIT FULL (n=2) / WC E-mail	NOT REPEATED
Assessor		ET	ET	ET	ET	-	ET	ET	ET	WC	ET/WC	-
Shown around workplace by		PC	Employee	PC	PC	-	PC	PC	PC	-	Employee	-
No of organisations	31	1	1	1	1	1	1	1	1	14	8	1
Sites (n)	49	8	1	4	1	7	1	1	1	14	8	3
Comments		Additional location visited		1 site closed but replaced by a new site			1 site closed during project				1 organisation withdrew / closed	

PC = project co-ordinator; WC=workplace champion; ET=evaluation team

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Table 5.4 Workplace characteristics

Project number	Site	Number of buildings	Workplace all or part of building	Location of workplace	Grounds associated with workplace	Grounds exclusive to workplace
A	1.1	2	All	City	No	NA
A	1.2	1	All	City	No	NA
A	1.3	1	All	City	Yes	Yes
A	1.4	1	All	City	Yes	Yes
A	1.5	1	All	City	Yes	Yes
A	1.6	1	Part	City	No	NA
A	1.7	2	All	Urban	Yes	Yes
B	1	1	All	City	Yes	Yes
C	1.1	1	All	City	No	NA
C	1.2	1	Part	City	No	NA
C	1.3	1	Part	City	No	NA
C	1.4	4	Part	Rural	Yes	No
D	1	>10	All	Rural	Yes	Yes
E	1.1	1	All	Urban	Yes	Yes
E	1.2	1	Part	Urban	Yes	No
E	1.3	1	All	Urban	Yes	No
E	1.4	1	All	Urban	No	No
E	1.5	1	All	Urban	Yes	Yes
E	1.6	1	All	Urban	No	No
E	1.7	1	All	Rural	Yes	Yes
F	1.1	1	All	Urban	Yes	Yes
F	1.2	1	All	Urban	No	No
G	1	1	All	City	Yes	No
H	1	4	All	Urban	Yes	Yes
I	1	1	Part	City	Yes	No
I	2	1	Part	City	No	NA
I	3	1	Part	City	No	NA
I	4	1	Part	City	No	NA
I	5	2	All	Rural	Yes	Yes
I	6	2	Part	Rural	No	NA
I	7	1	All	City	Yes	No
I	8	1	All	Urban	No	NA
I	9	2	Both	City	No	NA
I	10	1	No data	No data	No	NA
I	11	No data	No data	No data	No data	No data
I	12	1	Part	Urban	Yes	No
I	13.1	1	All	Urban	Yes	Yes
I	13.2	4	Part	Urban	Yes	No
J	1	2	All	Rural	Yes	Yes
J	2	1	All	Rural	Yes	Yes
J	3/4	1	Part	Rural	Yes	No
J	5	1	Part	Urban	Yes	No
J	6	1	Part	Urban	Yes	No
J	7	1	Part	No data	No	NA
J	8	No data	No data	No data	No data	No data
J	9	1	No data	Urban	Yes	Yes
K	2.1	1	All	Urban	No	Yes
K	2.2	1	All	Rural	Yes	Yes
K	2.3	1	All	Rural	Yes	Yes

5.6 Workplace characteristics

5.6.1 Context

The physical location and characteristics of the workplaces set the broader context for the Well@Work projects and these were assessed during the baseline workplace assessment. Table 5.4 summarises the number of buildings, location and ground space associated with each site across the 11 projects.

The majority of sites (37 of 47 sites) had one building on one site. For other sites the number of building ranged from 2 to greater than 10 buildings. The whole site was occupied solely by the participating organisation in 29 assessments and the site was shared with other organisations in 16 assessments.

Seventeen sites were city-based, 18 were based in urban areas and 10 were based in a rural location. Grounds (e.g. car park spaces or areas of grass etc) were associated with 29 sites and were for the exclusive use of the workplace (i.e. the grounds were not shared with another workplace) at 18 sites.

5.7 Baseline results on supportive environment

5.7.1 Awareness and education environment

A summary of the characteristics assessed at baseline under the education and awareness environment are provided in Table 5.5. Although site visits were conducted early in the project, 4 projects already had a project-specific notice board or display area (projects A, E, F and I). Posters promoting healthy lifestyle behaviours were observed on notice boards in the workplaces in 4 projects (A, D, I, J). Only 1 project (project F) had an existing intranet website for health promotion and at the time of the assessment no projects had a project-specific website or intranet pages within their organisations. At baseline no project had a Well@Work newsletter or section within an existing newsletter or communication dedicated to the Well@Work project. Four projects (B, G, H and K) met none of the criteria of the awareness and education environment. Summary scores on the education and awareness environment ranged from 0% to 24% with an average of 7% across the 11 projects (Figure 5.1).

Table 5.5 Key features of the education and awareness environment assessment

Project	A	B	C	D	E	F	G	H	I	J	K
Project-specific notice board or display area	Y	N	N	N	Y	Y	N	N	Y	N	N
Posters on staff notice boards relating to lifestyle / health behaviours	Y	N	Y	Y	N	N	N	N	Y	Y	N
Health promotion website	N	N	N	N	N	Y	N	N	N	N	N
Project-specific website	N	N	N	N	N	N	N	N	N	N	N
Project newsletter or designated project section in organisation newsletter	N	N	N	N	N	N	N	N	N	N	N
Education and awareness environment score (%)	10.7	0.0	6.3	8.3	7.1	12.5	0.0	0.0	24.4	9.5	0.0

Y=Yes (present); N=no (absent / not used)

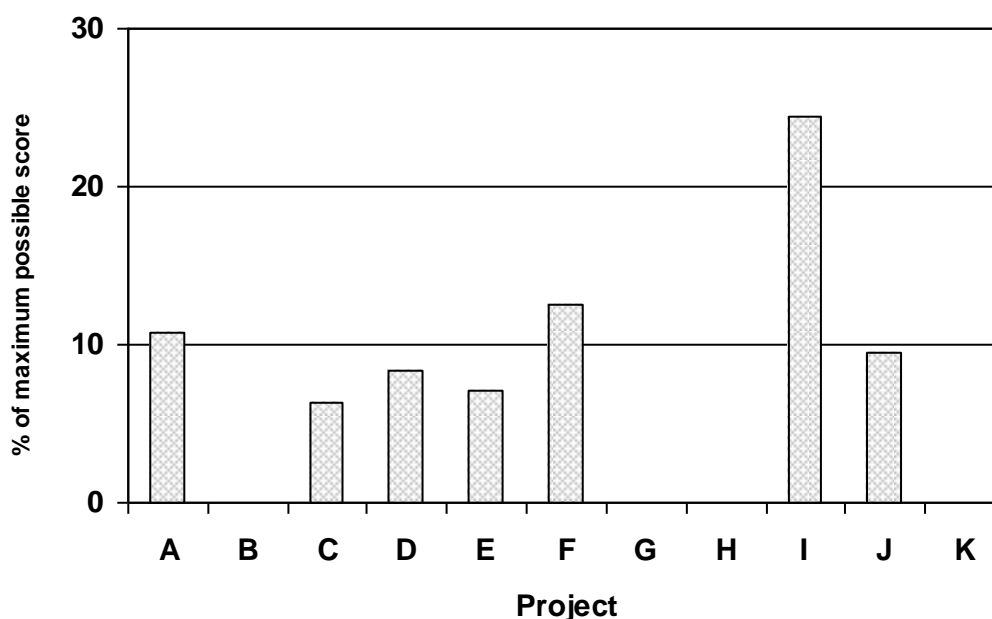


Figure 5.1 Education and awareness environment score by project

5.7.2 Physical environment

Physical activity

A summary of the physical activity environment assessment by project at baseline is provided in Table 5.6. Although many organisations had showers or changing facilities they were often found to be in poor condition, were in an inconvenient location or were not for general use (i.e. were for patients in the hospital, or in-mates in the prison) and therefore were rarely used by employees. Only 3 organisations (projects D, G and H) had an on-site gym or gym equipment. Another 3 projects (projects A, E and F) had other sports or recreational facilities available.

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The provision of bicycle lock up facilities varied widely across the projects. Those sites that did have lock up facilities ranged from having less than 5 bicycle racks to storage space for over 25 bicycles. Access to stairwells and the quality of the stairwell environment also varied widely across all projects. The visibility of staircases themselves, or signage indicating the location of stairs or promoting stair use generally scored low (projects B, F, G, H) or low-medium (projects A, C, E, K). The overall sub-scale score for the physical activity environment ranged from 16% to 43% with an average of 27% across the 11 projects (Figure 5.2).

Table 5.6 Key features of the physical activity environment assessment

Project	A	B	C	D	E	F	G	H	I	J	K
Total number of sites assessed	7	1	4	1	7	2	1	1	13	7	3
Sites with changing rooms	2	0	0	1	1	2	0	1	5	5	0
Sites with showers	2	0	0	1	1	2	0	1	3	5	0
Sites with lockers	4	1	0	1	2	2	0	1	1	4	1
On-site gym / gym equipment	N	N	N	Y	N	N	Y	Y	N	N	N
Other facilities / equipment	Y	N	N	N	Y	Y	N	N	N	N	N
Sites with bike storage facilities	1	1	0	0	2	1	1	1	7	5	1
Number of bike lockers / racks	11-25	<5	-	-	1-10	>25	>25	>25	1-10	1-10	<5
Stairwell access and environment score %	40-60	60	40-53.3	-	40-70	50	40	40	20-80	40-100	33.3-60
Stair visibility and signage promoting use	Low-Med	Low	Low-Med	-	Low-Med	Low	Low	Low	Med-High	Med-High	Low-Med
Physical activity Sub-scale score* (%)	23.5	25.0	15.6	33.3	24.3	31.9	25.9	42.9	21.9	33.8	20.5

*computed as a percentage of the adjusted maximum possible score for each project
Y=Yes (present); N=no (absent / not used)

Nutrition environment

Results on the nutrition environment are provided in Table 5.7. The majority of sites had at least 1 lunchroom with facilities for making hot drinks, food storage, drinking water and a toaster or microwave. Only 13 sites across 10 of the 11 projects had a canteen and in some cases the canteen was for use by the general public rather than employees (e.g. at the hospital - project G). Food vending machines typically contained only confectionary or crisps and soft drinks vending machines contained mainly sugary drinks although diet (low calorie) drinks were often available as well. Hot drinks vending machines always gave the option for sugar free tea and coffee. Free drinking water was available at all sites although only some sites had water dispensers or water filters. Outdoor seating/eating areas were observed at 17 sites across 8 projects. The sub-scale

scores for the nutrition environment ranged from 30% to 80% with an average of 52% across the 11 projects (Figure 5.4.3).

Table 5.7 Key features of the nutrition environment assessment

Project	A	B	C	D	E	F	G	H	I	J	K
Total number of sites assessed	7	1	4	1	7	2	1	1	13	7	3
Sites with lunch room(s)	7	1	2	1	7	2	0	1	10	7	3
Sites with canteen	1	0	1	1	1	2	1	1	3	1	1
Sites with vending machines	3	1	4	1	0	2	1	1	1	4	1
Sites with free drinking water available	7	1	4	1	7	2	1	1	13	7	3
Sites with alcohol served on-site	0	0	0	0	0	0	1	0	0	0	0
Sites with outdoor seating / eating areas	0	0	1	0	4	1	1	1	7	4	2
Nutrition Sub-scale score* (%)	53.7	50.7	50.5	48.3	79.5	47.6	36.2	37.8	62.0	71.1	29.8

*computed as a percentage of the adjusted maximum possible score for each project

Smoking environment

A summary of the characteristics assessed for the smoking environment is provided in Table 5.8. The number of no smoking signs at entrances to the workplace and throughout the workplace varied across sites from none to many. The smoking policy at each site ranged from no smoking anywhere on the site, smoking only in designated places, to smoking anywhere outside of buildings. It was only possible to purchase cigarettes at one site in project H. The score for the smoking environment ranged from 23% to 71% with an average score of 45% across the 11 projects (Figure 5.4).

Table 5.8 Key features of the smoking environment assessment

Project	A	B	C	D	E	F	G	H	I	J	K
Total number of sites assessed	7	1	4	1	7	2	1	1	13	7	3
Number of no smoking signs observed across sites	None - Some	Few	None - Some	No data	Few	Some	Few	Some	None - Many	None - Few	Few - Some
Smoking permitted anywhere outside	7	0	3	0	0	0	1	0	6	2	0
Smoking permitted in designated areas only	0	1	1	1	0	2	0	1	4	3	3
No smoking anywhere on-site	0	0	0	0	7	0	0	0	3	1	0
Sites with cigarettes available to purchase on-site	0	0	0	0	0	0	0	1	0	0	0
Smoking Sub-scale score* (%)	42.6	33.3	23.1	33.3	59.5	66.7	71.4	50.0	39.0	32.6	44.4

*computed as a percentage of the adjusted maximum possible score for each project

Overall physical environment score

The overall physical environment score (including the physical activity, nutrition and smoking environments) is show in Table 5.9. The scores ranged from 27% in project K to 53% in project D with an average of 40.6 across the 11 projects.

Table 5.9 Physical environment overall score

Project	A	B	C	D	E	F	G	H	I	J	K
Physical environment score * (%)	38.0	44.1	32.9	45.1	52.7	46.1	31.7	40.0	38.2	50.3	27.2

*computed as a percentage of the adjusted maximum possible score for each project

5.7.3 Policy environment

All organisations in the projects reported having a smoking policy of some description at baseline. No organisations reported having a physical activity or nutrition policy in place at the time of the baseline workplace environment assessment.

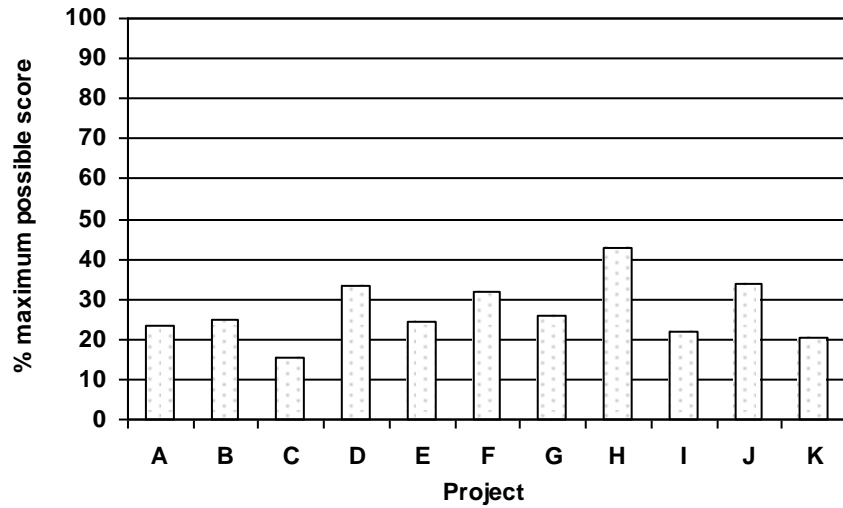


Figure 5.2 Physical activity environment score by project

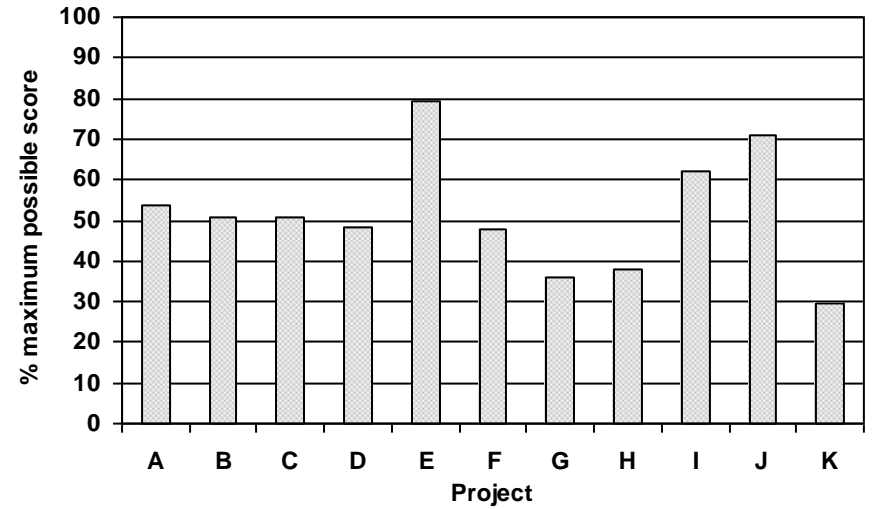


Figure 5.3 Nutrition environment score by project

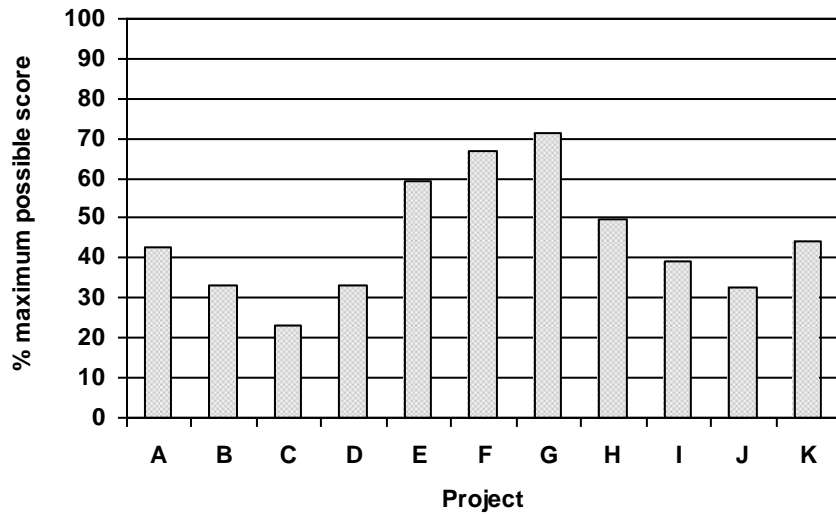


Figure 5.4 Smoking environment score by project

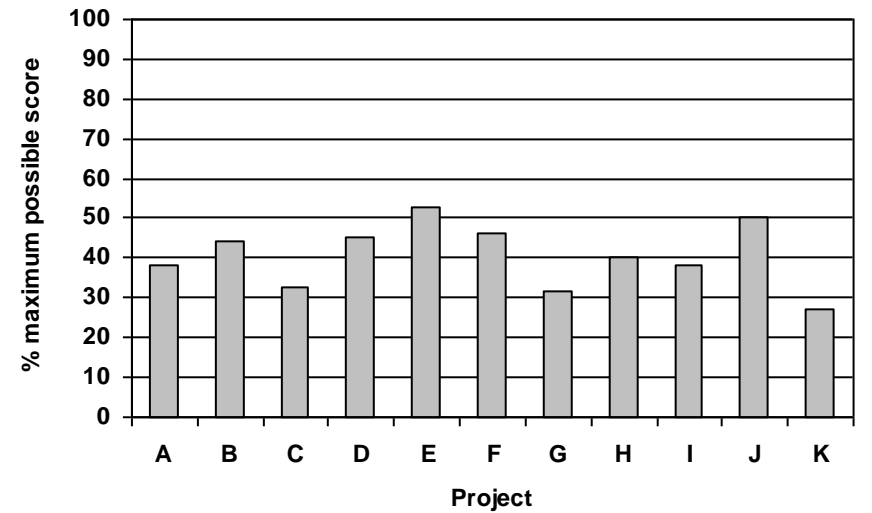


Figure 5.5 Overall physical environment score by project

5.7.4 Total supportive environment score

The overall score across the 3 sub-scales of the supportive workplace environment (awareness and education, physical environment, policy environment) ranged from 23% to 44% (Table 5.10 and Figure 5.6).

Table 5.10 Total Supportive environment score

Project	A	B	C	D	E	F	G	H	I	J	K
Total supportive environment score * (%)	32.7	38.9	28.5	43.2	43.1	43.7	29.2	36.6	35.2	41.7	23.3

*computed as a percentage of the adjusted maximum possible score for each project

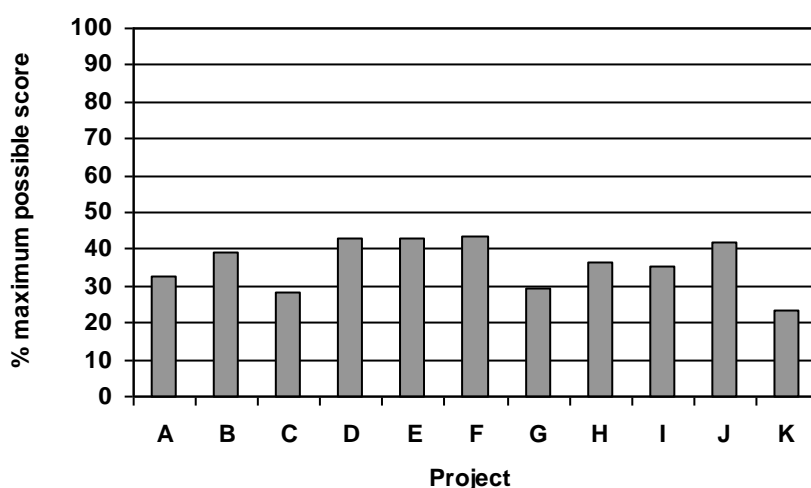


Figure 5.6 Overall workplace environment assessment score

5.7.5 Local environment 'Accessibility' score

Data on accessibility to facilities in the local environment were available for 46 sites. The mean score was 12.8 ±4.4 with a range of scores from 2 to 20 (data not shown). Projects scored from 25% to 55% (Table 5.11). Ten of the 11 projects scored in the medium level of accessibility and no project scored in the high range.

Table 5.11 Accessibility Score

Project	A	B	C	D	E	F	G	H	I	J	K
	CC	PS	PS	HMP	PCT	MAN	GH	MAN	VOL	SME	CH
Score	54.6%	42.9%	49.1%	25.0%	37.8%	53.6%	53.6%	42.9%	47.8%	38.8%	48.8%
Category	MED	MED	MED	LOW	MED	MED	MED	MED	MED	MED	MED

Score: low (0%-35%), medium (36%-70%) or high (>70%)

5.7.6 Walking and cycling environment score

The mean cycling environment score across 46 sites was 2.3 \pm 2.1 (data not shown). Project scores ranged from 11% (project H) to 67% (project B). Eight projects scored in the low category, 3 in the medium category and no project scored in the high category (Table 5.12).

Table 5.12 Cycling sub-index score

Project	A	B	C	D	E	F	G	H	I	J	K
Score	19.0%	66.7%	16.7%	22.2%	54.0%	44.4%	33.3%	11.1%	12.0%	31.5%	22.2%
Category	LOW	MED	LOW	LOW	MED	MED	LOW	LOW	LOW	LOW	LOW

Score: low (0%-35%), medium (36%-70%) or high (>70)

The mean walking environment score across 46 sites was 4.4 \pm 1.6 (data not shown). Project scores ranged from 18% (project G) to 58% (project E). Two projects scored in the low category, 9 in the medium category and no project scored in the high category (Table 5.13).

Table 5.13 Walking sub-index score

Project	A	B	C	D	E	F	G	H	I	J	K
Score	35.1%	36.4%	31.8%	36.4%	58.4%	45.5%	18.2%	36.4%	39.9%	45.5%	51.5%
Category	MED	MED	LOW	MED	MED	MED	LOW	MED	MED	MED	MED

Score: low (0%-35%), medium (36%-70%) or high (>70)

5.8 Follow-up workplace environment assessment

The changes to the physical workplace environment observed during the follow-up site visit (or reported by e-mail or in the follow-up interviews and focus groups) are summarised in Table 5.14. All projects made some changes to the workplace supportive environment with the number of changes ranging from 2 to 11; the average number of changes was 6. Changes were made across the awareness and education environment, the physical environment and the policy environment, however, the modifications were typically small, non-structural and generally inexpensive. The barriers to making changes to the supportive environment will be discussed in section 5.10.

5.8.1 Awareness and education environment

The majority of organisations had made changes to the awareness and education environment at follow-up. Most projects had a designated notice board or display area specifically for the project at the follow-up assessment. In addition, 3 projects had a project-specific website or web pages (projects A, E and F) and 5 projects had a project-specific newsletter or inserted project-related

articles into an existing company newsletter (projects A, B, G, J, and K). Additional posters encouraging physical activity, smoking cessation and healthy eating etc. were observed in some workplaces.

5.8.2 Physical environment

Physical activity environment

Changes to the physical activity environment typically included additional or improved bicycle storage facilities (projects A, B, C, G, and J), provision of pool bikes (projects A, G, and J), introduction of a bike purchase scheme (projects A, G and H), or new sports equipment or markings for recreational activities (projects A, D, E, G and I). Only 4 projects had made or planned to make more structural changes including re-decoration of stairwells (project A), a new activity room planned in the redevelopment of existing buildings (project F), new activity rooms in new buildings (project G) and a new drying/changing room for cyclists (project H). One project (project H) had added signage indicating the number of steps to certain points around the site to link in with a pedometer programme taking place as part of the project.

Nutrition environment

Opportunities to make changes in the nutrition environment were largely in workplace canteens and the content of vending machines. Canteens in 4 projects (projects C, F, G and H) made changes to the food available by offering new low fat options, healthy options or healthy eating offers etc. Five projects installed healthy vending machines (projects A, B, F and K) or healthy vending options in existing machines (project C). In addition, some projects installed new water coolers or dispensers (projects B, I and J) in different areas of the workplace, improved regular access to free or cheaper fruit and vegetables (projects C, G and J), provided a healthier buffet menu for work-related events and meetings (projects B, H and I) or provided new equipment e.g. blenders, food storage facilities (projects I and J). Only one project added a new seating/eating area in the grounds of the workplace (project B).

Smoking environment

New smoking legislation was introduced into workplaces in England in July 2007. All workplaces made changes to the workplace environment prior to this to meet the requirements of the new legislation. Some organisations were required to make changes to the smoking environment in the workplace prior to this date, for example in the hospital (project G). At this organisation there was a significant increase in the signage indicating the no smoking status of the site and in addition smoke detectors were installed which emit a verbal warning if tobacco smoke is detected.

5.8.3 Policy environment

Changes in, and development of, policies relating to health promotion were minimal across the projects. New policy or changes to existing policy were reported to have been made, or were in development in the following areas and projects: on physical activity, which was typically related to travel policy, (in projects A, G and J); on stress (in project I); and on drugs/alcohol (in project J).

5.8.4 Other changes to the workplace environment

Two projects made changes to the workplace environment to target stress and relaxation in the workplace. A new relaxation room was identified in project F and new “chill-out” zones were being established at each site in project C.

5.8.5 Local environment assessment

No changes were noted in accessibility to facilities in the environment surrounding the workplace, or to the cycling and walking environments.

Table 5.14 Summary of changes in the workplace environment at follow-up

Project A	Project B	Project C
Project-specific notice board/display area Project-specific intranet pages Project-specific newsletter or articles Stairwells redecorated Markings for 5-a-side football in grounds Gym equipment in outbuilding Treadmills installed in offices Pool bikes Additional/altered bicycle storage facilities Bike purchase scheme Healthy vending machines Physical activity/green travel policy	Project-specific notice board/display area Project-specific newsletter or articles Additional/altered bicycle storage facilities Healthy vending machines Water dispensers/coolers Changes to health buffet menu for meetings/events New outside seating/eating area	Project-specific notice board/display area Additional/altered bicycle storage facilities Healthy eating offers in the canteen Healthy vending options Regular provision of fruit New "chill-out" zones with seating/pool tables
Project D	Project E	Project F
Project-specific notice board/display area New gym equipment New sports field and facilities Staff rooms re-decorated and refurbished	Project-specific web pages Physical activity equipment library	Project-specific notice board/display area / Wellness wall Health promotion and project-specific intranet pages New exercise studio planned for new building Healthy eating offers in the canteen Healthy vending options Well point machine Galaxy (relaxation) room
Project G	Project H	Project I <i>*(not all organisations within project)</i>
Project-specific notice board planned for Sept 2007 Project-specific newsletter or articles Activity DVDs/books available in the library Pool bikes Additional/altered bicycle storage facilities Bike purchase scheme New rooms in new buildings for activities Taste of health option in new canteen Access to cheap fruit and vegetables at work Addition of smoke detectors with verbal warnings New travel plan (in development)	Project-specific notice board/display area Pedometer step distances around site signposted Drying room for cyclists (changing facilities) Bike purchase scheme Canteen improvements – salad bar/low price fruit Changes to health buffet menu for meetings/events	Provision of sports equipment Water dispensers/coolers Changes to health buffet menu for meetings/events Blenders/ smoothie maker / juicer Stress policy
Project J <i>*(not all organisations within project)</i>	Project K	
Project newsletter or articles Pool bikes Additional/altered bicycle storage facilities Water dispensers/coolers Regular provision of fruit Fridge for storing lunches Physical activity policy / changes to drug/alcohol policy	Project-specific newsletter or articles Healthy vending machines	

* These examples were captured from the follow-up site visit; the process evaluation (reported in Chapter 3) and interviews conducted at follow-up (reported in more detail in Chapter 7).

5.9 Employee perspectives on the workplace environment

Items in the follow-up questionnaire asked employees about their awareness of changes to the workplace environment specific to the physical activity, nutrition or policy environments and also about their use of (or participation in) these changes. In addition, employees were asked to indicate which project activities they had used from a list provided (tailored for each project). At baseline and follow-up, one item asked employees' to rate their satisfaction with the physical environment at their organisation.

5.9.1 Employee awareness of changes

The proportion of survey responders who were aware of changes in the physical activity environment ranged from 19% to 93%, for the nutrition environment from 70% to 98% and for the policy environment from 48% to 92% (Table 5.15).

Table 5.15 Employee awareness of changes to the workplace environment*

Project	A	B	C	D	E	F	G	H	I	J	K
	%	%	%	%	%	%	%	%	%	%	%
Physical activity	92.5	54.0	67.6	47.1	88.0	-	73.1	35.5	19.4	38.0	80.0
Nutrition	70.3	98.0	-	-	-	77.4	-	74.5	-	-	93.3
Policy	78.5	-	-	48.1	-	-	-	91.5	-	-	-

* awareness of at least one change

- question not asked in follow-up employee questionnaire

5.9.2 Employee use of changes

Across all 11 projects the average proportion of employees reporting using the changes to the physical activity environment was 11% (range 1% to 23%) (Table 5.16). A higher proportion of employees (25%) reported use of the improvements relating to the nutrition environment (range 15% to 44%). Only one project (project 9) reported a change to the policy environment and 2% of employees responding to the follow-up survey from this workplace reported use of this physical activity related policy.

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Table 5.16 Employees reporting using at least one change in the workplace physical environment

Project	A	B	C	D	E	F	G	H	I	J	K
	%	%	%	%	%	%	%	%	%	%	%
Physical activity	17.9	22.0	1.2	-	1.4	-	12.7	23.0	2.4	2.3	6.7
Nutrition	21.1	-	35.3	-	-	21.8	-	43.6	14.5	-	40.0
Policy	1.8	-	-	-	-	-	-	-	-	-	-

5.9.3 Employee satisfaction with the physical environment

Employees were asked about their satisfaction with the work physical environment at baseline and follow-up. The proportion of employees 'satisfied' or 'very satisfied' with the physical environment are shown in Figure 5.7. There was wide variation across projects on change in satisfaction ranging from a decrease of 16% (project K) to an increase in satisfaction by 20% (project B). There was a significant increase in satisfaction with the physical environment in 2 projects (projects B and C).

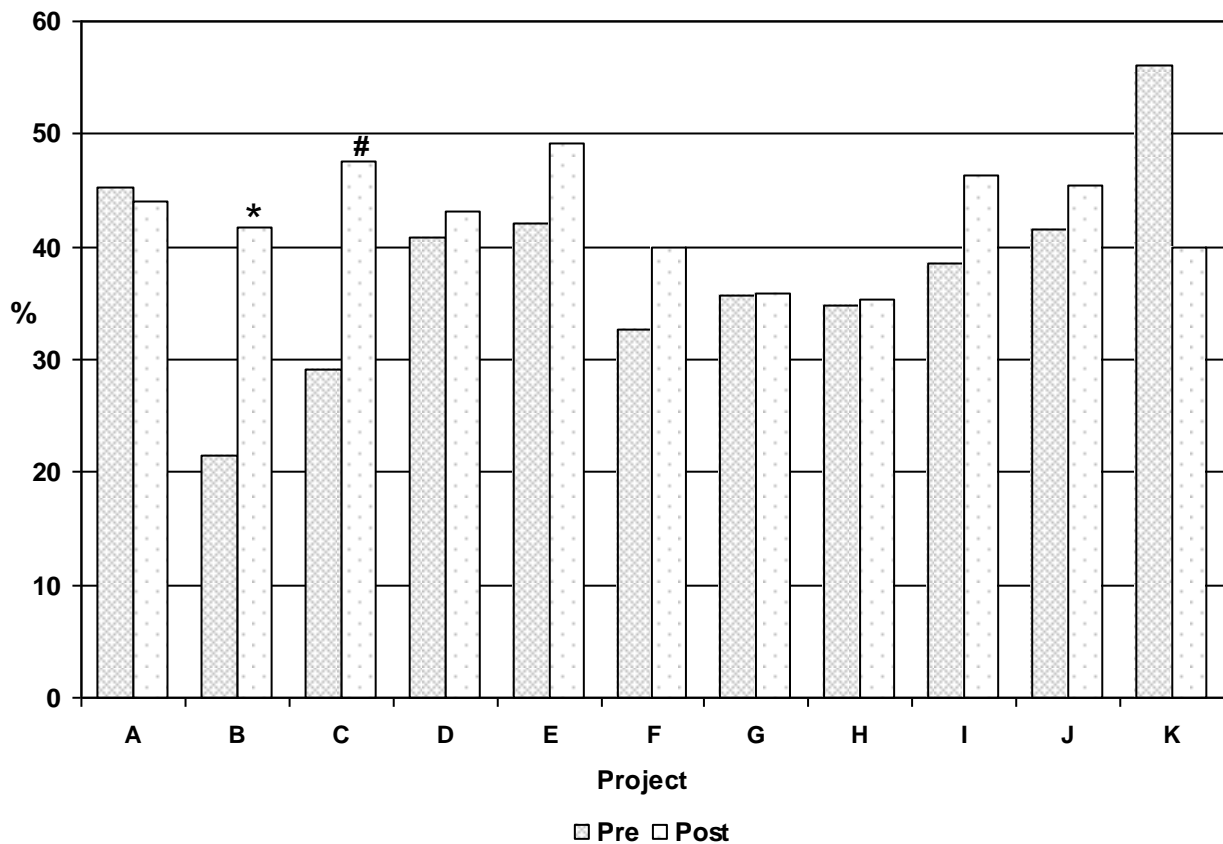


Figure 5.7 Employee satisfaction with the physical environment at work

* $p < 0.05$, # $p < 0.01$

5.10 Key findings

Baseline site assessment

- Forty-seven site assessments were completed at baseline across 32 organisations participating in the project.
- The contexts in which the 11 Well@Work projects took place varied and participating organisations were often situated on multiple sites, occupied multiple buildings or shared buildings with other organisations.
- The overall supportive environment scores across the 11 Well@Work projects at baseline were low (range 23-44%, average 36%) indicating significant potential for workplaces to make changes to the workplace environment that could help support employees in leading a healthy lifestyle.
- Scores on environmental sub scales were generally low across all projects: awareness and education (range 0-24%, average 7%), physical activity (range 16-43%, average 27%), nutrition (range 30-80%, average 52%), smoking (range 23 to 71%, average 45%), and the overall physical environment (range 27- 53%, average 41%).
- Whilst most organisations had a smoking policy of some description in place, no organisations had documented physical activity or nutrition policies.
- The local neighbourhood and amenities in the area surrounding participating workplaces varied; scores on accessibility to facilities in the local environment ranged from 25%-55% and 10 projects scored in the medium range and one in the low range.
- Eight projects scored in the low range and 3 projects scored in the medium range on the supportive cycling environment sub-index; scores on the supportive walking environment sub-index were higher than for cycling: 9 projects scored in the medium range and 2 projects scored in the low range.

Change in supportive environment at follow-up

- Despite the results from the baseline assessment showing the potential for change in all 11 projects, at follow-up only a few changes in the workplace supportive environment had taken place. Changes that had been made tended to be small, non-structural and inexpensive.
- The awareness and education environment was improved in most projects with the provision of project-specific display area or poster boards however, only 3 projects developed project-specific web or intranet pages.
- Changes to the physical activity environment were limited to mostly providing bicycle storage facilities or sports equipment. Only four projects had made or were planning more structural changes to improve the aesthetics of stairwells and provide activity rooms or changing rooms.

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- Making changes to the nutrition environment was restricted in many of the Well@Work projects by existing contracts with suppliers for the canteen or vending machines (see Chapter 7 for more discussion) although improvements were made to provide healthy options in canteens in four projects and five projects increased the availability of healthier options in vending machines.
- All workplaces were required to make changes to the smoking environment as a result of new legislation introduced in England in July 2007.
- Few Well@Work projects made changes to the policy environment. For some organisations this was partly due to being part of larger global organisations whose policies were not under the control of the organisation taking part of the project.
- Lack of grounds in some workplaces limited opportunities for certain activities and provision of facilities.
- Few changes were observed in the local environment surrounding the participating workplaces however this was anticipated as workplaces have less control over changes which can be made in this area. It is noted that some larger employers may have potential to influence local planning, regeneration, provision and maintenance of amenities in the local area.
- Employees' awareness of the changes made to the physical activity environment ranged from 19% to 93%; for the nutrition environment from 70% to 98%; and for the policy environment from 48% to 92%.

Barriers to making changes in the supportive environment

The following barriers were identified through the qualitative evaluation (see chapter 7):

- Context
 - Lack of ownership of buildings/grounds, using facilities which are shared with other workplaces or being based across multiple sites made it difficult to make major structural changes or to make changes that would reach all employees.
- Cost
 - Funding was not available to make major structural changes within the course of the project (although 3 projects have now incorporated new facilities into re-developments of existing buildings).
- Presence of existing facilities
 - Some workplaces did not have existing facilities, such as canteens; therefore changes could not be made in these areas.

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- Access to existing facilities
 - Many workplaces did not have existing space or facilities which could be used for project activities. Workplaces which did have potential facilities were often faced with problems in gaining access to these for project activities as they often had shared use, tending to be used for meetings or training, and project activities were seen as less of a priority.
- Existing catering contracts
 - Existing contracts with catering companies or vending machine suppliers sometimes made it difficult to make changes to the canteen or to food supplied in vending outlets. In contrast in some organisations the catering companies were fully supportive and changes were successfully introduced.
- Focus on individual level interventions
 - Many of the projects focussed on delivery of project initiatives at the individual level rather than making changes at the environment level, possibly as a result of many of the barriers described above.
- Control over budgets/policy
 - Making changes in the physical or policy environments at the organisational can be difficult in UK wide or global organisation where the organisation or site taking part in the project did not have overall control of the budget for these types of changes, or where the project organisation may not have control over company-wide policies.
- Control over local environment and facilities
 - The workplace may have little control over the facilities and walking / cycling environments in the area surrounding the workplace however it may be possible to influence this through contacting local councils and service providers.

Further discussion regarding the barriers to making changes in the physical and policy environment from the perspectives of the employer and the Well@Work project co-ordinators can be found in Chapter 7.

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Overall

- The workplace environment is very important in supporting employees to lead a healthy lifestyle.
- Smaller scale and less expensive changes can be instigated within a 2 year period however making larger long-term structural changes is more challenging and takes more time. A number of barriers often need to be overcome in order to facilitate this type of change.
- Employers need to be made aware of the types of changes that are required in the workplace physical and policy environment to support employees in leading a healthy lifestyle.
- The development of a healthy workplace environment needs support from senior management and should be placed high on the workplace agenda to secure support and funding.
- Larger structural changes to create and maintain a supportive workplace environment and the development of policy around health promotion may be important in developing a sustained organisational and cultural shift towards becoming a “healthy” workplace.

CHAPTER 6: Outcome evaluation: Business-related

6.1 Introduction

There is strong interest in the potential benefits that workplace health programmes can provide to employers in the private, public and voluntary sector. The Well@Work evaluation framework included a component aimed at capturing relevant business-related outcomes available from participating organisations and this was supplemented by items in the employee questionnaire which captured responders' perspectives on five work-related indicators.

6.2 Data sources

- Records from the participating organisations (where available and with agreement from participating organisations)
- Employee questionnaire

6.3 Methods

A review of the literature identified a number of potential business-related indicators that might be improved as a consequence of a successful workplace health promotion project. These are shown in Table 6.1 along with some examples.

Table 6.1 Key indicators for business-related outcomes

Outcome	Examples
Healthcare costs	Where companies have a private healthcare scheme - reduction in claims and costs to the company
Morale / workplace culture	Improved morale Change in workplace culture e.g. flexi-time policy
Injuries / work-related accidents	Reduction in injuries at work Reduction in work-related accidents
Absenteeism	Reduction in absence due to ill-health Reduction in number of employees on long-term sick leave
Staff recruitment / retention	Reduction in staff turnover Reduction in costs for advertising / training new staff Increase in length of service
Productivity	Increase in turnover Increase in profit margins
External image	Increase in applications for jobs Improvement in community perception of company

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Data collection of the business-related outcomes identified in Table 6.1 relied on the co-operation of the participating workplaces. Data were sought from existing data collection mechanisms within each organisation, for example from human resources or occupational health and safety. A survey was sent to each organisation to identify where data were potentially available, and the evaluation team followed up with each organisation to confirm details and arrange access. Where participating organisations agreed, data were sent to the evaluation team.

In addition, items were included in the employee questionnaire to assess employee job satisfaction, perception of the workplace environment, work-related factors (e.g. job commitment, job involvement, job performance) and the effect of employees' health problems on their work. The employee questionnaire was conducted before the Well@Work projects started (at baseline - between July 2005 and March 2006) and after approximately 14-18 months of programme implementation (follow-up). All employees in the participating organisations were invited to complete the 20 page questionnaire at both baseline and follow-up. Further details on the methods are reported in Chapter 2 and a copy of the baseline and follow-up questionnaires and the survey sent to participating organisations relating to the business indicators are in Appendix 1.

6.4 Data analyses

6.4.1 Data supplied by organisations

The quantity and quality of data supplied to the evaluation team for each of the indicators varied. Where available, data provided on a monthly basis for a business-related indicator were analysed to assess the direction and magnitude of change across the time period covered by the data.

Caution is advised in interpreting the results for these business-related data because it is not possible to directly attribute any changes to the effects of the project. Firstly, no data are available from a comparison site and secondly, the indicators of interest are complex and determined by many factors, of which the potential positive effects of a workplace health programme is only one.

6.4.2 Data from the employee questionnaire

Data from the returned paper versions of the questionnaire were entered into the SPSS database. Data from the web version of the questionnaire were downloaded into an Excel file and imported into SPSS. Questions with no response were coded as missing variables. Responses to all questions were checked for range, logic and plausibility. Further details of the cleaning and preparation of data from the employee questionnaire is provided in section 4.4.1.

6.4.3 Computation of work-related variables

Data collected on work-related items were analysed to provide measures of job satisfaction, satisfaction with the physical environment (reported in chapter 5), satisfaction with the social environment, scores for job commitment, job involvement and job performance, and measures of the effect of health problems in limiting the type and volume of work that responders could undertake.

Data for job satisfaction and satisfaction with the social environment are presented as the proportion of responders who were 'satisfied/very satisfied' with each item, overall and by project. Job commitment was measured using six items from the British Organisational Commitment Scale (Cook and Wall, 1980⁸) and a summary index was created by aggregating the scores across the items. The score on the index can range from 1 to 42. Single items were used to assess job involvement, job performance and the effect of health problems on work.

6.5 Results

6.5.1 Survey response

Table 6.2 shows the business-related data identified for potential use by the Well@Work project based on the surveys completed by the organisations and returned to the evaluation team. Despite multiple attempts to obtain data relating to business-indicators from the participating organisations, the quantity and quality of the data received were generally poor. In some instances organisations collected data relating to the business outcomes of interest but were unwilling to share the information with the evaluation team and in others the organisations did not have systems in place to collect the data requested. Where data were supplied it often did not allow for full analysis of the indicators across the duration of the project (i.e. only data for a single time point were provided); in addition, no or limited data were provided for any period prior to the Well@Work project commencing therefore making it difficult to identify any effects that could have potentially been influenced by the project. Data provided on a monthly basis for a period before and during the project, and therefore suitable for summary analysis, are highlighted in black in Table 6.2.

Four projects indicated data were available for workplace morale/culture (projects C, E, F and G) however no data were supplied to the evaluation team. Three projects (A, F and H) indicated that data were available relating to healthcare provision; data were supplied by two projects. Projects

⁸ Cook, J. and Wall, T. (1980). New work attitude measures of trust, organisational commitment and personal need non-fulfilment. *Journal of Occupational Psychology*, 53, 39-52.

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A, E, G, H and J indicated data were available for work-related accidents / injuries and data were received from two projects.

Absenteeism data were expected from six projects (A, C, F, G, H and J) and were supplied by five projects, (C, D, E, F and G). Two projects (G and J) indicated that data were available on productivity, however project G (Hospital) presents data against a large number of key indicators to assess performance (e.g. % of patients receiving treatment within 30 days of diagnosis) rather than productivity and these were deemed inappropriate indicators for the assessment of the Well@Work project. No other productivity data was received.

Data for staff recruitment and retention rates were indicated to be available from three projects (A, G and J) however data were received from projects C, E and G. One project indicated data were available relating to the external image of the organisation (project H) however no data were supplied.

Table 6.2 Summary of potential business-related outcome variables by project

	Project										
	A	B	C	D	E	F	G	H	I	J	K
Workplace morale / culture	-	-	✓	◆	✓	✓	✓	◆	ND	ND	-
Healthcare provision	✓	◆	◆	NA	-	■	-	■	ND	ND	-
Work-related accidents / injuries	✓	◆	◆	◆	✓	◆	■	■	ND	✓	-
Absenteeism	✓	◆	■	■	◆	■	■	✓	ND	✓	-
Productivity	-	-	◆	◆	-	◆	✓	◆	ND	✓	-
Staff recruitment / retention	✓	◆	■	◆	■	◆	■	◆	ND	✓	-
External image	-	◆	◆	◆	-	◆	-	✓	ND	ND	-

✓ = organisation collects data and is willing to share with the evaluation team

◆ = organisation collects data but is unable to share with the evaluation team

- = organisation does not have systems in place collect data

ND = no information available regarding collection of business data

NA = not applicable

■ shading = useable data were supplied to the evaluation team

■ shading = data were supplied to the evaluation team but were not useable

6.5.2 Summary results

No data were provided to the evaluation team for workplace morale / culture and no suitable data were provided to allow for any assessment of healthcare provision.

Two projects (projects G and H) provided data (by month) on work-related accidents/injuries. Both projects commenced Well@Work activities in January 2006. For project G, an overall decrease in the number of work-related accidents/injuries per month from 21 to 8 was observed for the period July 2005 to June 2007 (range 5-24 per month during this time period with several months of missing data). Similarly for project H, a small decrease in work-related accidents/injuries was observed, from 21 to 18 accidents per months for the period January 2005 to June 2007 (range 6-36 per month during this period). There was however considerable variation in the accident rates on a month by month basis in both projects.

Three projects supplied data (by month) on employee absenteeism due to sickness. Data provided by project D showed an overall decrease in sickness absenteeism over a period of 31 months from February 2005 to September 2007 however this decrease occurred largely in the 11 month period before the Well@Work project commenced (January 2006). Absenteeism in this organisation appeared to continue to decline following the start of the Well@Work project suggesting that Well@Work may have contributed to the continued lower levels of absenteeism.

An overall decline in absenteeism was also observed in project F for the period of January 2005 to June 2007. Absenteeism rates appear to show the greatest decline from January 2006 to June 2007, coinciding with the commencement of the Well@Work project (4.3% to 2.2% monthly absenteeism rate) suggesting that Well@Work may have made some contribution to the improvements in absenteeism. In contrast, in project G, trend data provided suggest an overall increase in absenteeism over the period January 2005 to June 2007, although again the absenteeism data showed notable monthly fluctuations. Concerns have subsequently been raised as to the methodological rigour with which the absenteeism data was collected for this project therefore the data should be interpreted with caution.

No data were supplied from any project on productivity. Several organisations collected data on multiple performance indicators but these were not considered appropriate for assessment of the Well@Work project and were not provided to the evaluation team.

One project (project G) provided monthly data for staff recruitment / retention. Over the period July 2005 to June 2007 a small increase in staff turnover was observed.

No data were supplied for external image.

6.5.3 Employee questionnaire: work-related indicators

Job satisfaction

Table 6.3 shows the proportion of responders 'satisfied/very satisfied' with their job and with the social environment at work. At baseline, the proportion of responders 'satisfied/very satisfied' with their job ranged from 27% (project F) to 83% (project K) and satisfaction with the social environment at work ranged from 25% (project F) to 65% (project C). Job satisfaction increased in 6 projects and satisfaction with the social environment at work increased in 8 projects. Statistically significant increases were observed in three projects (projects F, I and J) for both job satisfaction and satisfaction with the social environment, however these projects all had a response rate of 30% or less to the follow-up questionnaire therefore caution should be taken when interpreting these results.

Job commitment

A job commitment index was created across six items with a score ranging from 1 (low commitment) to 42 (high commitment). The mean score at baseline ranged from 29.6 (project C) to 34.1 (project K) (Table 6.4). Increases were observed in seven projects however these were generally small and reached significance in only two projects (projects F and H).

Job involvement

A single item was used to measure job involvement with a score ranging from 1 (very little involvement) to 5 (very strong involvement). At baseline mean scores ranged from 3.4 (project C) to 4.2 (project K) (Table 6.4). There were no changes in scores in four projects at follow-up (projects G, H, I and J). A small increase was observed in projects C, E and F however this was significant in only one project (project C).

Job performance

Self-reported job performance was measured on a scale of 1 (poor) to 7 (excellent). Table 6.4 presents the mean scores by project. At baseline the mean score across the 11 projects ranged from 5.1 (project C) to 5.8 (project K). Job performance improved in 7 projects and a statistically significant increase was observed in three projects at follow-up (projects C, E and G).

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Table 6.3 Summary of results on work satisfaction by project

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% satisfied or very satisfied with their job	Pre-	74.0	57.1	55.3	57.2	66.4	27.3	48.3	46.6	38.7	52.2	83.6
	Post-	56.7	56.0	61.0	57.2	65.1	65.3	52.1	48.6	69.7	58.0	46.7
	Sig.	#	NS	NS	NS	NS	#	NS	NS	#	*	#
	Pre-n	304	84	235	264	428	634	724	219	238	249	67
	Post-n	439	50	172	187	284	265	386	280	122	157	15
% satisfied or very satisfied with the social environment at work	Pre-	60.1	45.2	55.8	47.7	59.4	24.8	38.1	37.5	31.8	44.1	65.7
	Post-	50.7	49.0	64.7	50.5	60.9	57.0	37.4	40.9	58.5	56.2	53.3
	Sig.	#	NS	NS	NS	NS	#	NS	NS	#	*	NS
	Pre-n	303	84	233	262	426	630	712	216	236	247	67
	Post-n	434	49	170	184	281	265	382	281	123	153	15

#p<0.01 *p<0.05

NS = non-significant ND = no data

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Table 6.4 Summary of results on job commitment, job involvement and job performance by project

		Project										
		A	B	C	D	E	F	G	H	I	J	K
	Pre- total	N=307	N=86	N=235	N=265	N=430	N=635	N=739	N=221	N=255	N=250	N=67
	Post- total	N=441	N=50	N=173	N=187	N=284	N=266	N=386	N=282	N=124	N=171	N=15
Job commitment	Pre-mean	30.1	30.8	29.6	30.3	32.1	30.8	31.4	30.9	33.9	34.0	34.1
	SD	6.3	5.6	6.7	7.1	6.0	6.4	6.7	6.9	6.1	6.1	5.5
	Post- mean	30.5	28.5	30.9	31.1	32.6	33.3	30.5	32.4	34.3	32.2	30.3
	SD	6.9	6.5	5.9	6.7	6.8	5.7	7.1	6.1	5.9	7.2	6.6
	Sig.	NS	NS	NS	NS	NS	#	*	#	NS	*	NS
Job involvement	Pre-mean	3.8	3.6	3.4	3.7	3.7	3.6	3.8	3.6	3.9	3.8	4.2
	SD	0.9	0.9	0.9	1.0	0.9	1.1	1.0	1.1	1.0	1.0	0.8
	Post- mean	3.5	3.4	3.6	3.6	3.8	3.7	3.8	3.6	3.9	3.8	3.1
	SD	1.0	1.0	0.9	0.9	0.9	1.1	1.0	0.9	0.9	1.1	1.2
	Sig.	#	NS	*	NS	NS	*	NS	NS	NS	NS	#
Job performance	Pre-mean	5.5	5.2	5.1	5.4	5.4	5.4	5.5	5.4	5.3	5.6	5.8
	SD	1.0	1.1	0.9	1.0	1.0	1.0	1.0	1.1	1.1	0.9	1.0
	Post- mean	5.5	5.4	5.4	5.6	5.6	5.5	5.7	5.4	5.4	5.6	5.8
	SD	1.0	1.0	0.8	1.0	0.9	0.9	1.0	1.0	0.9	0.9	1.0
	Sig.	NS	NS	#	NS	#	NS	*	NS	NS	NS	NS

#p<0.01 *p<0.05 NS = non-significant ND = no data

Effect of health on work

Table 6.5 shows the proportion of responders who reported that health problems affected the type or volume of work they could undertake 'all or most of the time', 'some of the time' or 'little or none of the time'. At baseline the proportion of employees' whose work was affected 'little' or 'none of the time' ranged from 78% (project H) to 95% (project A). A positive result would be an increase in the proportion of responders indicating problems affected their work 'little' or 'none of the time' and a decrease in the proportion of responders reporting health problems limited work 'all' or 'most of the time'. The results at follow-up were favourable with an increase in the proportion of responders whose health problems limited work 'little' or 'none of the time' in eight projects along with a corresponding decrease in the proportion of responders indicating health problems affecting work 'all' or 'most of the time'. Positive changes were statistically significant in two projects (projects C and H).

6.5.4 Perceptions of project effect on work-related indicators

Employees' perceptions of the effect of the project on work-related indicators were collected using 2 questions at follow-up. The following summary results exclude project K due to the low response rate in this project (n=15). The proportion of responders who "agreed" or "strongly agreed" with each item are reported in Table 6.6. The following items were assessed: agreement that the project helped the responder to improve their performance at work (ranged from 12% in project H to 33% in project G); and agreement that the project changed the way the responder felt about their job (ranged from 15% in project H to 33% in project C).

Table 6.5 Effect of health problems on work

			All / most of the time	Some of the time	Little / none of the time	Sig.
Project A		Pre-	1.0	4.3	94.7	
Pre- total n	261	Post-	2.3	9.6	88.2	#
Post- total n	380					
Project B		Pre-	2.4	8.3	89.3	
Pre- total n	75	Post-	2.1	2.1	95.8	NS
Post- total n	47					
Project C		Pre-	3.0	11.3	85.7	
Pre- total n	210	Post-	0.0	7.6	92.4	*
Post- total n	153					
Project D		Pre-	3.8	9.1	87.1	
Pre- total n	231	Post-	3.2	8.1	88.7	NS
Post- total n	161					
Project E		Pre-	3.0	7.2	89.7	
Pre- total n	387	Post-	1.8	7.4	90.8	NS
Post- total n	255					
Project F		Pre-	3.6	9.3	87.0	
Pre- total n	575	Post-	2.6	6.8	90.6	NS
Post- total n	246					
Project G		Pre-	3.1	10.9	86.0	
Pre- total n	382	Post-	2.6	12.8	84.6	NS
Post- total n	344					
Project H		Pre-	7.7	14.4	77.9	
Pre- total n	169	Post-	4.3	6.4	89.4	#
Post- total n	253					
Project I		Pre-	4.2	14.2	81.7	
Pre- total n	199	Post-	1.7	9.1	89.3	NS
Post- total n	99					
Project J		Pre-	1.6	12.5	85.9	
Pre- total n	217	Post-	2.6	9.9	87.4	NS
Post- total n	149					
Project K		Pre-	1.9	3.8	94.3	
Pre- total n	48	Post-	13.3	0.0	86.7	NS
Post- total n	12					

#p<0.01 *p<0.05

NS = non-significant ND = no data

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Table 6.6 Employee perceptions on the effects of the project on work-related indicators

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% agree/strongly agreed the project helped the responder to improve their performance at work	%	16.4	27.3	27.5	22.2	15.3	13.7	32.7	12.3	12.4	27.7	50.0
	n	330	44	149	135	163	205	223	220	97	112	10
% agree/strongly agreed the project changed the way the responder felt about their job	%	16.9	23.8	32.5	18.2	19.4	16.7	32.0	15.0	20.9	29.2	45.5
	n	344	42	151	143	165	210	222	226	91	113	11

6.6 Key findings

Collecting data on business-related outcomes from organisations

- Several participating organisations did not collect data relating to the key business-related indicators of interest and in those that did the frequency of collection and the format in which the data were collected were often not suitable for analysis by the evaluation team.
- Despite multiple attempts to obtain data relating to business outcomes from participating organisations that did collect data, the quantity and quality of the data provided to the evaluation team was poor.
- No data were available to assess the impact of Well@Work on workplace morale / culture, productivity or external image; no suitable data were provided to allow any assessment of healthcare provision.

Changes in business-related outcomes

- A decrease in work-related accidents/injuries was observed in 2 projects (project G from July 2005 to June 2007 and project H from January 2005 to June 2007); however there was considerable variation in the accident rates on a monthly basis.
- A decrease in absenteeism due to sickness was observed in project D; however this decline was evident in the time period prior to the start of the Well@Work project.
- A decrease in absenteeism was observed in project F and appeared to coincide with the start of the Well@Work project.
- Well@Work projects may have contributed to the decline in absenteeism in two projects however the change can not be directly or solely attributed to the Well@Work projects.
- A small increase in staff turnover was observed in project G.
- Overall, insufficient objective data were available to quantify the impact of Well@Work projects on business-related indicators in the participating organisations.

Changes identified from the employee questionnaire

- Self-reported level of job satisfaction increased in 6 projects and the change between baseline and follow-up was statistically significant in projects F, I and J.
- Satisfaction with the social environment at work increased in 8 projects and the change between baseline and follow-up was statistically significant in projects F, I and J.
- Small increases were observed in the job commitment index in 7 projects but reached significance in only 2 projects (projects F and H).
- Job performance improved in 7 projects and a statistically significant increase was observed in three projects at follow-up (projects C, E and G).

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- A potential reduction in the impact of health issues on work performance may have occurred during the Well@Work projects (self-report data); the changes were statistically significant in two projects (projects C and H).
- Employees' agreement that the Well@Work project had improved their performance at work ranged from 12% (project H) to 33% (project G) and that the project had changed (positively) the way they felt about their job ranged from 15% (project H) to 33% (project C).

CHAPTER 7: Qualitative evaluation

7.1 Introduction

The Well@Work evaluation framework included a substantive qualitative evaluation component to capture the experiences and perspectives from those involved in programme delivery as well as from employees – both participants and non-participants. This chapter provides a summary of the qualitative data and descriptive analysis across a number of key theme areas. These theme areas were identified from the literature and current experience in workplace health and formed the basis of the interview and focus group questioning.

- Roles and Responsibilities
- Project Planning and Implementation
- Management Support
- Communication
- Employee Engagement
- Indicators of Success

Additional questioning explored the wider context of the individual workplaces and any issues that may have negatively or positively influenced the implementation and success of the projects.

The structure of this chapter provides a summary of the opinions and experiences firstly from the project co-ordinators, followed by the workplace champions, key informants and lastly the employees. The final discussion section brings together the results from all perspectives and explores areas of agreement and difference.

7.2 Data sources

- Interviews with project co-ordinators (baseline and follow-up)
- Interviews with key informants (baseline and follow-up)
- Focus group discussions (and brief survey) with workplace champions
- Focus group discussions with employees (at follow-up only)
- Quarterly Monitoring Reports (submitted by project co-ordinators)
- Employee questionnaire (selected items from follow-up survey only)

7.3 Methods

The methods for collecting the qualitative data are described in detail in Chapter 2. In brief, the evaluation team conducted in-depth interviews with project co-ordinators (here on referred to as

'co-ordinators') and key informants⁹ at baseline. At follow-up, 18-20 months later, repeat interviews were conducted with the co-ordinators and where possible the same key informants as at baseline. Also at follow-up, focus group discussions with employees were conducted in 9 of the 11 projects. Copies of the semi-structured questionnaires used are in Appendix 1. Table 7.1 outlines the key theme areas of interest along with the specific topics that formed the core content for questioning in the interviews and focus group discussions.

7.4 Data analyses

All tape recordings of interviews and focus groups were transcribed by an independent administrative assistant. Responses to the brief survey conducted at the start of the focus group discussions were collated into Word documents by a member of the evaluation team. Relevant data reported by the project co-ordinators in the Quarterly Monitoring Reports were extracted and collated into a separate Word document.

All interview and focus group transcripts and collated focus group surveys and Quarterly Monitoring Reports were read by one member of the evaluation team and all responses manually assigned to the relevant analysis topic heading. All data were then imported into NVivo7 and "auto-coded" using the topic headings within each of the 6 theme areas. Two members of the evaluation team analysed and coded the content of each topic for emerging views and opinions. The large volume of data required the six theme areas to be divided between one of two analysts.¹⁰ Regular meetings were held to discuss emerging content and to allow for cross-referencing of findings. Baseline interview data were analysed first followed by the data from follow-up interviews (project co-ordinators, workplace champion and key informants, respectively). Employee focus group data were analysed last. This order was purposively selected to allow an understanding of the different perspectives across the six theme areas to develop separately. The final task was to compare and contrast the opinions and perspectives across all data sources.

In addition to the above data sources, responses to the open-ended questions included in the employee follow-up questionnaire exploring satisfaction with the programme were extracted. During the questionnaire data entry process, these responses were entered separately into a word document and imported into NVivo7 by the evaluation team. These responses were reviewed after completion of the interview and focus group analyses to identify consistent or contrasting perspectives from the wider employee population.

⁹ Key informants were individuals identified from the workplaces in discussion with the project co-ordinators and preferably senior management and individuals with some involvement in the Well@Work projects.

¹⁰ The support in coding and analysing the interview and focus group data from Dr Jessica Lee (School of Sport and Exercise Science at Loughborough University) is gratefully acknowledged.

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Table 7.1 Summary of theme areas and topics for interviews and focus groups discussions at baseline and follow-up

Theme Area	Baseline Topics areas for the questions in interviews with Project Co-ordinators and key informants	Follow – up: Topics areas for the questions in interviews with Project Co-ordinators and key informants	Follow-up: Topics areas for focus group discussion with Employees
Roles and Responsibilities	<ul style="list-style-type: none"> ▪ Hopes and expectations for roles of the project co-ordinator ▪ Hopes and expectations for roles of the workplace champions ▪ Role of local steering committee ▪ Success in establishing networks/links with local initiatives ▪ Type of leadership required for project ▪ Who will provide project leadership and direction? ▪ Expected skill and knowledge development during project ▪ Additional training expected / planned ▪ Expected capacity and resources needed for a health promoting workplace 	<ul style="list-style-type: none"> ▪ Role of and challenges faced by the project co-ordinator ▪ Importance of dedicated project co-ordinator role ▪ Role, recruitment and challenges of workplace champions ▪ Role of local steering committee and others ▪ Success in establishing networks/links with local initiatives ▪ Where did the leadership and direction for the project come from? ▪ Skill / knowledge development during project ▪ Training opportunities provided / received ▪ Additional funding acquired ▪ Other external links made 	<ul style="list-style-type: none"> ▪ Role of the project co-ordinator ▪ Importance of dedicated project co-ordinator ▪ Role of the workplace champions ▪ Challenges faced by the workplace champions
Project Planning and Implementation	<ul style="list-style-type: none"> ▪ Development and use of action plans / project frameworks ▪ Challenges and barriers to implementation – overall and for specific project areas e.g. physical activity, nutrition, smoking etc. ▪ Plans for the workplace environment – and challenges ▪ Current status of health related policies 	<ul style="list-style-type: none"> ▪ Development and use of action plans / project frameworks ▪ Project planning – who played what roles ▪ Challenges and barriers to implementation - overall and specific project areas e.g. physical activity, nutrition, smoking etc. ▪ Challenges to changing the workplace environment ▪ Challenges to changing the workplace policy environment ▪ What did and didn't work well 	<ul style="list-style-type: none"> ▪ Experiences and attitudes towards the project: ▪ Participation in the project events and activities ▪ Barriers to participation ▪ Barriers to participation of specific project areas e.g. physical activity, nutrition, smoking etc. ▪ Project areas and activities liked best / least ▪ How can programme be improved ▪ Awareness and impact of changes to workplace facilities / environment and policy
Management Support	<ul style="list-style-type: none"> ▪ Priority workplace places on employee health and well-being ▪ Importance and level of management support needed ▪ Developing management support ▪ Challenges and difficulties in obtaining senior management support ▪ Maintaining management support 	<ul style="list-style-type: none"> ▪ Priority placed by the workplace / management on employee health and well-being ▪ Importance and level of management support needed ▪ Was management support obtained, if so how and are the indicators? ▪ How was management support developed and maintained ▪ Challenges and difficulties in obtaining management support ▪ Impact of level of management support on project 	<ul style="list-style-type: none"> ▪ Priority placed by the workplace / management on employee health and well-being ▪ Importance and level of management support needed ▪ Was senior management / line management support obtained? ▪ Indicators of management support ▪ Impact / effect of level of management support on project participation

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Theme Area	Baseline Topics areas for the questions in interviews with Project Co-ordinators and key informants	Follow – up: Topics areas for the questions in interviews with Project Co-ordinators and key informants	Follow-up: Topics areas for focus group discussion with Employees
Communication	<ul style="list-style-type: none"> ▪ Plans for communication channels / networks ▪ Importance of communication and with whom ▪ Challenges of communication 	<ul style="list-style-type: none"> ▪ Communication channels / networks established / used ▪ Successes of project communications ▪ Priority audiences ▪ Communication challenges / difficulties faced ▪ Use of project branding 	<ul style="list-style-type: none"> ▪ Success of communication/promotion of the project ▪ Ease of finding out project information ▪ Most effective methods of communication ▪ Problems with project communication ▪ Suggestions for improvement
Employee Engagement	<ul style="list-style-type: none"> ▪ Importance of employee engagement / involvement ▪ Methods for and challenges faced in engaging employees ▪ Indicators of success in engaging employees ▪ Employee roles in programme planning and implementation 	<ul style="list-style-type: none"> ▪ Methods used for engaging employees ▪ Challenges/difficulties in engaging employees ▪ Indicators of successful employee engagement ▪ How to reach 'the hard to reach' ▪ Recommendations on how to engage employees planning and implementation 	<ul style="list-style-type: none"> ▪ How were employees engaged ▪ Best methods for employee engagement ▪ Successfully engaged employee groups ▪ Un-engaged employee groups ▪ What more could have been done ▪ Employee role in programme planning and implementation
Success and Sustainability	<ul style="list-style-type: none"> ▪ Expectations and definitions of success ▪ Expected indicators of success ▪ Any positive unintended consequences of the project experienced / expected ▪ Any negative unintended consequences of the project experienced / expected ▪ Intentions / plans for project sustainability 	<ul style="list-style-type: none"> ▪ Appraisal of overall successes ▪ Did the project meet baseline expectations of success ▪ Observed indicators of success ▪ Unexpected successes ▪ Any positive unintended consequences of the project experienced ▪ Any negative unintended consequences of the project experienced ▪ What is in place for project sustainability 	<ul style="list-style-type: none"> ▪ Main successes ▪ Assessment of whether project has met needs and interests ▪ Changes observed to workplace as a result of project (morale/communication etc.) ▪ Interest in future participation of activities ▪ Interest in the project continuing
Contextual Appraisal ¹¹	<ul style="list-style-type: none"> ▪ Key drivers for workplace involvement in Well@Work project ▪ Priority of workplace health within business agenda ▪ Internal / external agendas or pressures that might impact on the project ▪ Political or commercial agendas that might impact on the project 	<ul style="list-style-type: none"> ▪ Key drivers for workplace involvement in Well@Work project ▪ Priority of workplace health within business agenda ▪ Internal / external agendas or pressures that might impact on the project ▪ Political or commercial agendas that might impact on the project 	<ul style="list-style-type: none"> ▪ Opinions on purpose and drivers of project ▪ Knowledge of aims / objectives of project

¹¹ Questions exploring contextual appraisal formed part of the opening discussions in all interviews and focus groups

7.5 Results

7.5.1. Interviews and focus groups conducted

Overall a total of 50 interviews and 22 focus groups were conducted across both baseline and follow-up. Twenty interviews were conducted at baseline, 9 with the individual project co-ordinators and 11 with identified key informants from across the different organisations. At follow-up 30 interviews were conducted, 9 with the same co-ordinators as at baseline and 21 with key informants. Due to practical constraints and availability only 4 of the 21 key informants interviewed at follow-up had been interviewed at baseline. Table 7.2 summarises the number of interviews and focus groups by project and provides an indication of the key informants' position within the participating organisations.

Sixteen focus groups were conducted with employee groups across the 11 projects. Four focus groups were conducted with workplace champions (hereon referred to as champions) and one focus group was conducted in project E with local steering group members. One opportunistic focus group was conducted with 5 of the project co-ordinators and one external service provider at the final Well@Work network meeting.

Data from 54 quarterly monitoring reports submitted by the 9 project co-ordinators throughout the duration of the projects were included. These reports contained the thoughts and experiences of the co-ordinators on project implementation. A total of 582 comments were provided as open-ended responses by employees completing a follow-up questionnaire.

7.5.2. Participant characteristics

Project co-ordinators

As detailed in Chapter 1, the 9 project co-ordinators' held different positions across the Well@Work projects in terms of being full-time or part-time and / or either based within or externally to the organisation (for example within the local PCT or Leisure Trust). Two project co-ordinators supervised two separate projects (B and K; D and H). Three project co-ordinators had responsibilities for projects implemented across multiple organisations (projects E, I, J).

Key informants

Thirty-two interviews were conducted with 28 different key informants across 10 of the 11 projects. Many key informants were from human resources (4 at baseline and 6 at follow-up) or directors or managers (3 at baseline and 7 at follow-up). Eight key informants identified themselves as the key facilitators for their organisations involvement in Well@Work at the outset. A further 5 key

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informants interviewed at follow-up identified themselves as having played a significant role in the development and running of the projects, volunteering because of their own interest or getting involved because it was considered consistent with either their formal role and areas of responsibility or the department in which they were positioned. These 13 key informants described themselves as “facilitators” of the projects and are hereon referred to as ‘workplace advocates’ for the Well@Work projects. The remaining 15 interviewees had, by their own admission, not played a “hands on” role in the projects and tended to be “supporters” or observers of the projects in their organisations. It was noted that the majority of data collected from the key informant interviews came from the 13 workplace advocates and are highlighted in Table 7.1.

Employees

A total of 128 employees participated in the 16 focus groups. The number of employees attending each focus group ranged from 5 to 16. Just over one third (36%) of participants were male, 88% identified themselves as “white” in ethnic origin, 5% Asian British, 1% Asian, 4% Black British, 2% Black, 1% mixed and 1% other. Although deliberate efforts were made to include representation of employees who had not participated in the Well@Work projects, only 9% of participants reported no participation in any Well@Work project activities.

Workplace champions

Twenty-four workplace champions from 4 projects (A, B, I and J) participated in the 4 focus groups and completed a brief survey. Additional data were obtained from a further 7 champions (from the same 4 projects) via a survey asking them about their experiences in their role.

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Table 7.2 Summary characteristics of baseline and follow-up interviews and focus groups

	A	B	C	D	E	F	G	H	I	J	K	TOTAL
BASELINE												
Interviews: Project Co-ordinators	✓	✓ *	✓	✓ *	✓	✓	✓	✓ *	✓	✓	✓ *	9
Key Informants	Human Resources Officer	x	Head of Human Resources †	Head of Human Resources †	x	OH Nurse † / Head of Human Resources / PCT rep	Director ✧	OH Nurse † / PCT Rep	x	x	Managing Director † / Business Development Manager	11
Total number of interviews	2	1 *	2	2 *	1	4	2	3 *	1	1	3 *	20
FOLLOW-UP												
Interviews: Project Co-ordinators	✓	✓ *	✓	✓ *	✓	✓	✓	✓ *	✓	✓	✓ *	9
Interviews: Key Informants	Human Resources Officer / Customer Service Director	Managing Director / Head of Human Resources / PA to Managing Director ✧	Head of Human Resources † / Human Resources Officer ✧ / 3 Team Leaders	Head of Human Resources † / External Provider	PCT Head of Health Promotion †	OH Nurse ✧ / Head of Human Resources	Director ✧	OH Nurse † / Health and Safety Manager	x	Managers from 2 SMEs †	Health and Safety Manager ✧	21
Total number of interviews	3	4 *	6	3 *	2	3	2	3 *	1	3	2 *	30
Focus Groups: Employees	1	1	4	1	1	2	2	2	x	2	x	16
Focus Groups: Workplace Champions	1	Employee working group	x	x	Steering Group	x	x	x	Informal focus group at WC meeting)	1	x	5
Total number of focus groups [^]	2	2	4	1	2	2	2	2	1	3	0	22 [^]

Bold text = same key informant interviewed at baseline and follow-up

* Denotes project co-ordinators overseeing 2 projects (B and K; D and H). Only 1 interview was conducted with each co-ordinator at both baseline and follow-up.

[^] Total also includes focus group conducted at follow-up with 5 project co-ordinators

† Denotes the 8 workplace advocates who facilitated their organisations involvement in Well@Work.

✧ Denotes the 5 key informants who at follow-up indicated playing a key role in the project development

PCT= Primary Care Trust, WC=workplace champion, SME=small-medium sized enterprise

7.6 Project co-ordinator perspectives

A. Roles and responsibilities

Views on their role as the project co-ordinator: There was consensus among the 9 project co-ordinators that the overall responsibility for the Well@Work project rested with them. They described their role as the facilitators or “do-ers” of the projects and saw themselves as providing the day-to-day planning, organisation and implementation and thus they were ultimately the driving force behind their respective projects.

The development of “innovative” ideas for project content was seen as a central part of the co-ordinators job, as was communication, motivation and engagement of employees. At baseline, the need to get to know the organisational structures and hierarchies, ways of working, culture, as well as the need to build relationships and trust with the management and employees, was recognised as an important aspect of the co-ordinators role. These role attributes were reiterated at follow-up. An additional role reported at baseline was the need to work to ensure the sustainability of the Well@Work project post funding and empowering the organisations to continue after the pilot stage.

In discussing the necessary skills and experience for a workplace project co-ordinator, a combination of either previous project management experience or being able to access different resources were identified as an important, desirable generic skill by most co-ordinators. Interpersonal communication skills and the ability to build positive relationships within the workplace setting were also deemed essential. There was disagreement as to whether previous experience in a health promotion role was required. Those co-ordinators with no previous experience in the field felt that this was not an essential prerequisite, although these comments came from co-ordinators based within Primary Care Trusts (PCT) and with access to resources and expertise for support.

Indeed, co-ordinators based externally to the workplace itself identified this as being potentially useful in their role due to the advantages of the support and networks afforded by being located within, for example, a PCT / Leisure Trust. The positive affiliation with an external agency such as a PCT and the “NHS health badge” in particular, brought validity and recognition to the role of the co-ordinator from employees and management. Initial concerns raised by co-ordinators based externally, such as being viewed as an “outsider” and making it harder to engage with employees, did not appear to be realised.

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Being employed internally within the organisation appeared to offer the co-ordinator different benefits, such as access to the resources and contacts within their departments and the organisation. Another perceived benefit was better interaction with employees who, in turn, were considered more likely to view the project as “part of the organisation.” Two internally based co-ordinators spoke about the advantages of being on site on a daily basis for the development of key interactions, networks and communication channels needed to effectively run the project. The opportunities for “incidental interactions” were also highly valued.

Despite the different advantages of being either internally or externally based, there was strong agreement that the best way to achieve an understanding of the organisation and its structures was for the co-ordinator to have a “visible presence”, to “get into the fabric” and “the culture” of the organisation and to “put a face to the project”. The co-ordinators based externally recognised this early on and took actions to ensure that they spent time on-site each week for the duration of their projects.

All co-ordinators reported that the help and support from the workplace advocates within the organisations was essential in assisting the them in their roles. Co-ordinators relied on these key individuals, particularly in the early stages of the projects, for their “insider knowledge” of the organisation and knowing who to communicate with in order “to make things happen”. Externally based co-ordinators noted that support from the advocates played an important role as a “point of contact” for employees on any project related queries when they themselves were off-site.

There was consensus on the need for a dedicated co-ordinator role for any workplace health promotion initiative, primarily because of the issue of time. Setting up, running and managing the individual Well@Work projects was reported to have been extremely time consuming, especially in the early stages. It was believed that it would have been far too time consuming for an individual within an organisation to take on the additional role alongside their existing work responsibilities. It was also deemed necessary that the role should be full-time but the reasons offered for this were dependent on the co-ordinators experiences and their specific employment situation. For those co-ordinators looking after multiple organisations it was essential in order to have sufficient time to devote to each of the organisations. For those looking after a single organisation the full-time status provided the scope for “maximum impact” of delivery.

It was conceded by all co-ordinators that the Well@Work pilot timeframe of two years created added pressures and demands of their time. Co-ordinators expressed that their desire and ambition to do the “best they could” within the two years may have increased the pressure to do more in the pilot period than perhaps would be expected “normally”. The co-ordinators also noted the evaluation requirements were more than might be expected under “normal circumstances”.

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The support offered by the Well@Work pilot (i.e. network events, access to BHF and the evaluation team at Loughborough) was noted as being of great use to the co-ordinators but these were seen as being unique to the pilot study and thus, again, not “normally available”.

Views on the role of the workplace champions: The development of workplace champions was seen as an important strategy for project implementation and success. There was general consensus among co-ordinators at follow-up of the common roles carried out by the champions and these matched the expectations of the role at baseline. The roles included: 1) Helping run the project (planning and implementation of initiatives); 2) Communication (raising awareness, encouraging staff, providing feedback to the co-ordinator and managers); and 3) sustainability of the projects. Indeed at follow-up, sustainability of the projects in the workplace was viewed as highly dependent on the champions and their attainment of sufficient skills, experience and interest.

For particular organisations, for example those with shop-floor/manufacturing or shift-workers, the champions played a vital role in introducing the co-ordinator and helped build communication with sometimes difficult to reach, employee groups. The role of the champions was viewed as particularly important by those co-ordinators with more than one organisation or multiple sites to look after and by those co-ordinators based externally. In these circumstances the champions were able to provide a daily project presence when co-ordinators were not on site themselves. This was particularly true for the two part-time co-ordinators, who were also overseeing multiple organisations.

Recruitment of workplace champions was either by nomination from managers, volunteering in response to advertising, or invitation from the co-ordinator having identified the employee participating in project activities. Co-ordinators found that champions who volunteered were more successful and had more interest in their role compared to those who had been nominated.

Co-ordinators saw the training and supporting of the champions as part of their own role. The importance of providing champions with relevant training for their role was highlighted by one externally based co-ordinator who reported that the champions had tended to “stick with what they knew” and as a result only assisted in implementing activities that they “felt most comfortable with”.

Co-ordinators identified a number of key challenges perceived to have been experienced by the champions: 1) Lack of available time to dedicate to the role due to work commitments and pressures; 2) The low position of authority of the champion in the workplace could make it hard to reach management; 3) Communication problems / failures between the co-ordinator and champions, especially noted by the externally based and part-time co-ordinators.

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Some workplace champions had more formal and structured roles and where this was the case, the co-ordinator tended to see the champions role as more successful. In some of the larger organisations formal roles allowed champions one or two hours per week to spend on Well@Work tasks, although actual workloads often did not allow them to use this time fully. Although potentially desirable, making allowances in paid time was not possible for all workplaces, particularly those with fewer staff and / or smaller budgets. In these circumstances co-ordinators suggested recruitment of more than one champion was needed, so that time can be shared amongst colleagues who can also provide each other with support and help alleviate the impact of high staff turnover and workloads.

One particular challenge within organisations with shop-floor / manufacturing staff was with the low authority of the champion who might not be accepted by their colleagues and struggle to gain access to management. Regular communication between the co-ordinator and champions was vital and was more difficult for part-time and external co-ordinators. Although most managed to identify and address this problem early on, managing the involvement of the champions was a task that co-ordinators generally found difficult and despite their positive impact was one of the greatest challenges identified by co-ordinators at follow-up.

Views on the role of the local steering group: At baseline the co-ordinators expected the steering groups to provide ongoing support, guidance and expertise and thereby provide help to the co-ordinators in the planning and implementation of the Well@Work projects. At follow-up, co-ordinators were mostly positive about the contribution of the steering groups in the early start up phase, however many indicated this changed over time and that some steering committees failed to maintain or live up to expectations. Seven of the 9 co-ordinators reported that their steering group had not been as involved as they could have been and instead had become a “passive” group. In these situations the co-ordinators simply provided progress reports as opposed to receiving proactive engagement. A number of co-ordinators felt that a more visible involvement from the steering group may have helped to have raise the profile of the Well@Work projects and further demonstrate to employees and management the involvement and support of external bodies.

Several co-ordinators expressed frustration with the practical aspects of getting the steering group together and the variable commitment of members resulting in difficulties and missed opportunities to fully utilise their expertise. However, other co-ordinators were more complimentary and had favourable experiences of approaching the steering group and receiving helpful responses and advice. Only one co-ordinator noted that their steering group had consciously not been consulted as it was felt to have added “red tape” and delayed progress.

B. Project planning and implementation

All co-ordinators agreed that an action plan was extremely useful. It provided accountability and a record of programme activities and also provided the project and co-ordinator with direction and focus with set milestones to work towards. Although project direction, planning, and content were overseen by the co-ordinators, all agreed that the ideas for Well@Work initiatives had to come from the employees themselves. As such, employee input via needs assessments and interactions with the co-ordinator were sought in all projects. Champions and employee “working groups” played an important role in bringing forward employees ideas and needs to the attention of the co-ordinators. Consultation with senior management was important to gain their input and key individuals within the organisations played an important role in advising the co-ordinators on what activities may or may not work as a result of knowing the employee culture and ‘internal politics’.

The majority of action plans were relatively short term (up to 6 monthly) and were regularly revised. Co-ordinators agreed that action plans had to be flexible to the needs of the employees and things that “may crop up”. Indeed, all co-ordinators acknowledged that at some point their plans ‘fell over’ often this was because other activities were added or because the timing of implementation tended to take longer than expected. Action plans were usually put together by the co-ordinators following consultation with champions, management and other key individuals. For those co-ordinators supervising more than one organisation developing actions plans was a much larger task and initially champions were encouraged to take responsibility for their respective organisations action plans. However, at follow-up co-ordinators acknowledged that many of the champions had struggled with this task and needed more support and experience.

What worked well? Several types of events and activities were universally popular and viewed as successful across the majority of the Well@Work projects. Physical activity initiatives were considered to be the most popular of all areas covered with some co-ordinators reporting that these were the “easiest to sell” to employees. Team based challenges and competitions were also considered extremely popular. The majority of these focused on physical activity (examples included pedometer and cycle challenges) although several projects also ran team weight loss competitions. Co-ordinators felt that employees liked the team element as well as the incentives offered (e.g. prizes for the winning teams) and that the employees could often take part in them during the working day.

‘One-off’ events were considered popular by the co-ordinators, with some suggesting that these were cheaper to run. Other co-ordinators indicated that ‘one-off’ events had been deliberately selected to provide a variety of initiatives and thus appeal to a wider range of employees and different staff groups and interests. It was also hoped that ‘one-off’ events would encourage staff

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to experience new activities and engage employees who were reluctant or unable to commit to participating in a course or programme of activities over a period of weeks, including shift workers.

Health checks were identified as very popular with 8 of the 11 projects implementing these and reporting them to be extremely well received and attended. Screenings were usually held in work time and over lunch time, with staff allowed time to attend at allotted slots. Co-ordinators provided anecdotal evidence of several employees receiving health information leading to large lifestyle changes and engagement in the project.

Challenges to implementation: Co-ordinators identified several recurring challenges to implementing the Well@Work projects. Those co-ordinators supervising multiple organisations and sites noted that the practical logistics of managing and splitting their time across sites was a major barrier, particularly for the two part-time co-ordinators and those co-ordinators located some distance from the participating organisations. The geographical distances between sites were problematic, not least because it contributed to time constraints. Co-ordinators working with more than one organisation noted the additional challenge due to the diversity between organisations in size, type, culture and management styles, and thus each required a different approach which was noted to have increased their the work loads.

Three co-ordinators identified sourcing local external providers and resources (e.g. specialist personnel such as exercise instructors, dieticians) as difficult. For smaller organisations many external, commercial providers were extremely costly and therefore not viable. Having multiple sites spread over large distances prevented shared initiatives. Furthermore, sourcing providers or resources from across different local authorities / Primary Care Trusts was reported as extremely time consuming.

At baseline shift workers were identified as a potentially challenging group of employees to involve and this remained a key difficulty at follow-up. Staff rotation across different shift patterns created practical problems for running any courses or classes over a series of weeks. Also, the nature of certain work environments (e.g. the hospital) meant that staff may not actually finish working when their shift officially ended. The length of the shifts (12 hours in some organisations) was also highlighted as having had a negative effect on employee's interest and preparedness to participate. Co-ordinators reported that often the employee attitude was "to come in, do their shift, and go home". Similar difficulties were experienced in organisations where a high proportion of workers were employed on a part-time basis.

Physical Activity: The main challenges to implementing physical activity initiatives were similar across all co-ordinators. A lack of access to shower and changing facilities was identified at

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baseline as a potentially limiting factor to participation. However, despite this early recognition few projects had installed new facilities or found alternative solutions and this remained a barrier to employee participation at follow-up. Other physical limitations identified by a number of projects included the lack of sufficient on-site space or facilities in which to host physical activity related events or classes.

A number of co-ordinators noted that issues of liability and health and safety were a concern to their organisation and yet carrying out a risk assessment as part of the planning for physical activity initiatives was time consuming. This was particularly true for small and multiple site projects where it was impossible for the co-ordinator to conduct risk assessments in every organisation, for every activity. Moreover, smaller, individual organisations also had limited staff capacity to undertake these liability assessments and tended not to have access to health and safety personnel for consultation and advice.

Nutrition: Making changes to company canteens and vending machines was difficult to undertake within the two year time frame due to externally contracted caterers. This was predicted to be a problem at baseline and most co-ordinators reported that they struggled to make progress in these areas at follow-up. Several co-ordinators noted that sometimes the 'healthier options' were more expensive and this was a disincentive to employees interested in changing their dietary patterns. Examples of easier nutrition-related initiatives included running 'Fruity Fridays' and the provision of 'free fruit bowls' although the logistics of distributing these was noted as a problem for projects with multiple sites.

Smoking Cessation: Smoking cessation was an area in which most co-ordinators hoped to implement programmes but at baseline some reported sensing potential resistance from employees. Particular practical problems were experienced in the hospital and care home settings where staff, patients / residents as well as visitors shared the same public areas making it difficult to encourage staff to quit. However, the introduction of the new smoking legislation during the Well@Work Programme time period meant that all organisations became smoke free by July 2007 and thus efforts were focused on planning cessation support services or signposting employees to external services.

Stress / mental health and alcohol awareness: All co-ordinators conceded that the areas of stress, mental health, drugs and alcohol were the least well addressed in their respective projects. These were considered to be uncomfortable issues to address and that there was a "taboo" or "stigma" attached to them. Concerns about employees' sensitivity and confidentiality were expressed by a number of co-ordinators, whilst others noted that these issues were perceived as uncomfortable by management. Indeed, it was noted that in one company the topic of stress was

specifically not addressed for fear that any increase in employee awareness would actually lead to increases in stress-related absenteeism.

The physical workplace environment: Making changes to the physical environment in and around the workplace was identified as important by the co-ordinators as it developed trust amongst employees and that “visible improvements” indicated the organisations’ commitment to “give something back to employees”. However, despite an emphasis on the need for environmental changes at baseline, it was conceded by co-ordinators at follow-up that only a few, small non-structural physical changes had actually taken place (examples included the provision of pool bikes, improvements in cycle storage and the installing of water coolers). Environmental changes were seen as difficult for a number of the smaller organisations because they were situated in shared buildings thus making it difficult to alter the workplace environment without wider consultation and agreement. Co-ordinators noted that major changes to the physical environment required financial investment and thus top level management support was necessary, yet to get this commitment required evidence on the need for these changes and thus the evaluation results were necessary to help “make the case.”

Policy: All co-ordinators indicated that developing a workplace health promotion policy, either a holistic policy or several policies addressing different areas (i.e. physical activity, nutrition, smoking, stress and alcohol) was important and that such policies would illustrate the organisations commitment to the Well@Work project and the health of their employees. However, across the 11 projects, a specific and formal project policy was developed in only two of the organisations (projects A and J).

Whilst not a formal policy change, the majority of co-ordinators reported that organisations had made changes to include health-related issues (and the Well@Work project) on the agendas at management and team meetings. At baseline only a few organisations reported having a flexi-time policy and at follow-up few co-ordinators reported any change. However, in several cases management were noted to have been generally co-operative and agreed to let staff take part in some initiatives during work time. In a number of organisations new staff induction packs had been ‘revamped’ to include Well@Work project information.

As with the physical environment, co-ordinators felt that strong management support was needed for developing new or altering existing policies. Gaining this support required access to management and thus the position of the workplace champion was an important barrier or enabler. It was noted by several co-ordinators that policy development might be better achieved by waiting till later phases of the workplace health project when some successes (“wins”) had been demonstrated as this would give the policy and project added value and purpose.

C. Management support

There was consensus amongst co-ordinators on the importance of management support and that it is essential for the success of any workplace health promotion project. Senior, middle and line management had to be seen as supportive and ideally openly demonstrate their support and endorsement for the project and encourage staff to participate. Management assistance was also considered important in helping to disseminate project information to staff. Co-ordinators considered management support as necessary on two levels: 1) support for them in their role as project co-ordinator, and 2) support for the project initiatives.

At baseline, most co-ordinators considered that management in their respective organisations placed a high priority on the Well@Work projects. Some co-ordinators stated this was because the projects were closely linked with key drivers for participation in the Well@Work programme, for example a reduction in absenteeism. However this was not universal and other co-ordinators perceived their management support to comprise only of the approval for a Well@Work project to take place in the organisation. At follow-up, many co-ordinators felt they had secured good relations and that management support for their role and the projects had developed as any positive results and employee benefits had been demonstrated. However, this was also not universal and mixed levels of management support were perceived across projects. Co-ordinators who had less management support suggested that this may, in part, be due a lack of management understanding of what was required from both them and their staff at the beginning of the project. Examples or indicators of management support were through their participation in activities with their staff and allowing employees flexible time to participate in initiatives during work time. Two co-ordinators noted that their organisations had included the project in their budget for the next financial year and had started to invest in some environmental changes (namely allocation of space in a new development for a on-site gym).

Developing management “buy-in” and support required meeting with managers and attending management meetings. Wherever possible, including Well@Work on management and board level meeting agendas was important for enabling communication with management about the project. Key individual members of staff or management were also reported to have played an important role in helping to increase the visibility of the Well@Work project with management. It was universally agreed that the best way to develop and maintain management support was through regular contact and by providing project updates and results. However, gaining regular contact with management was not always easy. Getting sufficient time and interaction with senior management, or managers not making time for the co-ordinator or project, were reported as barriers at follow-up.

D. Communication

Co-ordinators considered all stakeholders involved with the Well@Work project (including, employees, managers, health practitioners, the evaluation committee, and steering groups) as important partners with which to communicate on a regular basis. At baseline, however only a few co-ordinators had any communication plans, yet by follow-up, clear and regular communication at all levels had been acknowledged by most co-ordinators as vital for success.

Most co-ordinators used existing channels of communication within the organisations such as newsletters, email, and websites, although some employed more direct methods such as attending staff meetings. Email, newsletters, and posters were most frequently used. The communication channels used appeared to be fairly similar across projects although externally-based co-ordinators seemed more likely to rely on email compared to their internally situated counterparts. At follow-up, the use of the workplace champions was seen as a significant and effective communication channel.

The challenges to good communication were the limited reach of messages as a result of unreliable communication networks, both human and electronic. The reach of email was hindered in some cases by limited staff access to a specific computer, particularly in the case of factory floor workers, and also the failure or 'crashing' of email systems. Relying on managers and workplace champions was also identified as a potential weakness in the communication chains, although this problem only became evident at follow-up and was identified only by co-ordinators who were external to the organisation. Despite their efforts and these noted challenges it was acknowledged by co-ordinators that sometimes project messages just did not reach all employees.

E. Employee engagement

All co-ordinators regarded employee engagement as essential and were unanimous that the project content must involve input and ideas from employees themselves. Moreover, employees were seen to have an important role in the implementation of the project activities. At baseline, all co-ordinators had clear strategies of how they planned to engage employees; the most popular methods were through conducting needs assessments, the development of workplace champions, through both informal and formal face-to-face contact with the employees and by attending team / department meetings. Face-to-face interactions proved more difficult for those co-ordinators supervising projects with multiple sites and organisations, those employed part time and those based externally. In these circumstances the co-ordinators relied more heavily on the workplace champions.

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Several co-ordinators identified the health checks as a useful way of motivating and engaging employees. Many co-ordinators noted they had involved employees who expressed interest in, or requested certain activities and suggested they act as informal champions, helping to organise and motivate staff to participate. The help and support of committed individual employees by providing “encouragement to their peers” was considered to be important in building employee ownership of the projects.

Involving employees was not always a straight forward process. Several co-ordinators reported at follow-up their frustrations that having interacted with the employees via needs assessments, and implementing requested initiatives, participation rates were at times disappointingly low. In addition, the majority of co-ordinators noted that at some period during their projects the organisation had experienced some form of change, this included internal restructuring, financial cutbacks and / or redundancies (both threatened and actual). These were perceived by the co-ordinators to have had a demoralising effect on the staff which may have affected employees’ willingness to engage with the Well@Work projects.

The importance of management support has been previously discussed and a lack of management support and poor dissemination of information were highlighted as particular barriers to engaging employees in some projects. Ensuring all employees were engaged was an added challenge for those co-ordinators looking after a number of organisations or with multiple sites, due to the issues already mentioned of splitting their time. This was proved to be further difficult still for those part-time co-ordinators.

Successful engagement of employees involved gaining staff trust, in both the co-ordinator and the Well@Work project. However, several co-ordinators noted that a “culture” of “employee scepticism” and “distrust of management” existed (particularly in the manufacturing organisations) and that this may have affected employees’ willingness and level of engagement with the project. In particular, despite co-ordinators trying to persuade staff to the contrary, there was residual concern among some employee groups over the use of their personal health data. An additional concern, expressed by a number of co-ordinators was the possible negative effect of the length of the baseline questionnaire and in one or two projects problems with the online/electronic versions.

The overall feeling among co-ordinators at follow-up was that, in general, staff had been successfully engaged in the projects, as indicated by participation numbers in the Well@Work events and feedback they reported receiving from employees. However, there were a number of distinct employee groups who were identified as not having been so successfully engaged: shift workers; part-time employees; short-term contracted employees and those employees regularly working off-site. These hard to reach groups were noted at baseline and reiterated at follow-up.

Shift and part-time workers were a challenging group to engage because of the difficulties in implementing events at times that would be suitable for them to attend and as such attempts were made to address this, e.g. running events at multiple times. Despite this, co-ordinators reported receiving feedback that the shift workers still felt excluded. This was considered to be unfair as specific efforts had been made to implement events and yet participation rates had been disappointingly low. Problems were also experienced in those organisations with high levels of staff turnover due to the large proportion of employees on short-term contracts. This made it difficult to target known employee groups and maintain workplace champion involvement.

F. Success and sustainability

At baseline co-ordinators identified 7 indicators of success for their projects (Table 7.3) reflecting their hopes for increases in knowledge, participation in programmes and changes in employee lifestyle behaviours and associated work-related changes, such as improved morale and communications. At follow-up it was evident that co-ordinators perceptions of 'success' for their projects had changed, with evidence of a scaling down of expectations, probably reflecting their experiences of what was practical and realistic to achieve in a two year timeframe.

At follow-up and with time to reflect on their experiences, co-ordinators rejected their expectations of 100% employee engagement and now considered this as not possible and unrealistic. They suggested that projects like Well@Work need to take a long term perspective because it takes time to reach the unmotivated, sceptical or uninterested employee groups. The co-ordinators strongly recommended working with those employees who show early interest (early adopters) to get the project started and create early successes and that these successes should be communicated as widely as possible. All co-ordinators agreed that it took time, persistence and constant communication of the health messages to increase the reach of employee engagement.

At baseline, being recognised as a leading or "role model" organisation was identified by several co-ordinators and some hoped that the Well@Work project would positively impact on the organisations public (external) image. At follow-up only two co-ordinators commented on progress in this area, although several other co-ordinators considered that the projects had received "good press" for their organisations. Two projects reported that they had been approached by other companies requesting information on their Well@Work projects and for advice on initiating their own workplace programmes. One co-ordinator noted that this interest extended beyond companies in the local area, having been approached by different organisations throughout the UK.

Overall, despite the challenges there was a consensus among co-ordinators that the projects had, to differing degrees, generally been successful and “made a difference” in their respective organisations. To gain a quantitative assessment of the co-ordinators appraisal of their projects overall success, at follow-up, co-ordinators were asked informally to rate their projects success on a scale of 1 to 10 (1 least successful – 10 most successful). The responses ranged from 5 - 8 (average score of 7) reinforcing the general impression of the interviews that most co-ordinators felt there was still some room for improvement. However, all co-ordinators felt that as a time limited, 2-year pilot project, they had been under pressure to make it a “success” despite the short time frame limiting what could be done and achieved in practice.

Table 7.3 Project co-ordinator’s indicators of success

Indicators of success identified at baseline	Indicators of success identified at follow-up
1. Strong participation rates	1. Increased awareness of health messages
2. Changes in positive lifestyle behaviours (especially PA levels)	2. Giving staff the opportunities to try new things
3. Increased staff moral	3. Increased interest and motivation
4. Improved communication	4. Staff enjoyment of activities
5. Increased awareness of health messages	5. Individual lifestyle changes
6. Role model organisation	
7. Sustainability of the project	

In terms of sustainability, all co-ordinators discussed the importance of the workplace champions’ role beyond the pilot phase. However, most co-ordinators felt that the organisations and the champions would require on-going support. In particular the overall direction and leadership role was still needed and that a project co-ordinator type position was required.

The cost of sustaining the Well@Work projects was identified as being a significant factor and securing funding or a budget from within the organisations was deemed necessary. Co-ordinators acknowledged that a number of the interventions had been costly and only feasible due to the external funding available through this pilot and that it was unrealistic to expect the organisations to continue supporting these financially. In contrast, one or two co-ordinators reported their surprise at how inexpensive and cost effective a number of initiatives could be to implement. A notable success for 7 projects was that the organisations had agreed to the projects continuing post the pilot phase and had allocated funding, resources and in some cases the employment of a project co-ordinator (albeit in a reduced capacity) for the next financial year.

7.6.1 Summary: project co-ordinator perspectives

- There was strong agreement on the importance of the project co-ordinators' role in providing the project direction and making sure initiatives were planned and implemented. Co-ordinators required good communication with key individuals within the organisation and knowledge of the structures and ethos of the organisation was essential and took time to accumulate.
- Workplace champions provided support to the co-ordinator and were key players in the long term sustainability of the workplace health programmes. Different experiences of recruitment and roles for the champions existed and many co-ordinators felt more could have been done in this area.
- An 'advocate' (supporter or 'sponsor') within the organisation was important to assist the project co-ordinators in their role and provide support for the Well@Work project.
- The steering committees do not appear to have fulfilled the expectations of the project co-ordinators.
- Management support was universally seen as an essential component to success of the Well@Work projects, yet it was difficult to gain and maintain given time constraints of both the project co-ordinator and senior management.
- Getting health on to the agenda of key high level committees was an important mechanism to building management support and was helped by having key allies (supporters) at the management level.
- Communication with all stakeholders, and particularly senior management and employees, was universally recognised as critical for a successful workplace health project.
- Employee engagement was deemed essential for the success of the Well@Work projects. However, it was difficult to reach some groups, such as part time workers, shift workers and those on factory floor.
- Co-ordinators recognised the need to work with interested employees early on and over time reach out to the more difficult to engage groups of employees.
- A range of indicators of success for Well@Work projects were identified by projects co-ordinators (increased knowledge, participation in programmes, changes in employee lifestyles and work-related changes, such as improved morale and communications). Although at follow-up, co-ordinators perceptions of 'success' had changed, with evidence of a scaling down of expectations, probably reflecting their experiences of what was practical and realistic to achieve in a two year timeframe.
- At the end of two years, 8 out of 11 projects reported continuation in one form or another which represents demonstrable evidence of achieving sustainability, at least in the mid term. Other projects have influenced organisations in their sector and some have received recognition for their work via awards and achievements (e.g. 'Business in the Community' award).

7.7 Workplace champion perspectives

A. Roles and responsibilities

Views on their role as a workplace champion: Three primary roles were identified to have formed the main duties of the workplace champions, these were: 1) Identifying employees ideas, needs and wants and bringing these to the attention of the project co-ordinator; 2) Motivating and encouraging employees to participate in the project initiatives; and 3) Taking responsibility for specific project areas and helping to organise and implement initiatives.

Common tasks undertaken by the champions included administrative responsibilities for the planning and organising of events and activities and preparation of materials, including promotional flyers and posters and completing evaluation forms. Where an organisation had more than one champion the division of responsibilities reflected the champions' interests in specific project areas e.g. bike maintenance, yoga. Champions reported spending between 1 to 2 hours per week during working hours on project-related tasks, although several champions also reported spending additional time outside of their working hours (i.e. in their own time).

Three main reasons were identified for becoming a champion these were: 1) Nominated by a manager; 2) Fitted in with their job role / responsibilities; 3) Volunteered in response to the project co-ordinator asking for interested individuals. Many of the champions expressed an interest in helping to improve staff health and often these individuals had a keen and a prior interest in health / fitness / exercise / well-being.

Those champions who felt that the role had been thrust upon them appeared less happy with their position. These champions reported a lack of clarity and understanding of their role and what was required or expected of them which was noted to have been a major stumbling block for the fulfilment of the role. Additionally, a lack of knowledge and understanding of the project aims and objectives made it extremely difficult for them to advocate the project to their fellow employees. Receiving training to help champions in their role was deemed important and also provided an opportunity to share experiences and ideas with other champions and the project co-ordinator. However, a number of champions felt that they had received little formal training which hindered them in their role.

The champions identified a number of key challenges to fulfilling their role. All noted that the planning, organising and implementation of the project activities was time consuming and often took longer than expected. These time constraints and juggling daily job responsibilities were

identified as major problems, especially by those champions for whom no scheduling of their (champion) role had been made in their job descriptions.

Champions from smaller organisations, with externally based project co-ordinators, felt that the responsibility for the projects fell largely on their shoulders. This was especially so when there was only one champion in the organisation and support and assistance from their fellow employees was lacking.

There was consensus that the project responsibilities were time consuming and too much for one individual to take on in addition to their daily job responsibilities. As such all agreed that having more than one champion in an organisation to share the responsibilities was necessary and increased the capacity to assist with the workplace health initiatives. Multiple champions provided cover for absenteeism, work commitments and staff turnover and thus allowed for better project continuity.

Views on the role of the project co-ordinator: The overall direction, leadership and drive for the Well@Work projects were viewed as the responsibility of the co-ordinators, who in turn were perceived to have brought experience, knowledge and local contacts to the projects and who, unlike the champions themselves, were “specialists” in the area. Co-ordinators were considered an important source of support and guidance and provided champions with ideas for project content. The presence and role of the co-ordinator was viewed as validating the organisations commitment to the project and their roles as workplace champions.

Views on the role of the local steering group: The majority of champions were not aware of the existence of a steering group and were unsure of their role although many speculated that they may have been set up as extra support for the co-ordinator.

B. Project planning and implementation

Champions from smaller organisations reported more direct involvement in the development of Well@Work project action plans. However, guidance and support from the co-ordinator with suggestions of activities was essential, especially in the early stages of the projects. The champions viewed the plans as useful in recording how the projects were progressing, what they had achieved and what they were planning to do.

What worked well? Physical activity based initiatives were identified as the most popular because they were practical, fun and social events. In contrast, many of the nutrition programmes tended to be educational in nature and were harder to engage employees with ways having to be

found to “make them fun” and “engaging”. ‘One-off’ events were also considered to be popular and provided employees with a variety of initiatives and appealed to different members of staff. ‘One-off’ events were also viewed less burdensome for the champions to organise compared to classes or programmes running over a series of weeks. The health checks were noted as having been extremely popular with employees, providing certain individuals with a “wake up call” and encouraging them to make positive changes to their lifestyles and to engage and participate in other project activities.

A number of champions expressed their surprise at how inexpensive many of the interventions had been to implement. The importance of providing free or subsidised activities was noted and the champions reported having made conscious decisions to implement activities that were free or as cheap as possible for staff to participate in.

The physical workplace environment: Champions reported that few changes had been made to the physical workplace environment. Those noted included the installation of new bike racks and healthy vending machines. The champions reported that making changes was difficult due to being situated in shared and / or rented office accommodation which limited the ability and opportunity to be able to alter their surroundings.

Policy: Although two champions reported on the development of health-related policies and that these were available on the intranet for all employees to access, there was some scepticism as to the actual use and impact of the policies. The champions believed that employees took little notice of policies and that “actions speak louder than words”, implying management needed to visibly show their support and intentions, not only stating these in a policy document. Discussions on the utility of a health-related policy indicated that the policy development process may help in acting as a lever for champions to gain access to management.

C. Management support

All champions agreed that management support for the projects was essential, and that this support needed to be highly visible and communicated to employees and provided on two levels: 1) support for the workplace champion role; and 2) support for the Well@Work project. Discussions revealed mixed experiences amongst champions in terms of the level of management support for their role; some felt the support and encouragement had been more than adequate, others believed it had been lacking. Several noted that whilst their management said they were enthusiastic about the Well@Work projects many were not forthcoming in their efforts to demonstrate this to employees (e.g. limited management participation, encouragement and

assistance). The absence of visible management support and encouragement was believed to have had a negative effect on employee engagement with the projects.

The position of the workplace champion within the hierarchy of the organisation was considered important and a small number of champions noted their position had been a barrier to gaining respect and access to management.

D. Communication

The champions noted that constant promotion and reinforcement of project activities, information and encouragement to participate were needed. A number of communication channels were identified, the most popular were email, leaflets, newsletters and face-to-face interaction with employees from both the project co-ordinator and the champions. Word of mouth communication and recommendations from participating employees was another positive method of communication. The “best” method of communication for “drumming up interest” was identified as face-to-face contact by the champions or co-ordinators. This simultaneously provided opportunities for any fears and preconceived ideas the employees may have had to be allayed. However, this method was noted to be the most time consuming and most easily and practically done in smaller organisations. This further reinforced the observation of the need for more than one champion in an organisation.

E. Employee engagement

A number of champions expressed concerns that employee participation in the projects was lower than expected. However, it was acknowledged that there would always be some employees with little or no interest in the projects and so to expect 100% engagement was unrealistic. Persistence was required to provide and promote the opportunities and encourage participation. Several champions noted that employees often complained of work commitments and time constraints limiting their ability and willingness to participate in project initiatives. A reluctance from a number of staff to engage in project related activities outside of work hours was also noted. Responding to employees input in the project needs and planning was important in order to sustain employee interest, enthusiasm and motivation. Indeed, several champions from the one project reported experiencing delays in getting “approval” for their proposed activities which resulted in “employee enthusiasm draining away”.

F. Success and sustainability

Overall the champions felt that the Well@Work projects had been successful and across all focus groups five main areas of success were identified:

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1. Improved staff interaction and communication
2. Increased staff awareness and interest in health and well-being
3. Improved staff morale
4. Better work-life balance
5. Opportunities to try new things / activities

There was obvious interest among the champions for the projects to continue, however they felt that they would need continued support from a project co-ordinator type role in order to continue in as a workplace champion. Indeed, many expressed concerns as to whether the projects could continue without such support at the end of the pilot phase.

Two champions reported that their respective businesses had signed up for a commercial accreditation scheme which was going to provide this continued support and guidance. However, it was acknowledged that had payment been required to have joined the scheme they would not have opted to sign up. Similarly champions from the voluntary sector organisations expressed concerns over the sustainability of their projects due to the lack of disposable resources and funding. One champion suggested that organisations such as those in the voluntary sector, unlike private and commercial companies, do not have the infrastructures, resources or capacity to readily accommodate workplace health promotion efforts. More support and assistance was requested from local authorities and Primary Care Trusts to link their health promotion efforts and programmes in to the voluntary sector and other publicly funded organisations. Specific examples suggested included making their personnel, resources and facilities more readily and freely accessible by such organisations.

7.7.1 Summary: workplace champion perspectives

- Overall, the workplace champions who participated in the focus group discussions perceived the Well@Work projects to have been generally successful and there was clear interest for the projects to continue.
- Champions agreed on the importance of the project co-ordinator role for the development and successful implementation of the projects and for the provision of ongoing support to the champions.
- Champions indicated the need for clear roles and responsibilities and training as essential.
- There was concern about the feasibility of sustaining the Well@Work projects due to a lack of funding, resources and capacity, and the need for a project co-ordinator in some capacity.
- Management support was viewed as essential for both the workplace champions in their role and for engaging employees.
- Opinions varied on whether the level of management support had been sufficient across the Well@Work projects. Some champions believed the lack of visible management support and encouragement had negatively effected employee engagement.

7.8 Employer / Key informant perspectives

A. Roles and responsibilities

Views on the role of the workplace advocate: As previously described in section 7.5.2 (participant characteristics) the key informants interviewed fell into two distinct groups: 13 of the 28 key informants identified themselves as the main facilitators and ‘supporters’ of the Well@Work projects in their respective organisations and noted that they had been very engaged, acting as advocates for the Well@Work projects. The remaining 15 key informants reported having a more passive role, as “observers” of the Well@Work projects in their organisations.

The important role of the ‘advocate’ was acting as the organisational lead and “first point of contact” for the project co-ordinator, providing advice and introducing the co-ordinators to the business context, workplace culture and to the necessary people within the organisations that would be instrumental for the Well@Work project success. The role of the advocate was viewed as important because most of the co-ordinators were new to the participating organisations and many saw the advocate as providing a link between the co-ordinator, management and staff.

Another important aspect of the advocate’s role was working closely with the co-ordinators in the planning of the projects, specifically to ensure the benefits to the company were fully considered, checking that the proposed activities met the needs of the employees and the business and thus linking the Well@Work project with other business initiatives and objectives. In projects where co-ordinators were externally based, advocates appeared to be involved in more tasks related to the day-to-day running and implementation of initiatives. At follow-up, the advocate role was identified as important in helping to ensure that projects were sustainable at the end of the pilot.

The main challenge to the advocates was a lack of time to commit to the project whilst balancing their own work commitments. Several noted that project-related tasks and meetings were often time consuming. Two advocates noted that a lack of support from the working group (workplace champion equivalents) meant that the project related duties fell solely to them, limiting what could be implemented and achieved in the timescale. Another advocate (also an assistant director in the organisation) admitted to not having fully understood the what was required of them at the outset and this was considered to have had a detrimental impact on the project and the support they offered to the workplace champion.

Views on the role of the project co-ordinator: All key informants viewed the project co-ordinator to be responsible for the direction of the Well@Work projects, the development of new ideas and interventions, the sourcing and accessing of providers and resources and overall co-ordination and

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communication of project activities. One key informant described the co-ordinator as “the glue holding the project together” and many agreed that a central role of the co-ordinator was to provide the “passion”, “energy” and “enthusiasm” to “sell well-being” to the employees. Much was made of the personal attributes of the individual co-ordinators and notably their efforts and importance of being the “face of the projects” and the formation of positive relationships with both employees and management. All key informants believed these roles to be “instrumental to the success of the project.”

An advantage of the project co-ordinator role was their “expertise” and knowledge of health promotion and their ability to “tap into” local providers and resources. This expertise was something that the informants felt neither they themselves nor the organisation (or their employees) had internally. The co-ordinators presence on-site was valued as it helped them to get to know the organisations and the business culture and was necessary to build relationships and sustain the projects visibility and momentum. For those projects where co-ordinators were externally based, the informants were adamant that the projects would not have “taken off” to the same extent had the co-ordinator not spent time on-site each week.

Having an external and independent co-ordinator to run the Well@Work projects was believed to have provided additional advantages, helping gain employee “buy-in” and engagement because they were seen as unrelated to management and the organisation. The provision of external personnel was also considered to have illustrated to employees that the organisation was a caring employer, and where this involved links to the PCT, this also brought an external validation to the co-ordinator role and the Well@Work project. Several key informants noted the value of continuity in the co-ordinators position and that this was important for maintaining project momentum.

At follow-up there was general consensus amongst key informants from all projects that the co-ordinators had far exceeded expectations and they had been “fundamental to the projects success”. All informants suggested that the dedicated co-ordinator role, especially in the early stages, had been essential. Indeed, one informant stated that the co-ordinator had been “the single most valuable asset that the project had”. The primary reason for this emphasis was that the dedicated co-ordinator had the time to commit and dedicate to the development and implementation of the projects. The project requirements, especially in the early stages, were deemed too time consuming for it to be “added” on to an existing employees work responsibilities. Indeed, many of the key informants noted constraints on their own time to work on the project and believed that without the co-ordinators the projects “wouldn’t have happened”.

Interestingly, at follow-up several key informants noted that although the co-ordinator had been employed full-time, they felt the organisation was now in a position to sustain the Well@Work

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project. Having had the help of the co-ordinator to set the project up and access local contacts and resources, they felt it would be possible to continue the project in-house with the assistance of some external support and guidance from a 'co-ordinator type' role, as and when needed. These comments suggest that in the later stages of a health programme the co-ordinator role is not needed full-time.

Views on the role of the workplace champions: Key informants viewed the workplace champions as assistants or supports for the co-ordinator in the implementation of the projects, taking on responsibilities for different project areas, helping to raise awareness and to encourage and motivate staff to participate in different events and activities. The champions were viewed as important to the sustainability of the projects after the pilot phase. "Getting the right individual" for the champion role was critical; the individual had "got to want to do it". Indeed, one key informant described how their project had been slow starting as a result of having the 'wrong' champion in position.

Several key informants provided details on the challenges perceived to have been experienced by their champions. The most frequently noted was a lack of time for the champions to do this role in addition to their formal work commitments, particularly for those who had restricted flexibility in their job role (i.e. factory / line workers). Three key informants suggested that a lack of clarity of the role and responsibilities expected of the champions may have hindered their efforts in the projects. At follow-up, another informant also noted that their own lack of understanding and awareness at the outset of what was required of the workplace champions meant they had not been as fully supportive as they could have been. Overall at follow-up, the comments indicated that the development of champions had been fairly successful but was one area where improvement and continued development was needed.

Views on the role of the local steering group: At baseline key informants expected that the steering groups would help to set the project agendas and objectives, oversee and monitor the project progress and provide experience, knowledge and ideas. However, at follow-up many believed that the steering group had become somewhat passive and acted only as a body to report to, only monitoring project progress rather than steering both the co-ordinator and the project. Three key informants from 3 different projects were not even aware of the existence of a steering group at follow-up whilst a number of others were unsure as to what role the steering group were meant to be playing.

B. Project planning and implementation

The majority of comments on the planning and implementation of Well@Work projects were provided by the 8 workplace 'advocates' however most of the other key informants were aware of the existence of some form of action plan for the project in their respective organisations. The actual planning of interventions, sourcing of providers and resources and the implementation was seen to be the responsibility of the co-ordinators. Workplace advocates' saw their role as advising the co-ordinator and helping them "pitch" the project initiatives to the employees and organisations. They also acted as a "sounding board" for proposed activities and "vetting" them to ensure they were "appropriate". Employee input was recognised as being important for the planning to ensure that "they were given what they wanted". Several of the advocates who had assisted the co-ordinator in the planning tasks described how the action plans had been "organic" and "reactive to the needs of the employees". One advocate also mentioned the importance of considering 'seasonality' when planning events and activities.

Involving workplace champions in generating project ideas, planning and implementation was desirable, however it was noted that workplace champions with no previous experience and little or no knowledge of the different project areas struggled with this task, particularly in the smaller organisations where the project co-ordinator was also externally based. Key informants from projects with multiple organisations felt that the co-ordinator acted as a "trainer" helping with suggestions for possible activities and advice on how to implement these. Workplace advocates from several projects expressed some disappointment in the level of support and help that they had received from their respective working group members.

What worked well? Events implemented as a result of employees ideas and those in which employees helped to organise were reported to have worked particularly well. The two most successful initiatives commonly mentioned were health checks and challenges / competitions. Key informants provided anecdotal evidence that the health checks had provided employees with personalised health information and education and motivated them to make lifestyle changes and engage in project activities. Several specific examples of individual employees having important and potentially serious health issues identified were shared. The health checks were described by one key informant as the "backbone of the well-being project". All key informants from projects that had implemented health checks were keen for them to continue on a regular basis. In all cases, the health checks were carried out by external providers which was considered to have been beneficial because employees viewed it as an additional "unpaid benefit" provided by the organisation.

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Team challenges and competitions (such as pedometer and cycling challenges and team weight loss competitions) were reported to have been popular among employees (both office and factory staff) because they could participate during the working day. These activities were also seen to have been useful in enhancing communication and relationships between employees and improving team building.

Challenges to implementation: The most commonly cited challenge to implementing the Well@Work projects was the work commitments and time constraints of employees which limited their ability to participate in the project activities. It was viewed as difficult to balance the needs of the business and be proactive in promoting health whilst being flexible in “releasing” or “allowing” staff to participate (where necessary) in work time. Key informants from manufacturing, health care organisations and those from the prison highlighted the difficulties in releasing staff to participate in project activities due to the nature of their work and minimum requirements for the number of staff to be on duty at any one time, as well as health and safety issues which constrained movement around the workplace. This contrasts with the flexibility of office workers. Key informants from smaller organisations reported having a lack of surplus of staff to provide cover for those participating in project activities. One informant described their frustrations with staff seeing the project as a workplace initiative and therefore “expecting time off work to participate.” Changing staff attitudes to take responsibility for their own health, to make lifestyle changes and participate in activities and initiatives’ outside of working hours was identified as a key challenge.

At baseline and follow-up, the difficulty of reaching certain employee groups was noted. In the manufacturing, hospital and prison organisations (which operate “24-hour businesses”) reaching staff working on rotating shifts, including weekends was identified as a major barrier. Rotating shift work was highlighted as a constraint for running regular classes and implementing activities at suitable times to be accessible by all employees.

A major challenge, reported by key informants from two projects was the departure of the project co-ordinator half way through the project. As a result of the project co-ordinator leaving, the “drive” for the project, access to funding and contacts to external providers and support for the Well@Work project had stopped. Thus the absence of the co-ordinator was noted to have had dire consequences, to the extent that the projects had almost “died a death” and “ground to a halt”.

A practical challenge was identified by informants from organisations which needed to source providers and facilities from multiple local authorities due to the geographical locations of the organisations. A lack of suitable space and facilities was also cited at follow-up as having

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constrained some project activities. Furthermore, it was often difficult to obtain service providers for activities to reach the night shift workers.

A number of key informants were conscious that certain employee groups tended to be “resistant to change” and that “cynicism towards the project” existed. Therefore, proving to employees that the project was not going to be a “flash in the pan” and ensuring that the project was sustainable at the end of the pilot was noted to be very important.

Physical Activity: Three specific challenges to implementing physical activity initiatives were identified at follow-up. The most frequently reported barrier was a lack of sufficient on-site space and facilities. Secondly, the surrounding physical environment of the organisation was often not suitable for encouraging activities such as lunch time walks or active transport. Thirdly, shift patterns and the length of the shifts were identified as particular problems, both in terms of finding a suitable time to run a programme of activities and employees’ willingness to participate in physical activities.

Nutrition: Only three key informants noted any changes to the canteen. Overcoming staff resistance to altering the canteen menus was seen as a challenge and in one organisation canteen profits were significantly decreased following the introduction of healthy options. Canteens run by external catering companies hampered making changes in the short term. On a positive note, informants from one manufacturing organisation described how the catering manager (from an external provider), had engaged positively with the Well@Work project and was thus more receptive and proactive in implementing healthy changes. Additionally, a small number of organisations were situated in shared buildings, making it hard to make changes to the canteen that also serves other companies not involved in the Well@Work pilot. Overall, the promotion of the healthier options to staff was noted to have been an area that could have been improved.

Smoking Cessation: Particular problems in implementing smoking cessation initiatives were identified in the hospital setting because staff, patients and visitors shared the same public areas, making it hard to encourage staff to quit smoking. At baseline key informants felt there would be strong staff resistance and limited interest in smoking cessation, particularly among factory floor staff. However, at follow-up several informants reported a surprising turn around in the level of interest and the numbers of staff taking up opportunities or requesting signposting and information from the project. The new smoking legislation acted as a catalyst for focusing on smoking cessation.

Stress / mental health and drugs and alcohol awareness: The majority of informants agreed that the area of stress, mental health, and drugs and alcohol awareness were difficult to focus on

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because employees were uncomfortable in discussing these issues. One key informant discussed how their project had avoided these issues because of not knowing how to approach them, having had no formal training, and feeling that they had insufficient knowledge.

The physical workplace environment: The majority of key informants reported that little change had been made to the physical workplace environments. Those changes that had been made tended to be small and non-structural, including the improved provision of bicycle storage (i.e. the installation of bike racks), the installation of water coolers and healthy vending machines and the development of project specific display areas. A few larger scale environmental changes were reported to have been agreed in three projects (C, D and F) at the time of interview at follow-up. These included the construction of a new building to house an on-site gym and space for exercise classes, the development of a sports field and allocating space in new on-site buildings for “rest / chill-out rooms”. Many of these changes were noted to have been in the pipe-line for some time, prior to the projects, however, the successes of the project had encouraged the organisations to push ahead with the plans.

The main challenges to implementing environmental changes were identified as a lack of on-site space. Several smaller organisations were also in rented office space, shared with a number of other organisations, limiting any changes that could be made. Finally, where employees were spread across multiple sites it was deemed costly to implement changes at each within the project budget.

Policy: In several projects smoking policies had existed prior to the Well@Work project however the new smoking legislation introduced in 2007 forced these organisations to update and where necessary alter the policy and provisions. Key informants in only two organisations spoke about having developed some kind of formal project-related policy (projects A and J). The majority of informants did note that their organisations had future plans to develop policies and incorporate wellness and health-based elements. Projects run in large, national organisations were unable to make policy changes at their sites because any changes would have to be implemented company wide which was not possible in the time frame and because other company sites had not been involved in the pilot. One informant noted that the development of a policy was better placed later in the project phases and should draw on project successes and engage employees and management.

C. Management support

All key informants considered management “buy-in and support” for the projects to be essential for their success. Support for the project needed to be “top down” with both line- and middle-

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management aware of senior management support and value placed on the project. All levels of management also had a role to play in disseminating project information and providing support and encouragement to their staff. In two projects, key informants reported how unsupportive management at the start of the projects had presented a barrier to getting the projects up and running.

At baseline key informants considered that management generally placed a high priority on the projects, recognising the potential benefits it offered to staff and their organisations' performance and thus it was closely linked with many of the key drivers for participation. However, at follow-up experiences of management support were mixed: the majority of key informants believed that management support had been further developed over the duration of the project and as successes became visible and evident and that even the most "sceptical" managers had changed their opinions of the Well@Work projects. However, in some organisations management support was perceived to comprise only of their allowance for the project take place with limited evidence of any belief in or value of the project.

Staff awareness of management support was deemed important. Examples of indicators of this support were: 1) through management participating in project events and activities with their staff; 2) management being flexible, allowing staff to participate in project activities (in work time where necessary); 3) including the projects on management and staff meeting agendas; 4) at follow-up several had committed funding for the projects to continue post pilot. However, some key informants noted that at times the visibility of management support was inadequate, with staff aware that management had failed to participate in the project.

Work commitments were identified as the limiting factor for management involvement, even if the Well@Work project was held in high regard. Convincing all line and middle management to support the project was also difficult. The support offered to employees in different departments / teams was thus at the mercy of the line managers and their interest in the project.

D. Communication

Communication and dissemination of information throughout the organisations was viewed as extremely important by all key informants. Existing communication structures were noted to have been utilised to good effect, especially the use of the regular staff and management meetings or team briefings to provide project information directly to employees. Alternatively, information was presented at management meetings for line managers to communicate to their employees. However, whilst projects were included on meeting agendas, often they were susceptible to being overlooked in favour of business items when time was limited.

Other communication channels noted by key informants were the use of email, posters, project specific notice boards and displays and printed newsletters. However, producing materials for the marketing and promotion of the projects internally was viewed as time consuming. Three other methods were used by some of the projects: 1) the use of tray liners in the canteen / cafeteria; 2) lunchtime presentations; and 3) information in the induction procedures for new staff.

The use of email was suggested by some key informants to have been over used, to the point where staff viewed the project emails as a “circular mail” and over looked them. Direct, face-to-face interaction from the co-ordinator and champions with the employees was identified as the most effective communication channel, especially in the smaller organisations. However, work commitments limited the time available, for both co-ordinators and champions to go “from desk to desk” for personal interaction with employees on a regular basis. The feasibility of face-to-face interactions were more difficult in larger organisations and so other “more practical” channels tended to be primarily utilised. The branding of the projects and development of project specific logos was considered to have been beneficial in providing the project with an identity and making it recognisable to employees.

E. Employee engagement

Employee engagement was recognised as important to ensure the projects met employees needs and interests and to make sure that “employees were given what they wanted, not what we (the co-ordinators or management) thought they wanted.” Involving employees in the planning processes was considered essential in order to embed the project into the company culture by demonstrating to employees that the projects were for them and not dictated by management. Successful employee engagement was also needed to help ensure the projects sustained long term success.

Key informants reported that the most popular methods of achieving employee engagement were through the communication of project content and opportunities via newsletters, emails and the intranet. The use of champions / working groups to disseminate information to employees and identify their needs and including the projects on staff and management meeting agendas were other important strategies.

Several challenges in trying to engage employees were reported. Notably, informants from five projects reported that at some point throughout the 2-year Well@Work project their organisations had undergone some form of change (such as internal restructuring, financial cutbacks and redundancies). These were perceived to have had potentially negative effects on staff morale and

willingness to engage with the projects. There was one example of employee conflict in the spending on Well@Work in light of the organisations' circumstances. Employee participation in events was difficult for noted groups of employees (shift workers, part time, factory workers and clinical staff) where often set numbers of staff had to be on duty at any one time. Communication problems were identified as limiting engagement in some projects initiatives (e.g. those employee groups with limited or no access to a computer and emails).

Although overall employee awareness and engagement was considered to have been fairly good, it was conceded that there are always going to be a certain number of employees who will refuse to engage and who have no interest in the project. Thus, it is unrealistic to expect engagement from all employees. Shift workers were one distinct employee group noted to have been especially difficult to engage and future efforts would have to focus on working with this employee group to resolve the difficulties as they often felt excluded from the projects.

F. Success and sustainability

At baseline key informants were asked to identify potential indicators of success for the Well@Work projects success in their organisation. Their responses reflected the reasons, motivations and key drivers given for participating in Well@Work: 1) Improved staff health and well-being (including positive lifestyle changes); 2) decreased absenteeism; 3) increased staff morale and satisfaction (better working atmosphere); and 4) project sustainability.

At follow-up, a wider range of indicators were identified many of which reflected baseline expectations. Several projects were perceived to have been far more successful than anticipated. Some informants expressed surprise at the popularity of some interventions and the level of staff enthusiasm for the projects as a whole. For many projects, a greater number and broader range of initiatives had been implemented than many informants had envisaged at the start.

Overall participation in the Well@Work projects was believed to have been a positive undertaking and the main successes at follow-up were:

1. Awareness of the project and health messages
2. Employee behaviour changes (noting specific individual employee cases)
3. Perception of improved employee relations (increased staff morale, satisfaction, working atmosphere, staff loyalty, communication, team building)
4. Improvement in specific business-related indicators (sickness / employee absenteeism)
5. Positive impact on organisational changes and restructuring
6. Enhanced external relations (recognition / publicity / role model)

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7. Increased employee interest and enthusiasm for the project and desire for it to continue
8. Management support for project continuation and funding

Most key informants believed that the staff awareness of the project itself and the health messages presented was high and that Well@Work activities had on the whole been positively received. Also, it was generally thought that there was heightened interest and motivation in personal health in employees. Key informants from three projects noted that the project had had a positive and direct impact on a number of individuals, encouraging them to make lifestyle changes; in many cases the health checks had identified important health issues that otherwise may have gone on undetected. It was considered that the lifestyle changes made by these employees had benefited the organisations in terms of preventing potential long-term absences.

Other indicators of success included improved relations between employees and management and that the project had demonstrated an investment in staff and provided an opportunity to show employees that the organisation was an interested and concerned employer. Many informants felt that the Well@Work projects had thus successfully improved employees perceptions of management.

Informants reported “less tangible” impacts of the Well@Work projects, such as improving employee relations, improved staff morale and increased communication that had been useful for “team building”. It was suggested that projects had helped establish a “feel good factor” in the workplaces and an improved working atmosphere such that “people wanted to come to work.” Some informants felt the projects had positively contributed towards increased staff satisfaction, motivation and loyalty for the organisation. Several reported having data from staff surveys (not specifically related to Well@Work) corroborating such positive results. A few informants spoke of these benefits extending to improvements in staff retention and that the project and the ‘visible results’ were positive selling points in the recruitment of new staff.

At baseline several informants identified the Well@Work project as a potential “useful tool” in addressing other work-related issues. These issues reflected the motives for participating in Well@Work and formed their baseline criteria for and expectations of success. Four informants (from 4 different projects) reported decreases in their sickness absence figures over the Well@Work time period and attributed at least some of this improvement to the positive impact to the project. One informant reported anecdotal evidence from their occupational health department of a reduction in chest infections and respiratory illnesses that coincided with a series of smoking cessation services offered. In the same project a decrease in the number of staff requiring blood pressure medication was also mentioned (no confirmatory data were available).

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Other examples of “intangible benefits” included a positive effect of the Well@Work project in helping with the organisational restructurings and redundancies and during periods of “unrest.” It was suggested that the project helped to keep employees motivated and to demonstrate the organisations continued commitment to their staff. The communication channels established for the Well@Work project were also seen as successful and thus used to disseminate and engage staff during the periods of organisational changes.

Three informants (from 3 projects) identified at baseline that a positive outcome of the Well@Work projects would be an enhanced external image and to be seen as a “role model” to other organisations in the local area. At follow-up two of these informants reported that they had experienced positive external recognition as well as local and regional publicity. Moreover, their organisations had received requests to present and share experiences with other parts of their organisation, with other organisations and at conferences. Several projects or individual elements (e.g. active travel) had been nominated for and / or received awards and recognition. Although not to the same extent, a number of other informants reported having experienced some local and regional publicity as a result of the Well@Work projects. Three informants noted that the Well@Work project had helped their organisations’ gain an ‘Investors in People’ award.

At follow-up there was discussion on the projects legacies and sustainability. Many informants felt that the success of the projects was indicated by the enthusiasm of the employees and their interest in how the projects were going to continue post the pilot phase. However, most informants, especially those who had been working closely alongside their co-ordinators, were aware that the Well@Work project needed to demonstrate positive results to management to “justify” their continued support for a workplace health promotion programme.

The willingness of several organisations to continue with the projects, committing funding and resources was seen as an important success, especially in those organisations where the key informants felt that management had been more sceptical and difficult to communicate with in the initial stages. This shift in opinion and support for “embedding it in company culture” along with the health programme “forming part of future business plans”, supported with budgets, was viewed as a major, over riding success.

One issue related to project sustainability was the tension between the co-ordinator being “the face” of the project and the project “being the project co-ordinator”. Whilst the role of the co-ordinators was described early on as being important at follow-up some informants expressed concerns that the co-ordinators had gained too much ownership of the projects, to the degree that the organisations were going to struggle without the specific co-ordinators’ continued involvement.

Whilst acknowledging the role of a co-ordinator, many key informants were keen to see a greater shift towards employee responsibility for the project and the continued development of the workplace champion role to sustain the projects long-term. At the same time, others were also in favour of some form of continued support and involvement from a co-ordinator type role providing assistance to the workplace champions.

7.8.1 Summary: employer / key informant perspectives

- Participation in the Well@Work programme was viewed by all key informants as a positive undertaking and many successes were identified.
- Several informants concluded that the “successes” at the 2 year point had been “less tangible” than first envisaged yet, despite the absence of hard changes to the traditional business indicators, the consensus was that Well@Work had achieved a positive impact on both staff and the organisations.
- “Less tangible” changes, such as improved staff morale, and communications, were identified as important to improving the workplace atmosphere and this was considered beneficial to other business areas over time.
- Project co-ordination was viewed as important by all key informants for the projects’ successful development and implementation, especially in the early stages. There were mixed opinions on the level of support, input and time required by a co-ordinator to continue and sustain the Well@Work projects.
- A workplace ‘advocate’ was recognised as important. Their role can include providing a point of contact for project co-ordinators, liaison with management, links to business agendas and assistance with project planning and co-ordination.
- Management buy-in and support, from all levels, was deemed essential for the success of the projects and for encouraging employee participation in activities. Perceptions of the level of management support were mixed, the visibility of management support was considered inadequate in some projects and often the support offered to employees was dependent on the individual line managers interest rather than overall or senior management support.
- Various communication channels had been used to good effect but key informants warned against the over use and reliance of any one single method. Use of multiple channels was recommended to reach different employee groups to avoid communication problems being a barrier to participation.
- Engaging employees and meeting their needs and interests was viewed as essential for the success of the Well@Work projects.
- Shift and part-time workers were identified as difficult to reach employee groups across most projects and it was acknowledged that future efforts should focus on resolving issues to maximise engagement by these employee groups.

7.9 Employee perspectives

Focus group discussions with groups of employees were structured to address a similar set of themes and topics as used in the interviews with project co-ordinators, workplace champions and key informants. Questions addressing project implementation differed slightly in order to capture the employees' experiences as recipients of the project initiatives and explore any barriers to participation. To capture views on the success of Well@Work projects, employees were also asked about their understanding of the aims and motivations of their organisations involvement in Well@Work.

Views on projects aims and objectives: Four project aims were consistently suggested across all employees: 1) To raise employees' awareness of health and encourage individuals to take greater responsibility for their own health; 2) To promote healthy lifestyles; 3) To improve employees' health and well-being; and 4) To increase employees physical activity and exercise levels.

Interestingly the motivation or purpose of the Well@Work projects within the organisations was not universally known by employees attending the focus groups. Key drivers were identified by a number of employees and these included reducing staff absenteeism and sick leave and in some cases reducing stress leave. Several participants speculated as to whether improving staff health was linked with the organisations' desire to increase work performance.

A. Roles and responsibilities

Views on the role of the Project Co-ordinator: Employees described the project co-ordinators as the primary organisers of project initiatives and "communicators" of project information. Many comments referred to the personal attributes of the co-ordinators, being described as "enthusiastic", "motivating" and "approachable". The particular efforts that co-ordinators had made to encourage and support employee involvement in a "sensitive", "non-patronising" and "non-judgemental" manner was highly appreciated and deemed important for persuading employees to participate in project activities. The "independent" nature of the co-ordinators was believed to have been advantageous because employees did not perceive the project as being "imposed" on them by management.

There was unanimous agreement that the co-ordinators' role had been an important "catalyst" for the development of the Well@Work projects. There was strong consensus on the need for a dedicated co-ordinator role for the successful implementation and ongoing development of workplace health projects like Well@Work. Employees agreed that the running of the project

would have been too time consuming for an employee to take on alongside their existing job responsibilities.

Views on the role of the workplace champions: Fewer comments were provided from employee focus group discussions on the role of the workplace champions. The majority of employees were aware of the champions within their respective workplaces. However, when discussed, it was generally believed that the champions had received insufficient assistance from other employees and had lacked the necessary support from management. This resulted in the champions carrying a large burden of responsibility for the Well@Work projects.

B. Project experiences

Discussions revealed that overall participants of the focus groups had wide experience of a diverse set of Well@Work initiatives. Some employees had participated in several different activities whilst others had participated in just one or two. Nine percent of focus group employees reported not participating in any Well@Work activities. When probed, two main reasons were given for not participating: some employees were simply not interested; others already regularly participated in sports or physical activities and / or believed that they were already in good health.

What employees liked best? Health checks were cited as the most popular events, providing employees with personalised health information which was viewed as “motivational” and had encouraged many to make lifestyle changes and participate in other project activities. Several anecdotes were shared indicating that the health checks had identified important and potentially serious health issues in colleagues that might have otherwise gone undetected. The identification of these specific individual problems was noted to have had a positive “knock on effect”, acting as an incentive for other colleagues to have a health check. The use of “non-judgemental” and external health professionals to conduct the health checks was appreciated, as was conducting them during work hours and often in work time. Many noted that this was more convenient and quicker than having to make an appointment with their general practitioner.

Competitions and team-based activities were also very popular. Employees liked participating in groups because of the support and encouragement that was offered by their colleagues. “Friendly rivalry” and competition motivated employees.

One-off, novel or “silly” events, such as the “inflatable human table football” and “it’s a knockout” were cited by several employees; these were often implemented as part of wider social events. Combining “healthy activities with social events” was identified as a positive method of encouraging employee participation. ‘One-off’ events and activities that allowed “drop in” (sporadic

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participation), rather than those requiring employees to commit (in advance) for a number of sessions / weeks, were preferable for employees whose job commitments meant they were regularly off-site or unable to commit time upfront each week.

The financial costs involved in participating in sporting and other physical activities outside of work were reported to have “put people off”. Those Well@Work initiatives that were subsidised or free were considered to be more popular and preferred. The provision of activities “on-site” was also preferable, especially those at lunch times, due to the convenience and reduced need for travelling and time required.

Barriers to participation: Employees were asked for their comments on barriers to participation (perceived and real) that may have been experienced and share any consequences these may have had on their engagement with the projects. Eight key barriers were identified:

1. A lack of awareness of project activities
2. Lack of time (work commitments / pressures)
3. Inconvenient scheduling (timing) of activities
4. Difficulty due to working shift and part-time hours / patterns
5. Poor access to activities across multiple sites
6. Lack of suitable surrounding areas
7. Low / lack of self-efficacy / confidence to participate
8. Too much focus on sports / physical activity

A number of employees from various projects stated that they had been unaware of some of the Well@Work initiatives. In contrast some employees reported participation in events they had not known were Well@Work related activities. A “lack of time” due to work pressures and commitments were reported to be a limiting factor for participation. These barriers made it particularly difficult for some employees to commit in advance to attending Well@Work classes or courses that ran over a series of weeks. Employees who worked long hours and / or shift work also reported time constraints as a barrier to participation. However, several employees, and some of whom were shift workers, voiced their disagreement and believed that time was “not an excuse” and the onus was on the individual to take a greater responsibility for their own health.

A common barrier noted across many focus groups was the scheduling of activities. There were mixed views and divided preferences on what was considered “suitable” timing, with both lunchtime and after-work activities having supporters and dissenters. Three main barriers to participating in lunchtime activities were identified: 1) Many reported their lunch break was too short (half-hour); 2) A dislike of getting “hot and sweaty” and having no suitable shower and

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changing facilities to use, especially in the summer months; 3) A “culture of working through their lunch breaks” meaning employees felt guilty taking longer lunch breaks than their colleagues in order to participate in activities. In the latter circumstance a lack of line management support and encouragement was noted to have further limited employee confidence in taking any time to participate.

Two main barriers were identified to participating in activities scheduled after work: Family commitments and having young children to look after meant that many, especially female employees, were unable or reluctant to stay behind after they had finished work; Depending on timing, many employees were reluctant to wait if the activities did not start immediately or soon after they finished work. This problem was exacerbated for shifts workers.

Employees noted that the majority of Well@Work activities tended to be orientated around a typical “9am – 5pm work day” with “conventional lunch breaks.” This limited access by shift workers, and other employee groups, who worked with variable start, finish and lunch breaks that did not coincide with these timings. Employees working on factory production lines noted having less flexibility in the duration and timing of their lunch breaks and that health and safety requirements (e.g. protective clothing) restricted the ease of moving between buildings and thus accessing project activities. Employees based in hospital settings experienced similar problems and part-time employees also commented that they too had been unable to participate in certain activities because of their working patterns. Evidently logistical issues prevented some employees participating in Well@Work.

A large number of employees from projects with multiple sites reported feeling “excluded”, and comments suggested a perception of unequal opportunities and access to project initiatives. These employees felt that the majority of initiatives had been centred at one location with fewer opportunities and benefits offered to them within close proximity of their workplaces and where they lived.

In three focus groups, discussions explored the level of employees’ confidence to participate in project activities. Feelings of “unease”, “self-consciousness” and “embarrassment” in participating in physical activities and exercise classes where others could watch were expressed. Similarly, a number of employees reported not having a health check because they did not want to be told what they already knew – i.e. that they were overweight / smoked / unfit. Age was mentioned as a barrier with two older employees (nearing retirement age) describing how they felt that certain events were more suited for “younger” and “fitter” individuals.

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Employees' comments also revealed perceptions of a "bias towards sporting activities". Several employees perceived that previous experience was needed to be able to participate and that the types of activities offered were aimed at "young and sporty people". Consequently members of staff who, by their own admission, felt they were not "particularly good at sport" or "competitive" reported a lack of confidence and willingness to participate. The "sporting background" and "prowess" of one co-ordinator and many of their champions, also appeared to intimidate some employees and further enhanced the perception of needing "sporting competence" to participate in many of the Well@Work initiatives.

A few employees noted that their organisations were "in the middle of nowhere" thus limiting their access to nearby facilities or destinations and also limited opportunities for transport related walking or cycling. Walking groups were very popular, however the limited scope of different walking routes within close proximity of the organisation was reported by employees and it was thought that walking groups risked becoming "boring" as a result.

Employee focus groups in three projects reported not seeing any changes to their physical workplace environment, whilst employees from other projects identified eight examples of environmental changes; free fruit; new or more bike racks; provision of pool (shared) bikes; water coolers; quiet / chill out room; health information displays; 'physical equipment library' (sports equipment for hire); and changes to the food offered in the canteen.

C. Management support

All focus group discussions acknowledged the importance of management support for engaging employees, however, there were mixed opinions on the actual level of management support experienced by employees across the different projects. Employees from 6 projects felt their management had been supportive and a key indicator was the additional time given to employees to participate in project activities. However, it was evident from the discussions that management support was not always consistent within the individual projects and depended upon the level of interest individual line managers had for the Well@Work project.

Employees gave examples of managers appearing uninterested in the project, not participating in any activities and failing to pass on project communications. This was viewed as showing "more of a tolerance than a commitment". Although no employee thought they would be prevented from participating in an activity, it was believed that had the support, encouragement and communication from managers been more positive, proactive and visible it would have increased awareness of the project and employees confidence to participate. Conversely, some employees

felt it should not be up to management to actively encourage staff to participate and that individuals should take responsibility for their own health.

D. Communication

The most commonly observed project communication channels were: posters (placed around the workplace and on project specific notice boards / display areas); email; and through face-to-face interactions with the co-ordinators. The “personal touch” offered by the latter method was very much appreciated. Other dissemination methods were through organisational intranet pages, inclusion on work group / team meeting agendas and via the workplace champions. Those employees who reported a limited knowledge of the project aims and objectives suggested this was a result of a lack of communication from management and the failure to receive project communications.

The biggest problem identified with communication strategies in discussion groups was the over reliance on email. Those employees with negative views on the effectiveness of project communication appeared to be those with limited or no email access. These individuals tended to be manual and factory based workers and health professionals whose job roles meant they had no personal access to a computer during work. Interestingly, the use of email also received criticism from those employees with adequate computer access because of the volume of emails received, such that they felt “bombarded” and thus often overlooked them.

Interestingly, when discussing the best methods for project communication the use of email was again identified. Face-to-face interaction was also identified as an effective form of communication for motivating and encouraging staff to participate in project activities. Although team meetings were identified as a useful method many felt that line managers could have done more by way of communicating the information to their employees. Promotion and advertising via posters was another effective method of disseminating information to employees, however, over use of posters was thought to negatively impact and diminish effectiveness. Finally, many employees appeared happy with the level of project communication and suggested that the lack of awareness may lie with the individual employees themselves and their general apathy towards the project and that employees were aware of the project communications but chose not to take any notice.

E. Employee engagement

Management support and encouragement was identified above as important for engaging employees. Providing “choice” and a “wide spectrum” of activities and opportunities was reported

by employees to be important in order to appeal to a wide range of employees. Involving employees in the decision making processes regarding project content was another important strategy appreciated by employees from all projects. Most participants in the discussion groups reported being asked by the co-ordinators for their ideas and suggestions of possible activities and that an “open door policy” was encouraged by all co-ordinators for their continued ideas as the projects progress. Anecdotal examples of employee engagement with the projects as a result of seeing their colleagues’ positive reactions to participation in activities were also noted.

Employee observations of the overall awareness and engagement in Well@Work projects were mixed with anecdotal estimates of participation levels ranging from 25% to 80%. Explanations for lack of engagement included: 1) perceptions of limited management support; 2) the start of one project coinciding with major organisational changes which affected staff morale and employees interest in the project; 3) staff scepticism and mistrust, such that certain employees were “suspicious of managements’ ulterior motives” (this was discussed in two projects). It is evident from these comments that better communication and explanation of the purpose of the projects and support from senior management may have helped correct any misconceptions and build greater trust with employees. Other barriers previously discussed included shift work, scheduling of activities and feeling “excluded” as a result of being based at a satellite site. Despite these challenges many employees mentioned that complete engagement of staff should not be expected because some people are “just not interested” and that you are “never going to get everyone on board”.

F. Success and sustainability

The overall impression gained from across all focus groups was that the Well@Work projects had been generally successful. Comments from across all projects were mostly positive, enthusiastic and reflected the view that Well@Work projects had been “worthwhile.” Most employees agreed that the workplace was an appropriate setting for health promotion programmes because it offered convenience and peer support from colleagues. Many employees were impressed by the variety and number of different initiatives offered and those who had participated generally reported thoroughly enjoying their experiences. The opportunity to try new and different activities (e.g. rock climbing and scuba diving) was particularly noted.

Employees used a number of terms to describe the projects, such as “informative”, “enlightening”, and “educational” as well as being “helpful”, “useful” and “interesting”. There was strong agreement that the projects had increased employees education and awareness of healthy lifestyles and particularly the benefits of physical activity and healthy eating. Projects had “sparked” employees’ interest in and heightened their awareness of their own health. The project

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activities were described as “inspiring”, “motivating” and “encouraging” positive health behaviour changes. Employees provided anecdotal evidence of both their own and fellow colleagues’ individual successes and benefits gained (e.g. lost weight, got fitter). A number of employees indicated that their experiences with Well@Work had given them the confidence to continue with or try new activities.

Employees noted that the projects were beneficial for improving communication, social interaction and relations between employees and departments. Employees liked the opportunities the project provided them with to meet new people and mix with their colleagues socially. There were perceptions of increased morale among employees and a “better atmosphere” within the workplace was reported. Other positive benefits included an “improved alertness”, a feeling that their company “cares” about them, of “happier” staff members, a “more motivated workforce”

Employees were asked for suggestions on how projects could be improved. Two main points were identified, firstly employees from three different projects noted that they would have liked more focus on diet / nutrition information and related options. This included a desire for greater changes in the canteen and more “affordable healthy options”. Secondly, employees would have liked to have seen more projects activities extended to include friends and family. It was suggested that this may be a useful strategy to encourage more employees to participate.

There was an obvious interest for the projects to continue in some capacity. The project co-ordinator role was considered to have been a “major factor” in the success of the projects and concerns were expressed about the feasibility of sustaining the projects and their momentum in-house without the role provided by the co-ordinators. Discussions indicated that employees would be reluctant to accept the responsibility for continuing with the projects should the co-ordinators role be abolished. The role was considered to be too much for an employee to take on in addition to their daily job roles and responsibilities. As such many employees speculated whether the projects would continue or “fall by the wayside” completely. Management support, commitment and secured funding were noted as being essential for the continuation of the projects.

Overall comments from the follow-up questionnaire comments were consistent with the focus group findings reported above. Additional comments revealed that some employees who had engaged with the projects were embracing their experiences and “taking them home” to their friends and families. One employee reported that their friends were “jealous” of the opportunities they were being offered by their employer and several employees recommended that similar projects would be “massively beneficial to other firms across the UK”.

7.9.1 Summary: employee perspectives

- Overall, employees participating in the focus group discussions perceived the Well@Work projects as being generally worthwhile and successful.
- There was strong interest among employees for the projects to continue.
- There was consensus amongst employees across all projects on the importance of the project co-ordinator role for the successful implementation and development of the projects.
- Management support was essential for engaging employees and ultimately for the success of the projects.
- Visible support from all levels of management was necessary to give employees the confidence and encouragement to participate in project activities.
- Employees reported experiencing mixed levels of management support and a lot depended on the individual line manager's level of interest in the projects; many employees felt management could and should have done more to encourage and support them to participate.
- Opinions varied on whether there had been sufficient dissemination of project communications and information and this may have been a barrier to participation. Employees indicated that more communication was needed in most Well@Work projects.
- Employees believed that it was important to understand the aims and objectives behind the decision to participate in Well@Work and what benefits, as employees, they could expect to gain.
- Good communication from management was regarded as essential to increase engagement of employees.
- Identified benefits of Well@Work projects were "better atmosphere" within the workplace, "happier staff" and a "more motivated workforce".
- Employees' suggested future projects should offer more on healthy eating including healthy options in the canteen.
- Employees also felt that more activities should be made available to family members.

7.10 Key findings

A. Roles and Responsibilities

The role of the Project Co-ordinator

- The project co-ordinator had overall responsibility for the project: driving and directing the projects; providing ideas for project content; sourcing external providers and resources; planning, co-ordinating and implementing initiatives.
- There were divided opinions over the need for project co-ordinators to have previous health promotion experience, although it was suggested as desirable but not essential. Previous project management experience was deemed useful and important.
- Personal attributes of the co-ordinator and particularly the approach taken in interacting with employees were important: clear need for good interpersonal communication skills; enthusiasm; motivating, passionate, approachable, non-patronising and non-judgemental. Conversely, too strong a 'sporting background' can negatively affect employee's confidence and willingness to participate in health and physical activity initiatives.
- Co-ordinators based externally (e.g. in PCT / local authority) can provide important links to local external resources and providers and bring a positive affiliation which can enhance the profile of the health programme amongst employees and management.
- Co-ordinators based within the organisation have the advantage of developing rapport and interacting with employees.
- Good knowledge of the organisation, its culture and practices is essential and project co-ordinators need to be visible (e.g. on-site) at least some of the time. This was more difficult for co-ordinators based outside the organisations or those overseeing multiple organisations or sites.
- There was unanimous agreement that the co-ordinators role had been "fundamental" for the development and success of the projects, particularly in the start-up phases and consensus on the need for dedicated project co-ordination due to the time requirements exceeding what could be expected of an employee to take on in addition to their existing job responsibilities.

The roles of the Workplace Champion

- Workplace champions provided necessary support to the project co-ordinator, specifically they assisted with the planning, organising and implementation of project initiatives and provided a daily on-site project presence. This was especially important for projects with part-time and / or externally based co-ordinators.
- Champions can identify and bring employee ideas to the attention of the co-ordinator and motivate employees to participate in project initiatives.

- Getting the “right” champions is very important and it was considered better to use volunteers rather than asking line managers to nominate staff members.
- Champions need recognition and support from management, and this was not always the case across the Well@Work projects. The position or level of the champion in the hierarchy of the organisation was viewed as important for gaining recognition among employees and access to management.
- A lack of communication of champions expected roles and responsibilities was a barrier to champions fulfilling their role and acting as an advocate for the Well@Work projects.
- Champions need ongoing support from the project co-ordinator and help with the planning and implementation; they may also need training.
- Capacity and time were barriers to champions doing more and there was consensus that the Well@Work projects required too much time and work for one employee to take on by themselves.
- Engaging more than one champion to share the project tasks was strongly recommended, as was formal integration of the role into the employees’ job description.

The role of local Well@Work Steering Groups

- Well@Work steering groups in general did not meet the expectations of the project co-ordinators and were considered to have had little effect on the projects.
- Some key informants, workplace champions and all employees were unaware of any steering group and were unclear of their role.
- Greater involvement from the local steering group may have increased the profile of Well@Work projects’ and recognition amongst employees and management.

The role of the workplace ‘advocate’

- Key individuals (‘advocates’) in the workplace were important facilitators for the Well@Work projects. They acted as a point of contact for the co-ordinators, provided important links within the organisations and helped the co-ordinator learn about and understand the workplace culture and get to know the employees, key organisational personnel and management.
- The advocates played a significant role in the project planning to ensure that the projects were linked with relevant business needs and objectives.
- The advocates were particularly important in providing project visibility when the project co-ordinator was either part-time and / or externally based.
- Advocates found it difficult to find time to support the project and balance their own work commitments.

B. Planning and Implementation

Planning

- Project planning was the primary responsibility of the project co-ordinator.
- Employee input for ideas of project activities was essential.
- Key 'advocates' for the projects and workplace champions played an important role in liaising with employees to identify their needs and ideas.
- Project action plans were useful and provided a record of accomplishments and set key milestones; plans should be flexible and reactive to employee needs / wants.
- Workplace champions with little or no previous experience found developing action plans quite difficult and required help and support from the project co-ordinator.

What worked well?

The following activities were generally agreed to be successful in terms of their implementation and the positive reception by employees:

- **'One-offs'**: Allowed a variety of activities to be delivered, thus appealing to a wider audience / range of employee needs and interests; were reported to have been cheaper to implement and less burdensome for the workplace champions to organise; were well received by employees who were unable to commit to activities than ran over a period of weeks.
- **Team-based challenges / competitions**: Competition and incentives / prizes motivated and encouraged employees; team competitions provided peer support and encouragement; many of the challenges involved participation during the working day and this was well received by employees.
- **Health checks**: Provided personalised health information which motivated employees to participate in other project-related activities and make positive lifestyle changes; health checks detected important and potentially serious health issues; employees preferred external personnel conducting the health checks because they were viewed as "independent"; using external providers was also perceived as an additional "unpaid benefit" from their organisation.
- **Physical activities**: Identified as the most popular activities and the "easiest to sell" to employees; their popularity centred on the "practical", "social" and "fun" nature of the activities.

How the projects could have been improved? (Employee feedback):

- Employee feedback indicated a preference for greater focus on diet and nutrition including a request for more changes in the canteen and more "affordable healthy options."
- Employees expressed an interest in project activities being extended to include their friends and family; it was suggested that this may be a useful strategy to encourage more employees to participate.

General challenges to implementation:

- Optimising the timing (scheduling) of activities to provide adequate and equitable access for all employees interested in participating was deemed essential although particularly difficult to meet the needs of part-time and shift workers.
- Providing programmes and activities across multiple sites is necessary to ensure equitable access and adequate opportunities for all employees to participate in project-related activities.
- Lack of suitable facilities or space (including in and around the environment surrounding the workplace) can prohibit implementation of certain types of project initiatives, particularly physical activities.
- Sourcing of external providers and resources can be time consuming, particularly for project co-ordinators with multiple organisations or sites and those operating across different PCT / local authority boundaries.
- Employee mistrust of management and scepticism of the projects can present difficulties in engaging certain employee groups (especially amongst manual and factory floor staff).

Barriers to participation (by employees):

- Lack of awareness of the project and problems with communication channels; particularly for those employees with no computer and / or email access (i.e. factory floor staff and health care workers).
- Insufficient communication from management about the projects aims and objectives suggesting better communication from management was needed.
- Lack of time to participate due to work commitments and pressures made it difficult to participate and to commit to activities that ran over a series of weeks.
- Short lunch breaks, lack of suitable shower and changing facilities and a company culture of working through lunch breaks hindered participation in lunchtime activities.
- Family commitments (particularly for female employees) and employee reluctance to stay after work hindered participation in evening (after work) activities.
- Part-time, shift and hospital employees working hours tended not to coincide with the timings of the majority of project activities.
- Some employees from projects with multiple sites reported feeling “excluded” due to a perception of unequal opportunities and access to project initiatives.
- Some Well@Work projects were perceived as ‘too sports’ or ‘physical activity’ orientated and employees perceived that they needed to be “sporty” or sufficiently competent to participate; some programmes were not perceived as suitable for older employees.
- Low levels of employee confidence to participate hindered employees willingness to engage in project activities.

Barriers to implementation and participation in specific areas:

The challenges / barriers presented below reflect the most commonly cited issues agreed by the co-ordinators, champions, key informants and employees:

Physical Activity

- Lack of suitable on-site facilities / space in which to hold activities.
- Lack of showers and changing facilities.
- Liability concerns and the need for health and safety and risk assessments and the time, complexity and lack of capacity to conduct these.

Diet / Nutrition

- External catering contracts made changes difficult and slow to implement.
- Healthy options tended to be more costly and this was a disincentive
- Employees would have liked to have seen more nutrition-related initiatives.

Smoking

- Little done in this area largely due to an initial staff resistance and low uptake of services planned / offered.
- Particular difficulties noted in health care settings where staff, patients and visitors shared the same public areas; this makes it difficult to enforce and encourage employees to quit smoking.
- New smoking legislation led to all organisations becoming smoke free and focused project efforts on planning cessation support services and / or signposting employees to external services.

Stress / mental health / alcohol

- These were viewed as difficult and sensitive “taboo” issues.
- Workplace champions did not feel comfortable working on these issues due to lack of knowledge and / or training in the area.
- One organisation was concerned that an increase in employee awareness and education on stress and mental health would lead to an increase in stress-related absences.

Environment

- Little done in this area and what was done tended to be small scale and non-structural.
- Lack of space and being in shared or rented facilities severely limited the scope of change for several organisations.

- Overall consensus that changing the environment was difficult to undertake and required time, management support and financial input; it was suggested that such changes are perhaps more likely as a mid- to long-term project development / outputs.

Policy

- Well@Work and health issues need to be added to management meeting agendas.
- Making changes to formal organisational policies was noted to take time and required management support; policy change may be better addressed later on in projects when some successes had been accomplished and management and employee support had been developed / obtained.

C. Management Support

- Unanimous agreement that management support is an essential component for engaging employees and ultimately for project success; it needs to be proactive and visibly demonstrated to employees to give them the confidence to participate, especially for initiatives delivered during the working day and at lunchtimes.
- Support is needed on four levels: 1) for the project; 2) for the project co-ordinator role; 3) for the workplace champion's role/s; and 4) for employees to participate.
- Management has an important role in the dissemination of project information.
- Indicators of management support were participation in project activities and allowing employees time off to participate in initiatives.
- Suggestions on how to obtain and maintain management support were: "make the case" for the benefits of a workplace health project; ensure projects are included on management meeting agendas; regular contact with management; provide project updates and success stories.
- Gaining sufficient time and interaction with management was difficult; 'advocates' provided important access to senior managers.
- Management support was restricted by their availability and work demands.
- Most projects felt that the level of management support had increased over time and as positive results were seen; a number of projects reported that management support had not been adequately communicated to employees; however employee comments revealed clear differences in the perception of management support and suggested insufficient proactive and visible management support and that more could have been done to encourage and support employees to participate.

D. Communication

- Good communication with senior management and all employees was universally recognised as critical for a successful workplace health project.

- Good communication from management was regarded as essential to increase engagement of employees.
- It was considered important that employees should be aware of, and understand, the reasons behind their organisations decision to participate in Well@Work and what they as employees could expect to gain. However, this was not always communicated.
- Email was identified as the most efficient and practical communication channel, especially in larger organisations although it tended to be over used or relied upon; over use of email meant many employees, particularly factory floor workers, prison and hospital staff, whose job roles do not involve personal access to a computer did not necessarily receive project communications.
- Face-to-face was identified as the most effective communication channel; personal interaction by project co-ordinators, workplace champions and employees helped address employees concerns or misconceptions of project activities; face-to-face contact was appreciated by employees; it was noted this is more time consuming and less practical in larger organisations.
- Dissemination of project information at team meetings and briefings was a useful method of communication although dependent on individual manager's interest in the project; under time constraints project related agenda items were susceptible to being overlooked in favour of business related items.
- It was noted that multiple channels of communication are needed to reach all employee groups as well as finding new and interesting ways of communicating project information to avoid over reliance on any one channel which can decrease its effectiveness.
- Branding of health projects was thought to be important to help build recognition of activities and knowledge of the project; it is not clear how well this was this achieved in the Well@Work projects as little was mentioned from project co-ordinators and key informants; some employee indicated a lack of awareness of activities being linked with Well@Work.
- Across the Well@Work projects opinions varied on whether there had been sufficient project communication; comments from employees were mixed but suggested that a higher profile was needed and this might have been achieved through better use of the communication channels and via management communication and dissemination of project information.
- Poor or insufficient communication of Well@Work project initiatives may have negatively affected participation.

E. Employee Engagement

- Employee engagement was deemed essential for a successful workplace health programme.
- Engagement is maximised if project meet the needs and interests of employees.
- Employees were involved in project ideas via needs assessments, through personal interaction with the project co-ordinator or workplace champions and through staff meetings.

- Health checks were thought to have been useful in motivating and encouraging employees to participate.
- Part-time, shift- and factory workers were the hardest employee groups to engage due to difficulties in delivering suitable activities at convenient times for these groups.
- Staff scepticism and mistrust of management, especially in the manufacturing organisations, led to some cynicism of the Well@Work projects and was believed to have negatively affected employees' willingness to engage. Employees believed that better communication from management on the companies' decision to participate in Well@Work (which was lacking) would have helped to gain staff trust and overcome this difficulty.
- Where changes in the organisation occurred (e.g. internal restructuring and redundancies) these were considered to have had some negative impact on staff morale and interest in the Well@Work projects.
- The perceived 'image' or 'appeal' of the Well@Work projects may have influenced employees' interest and confidence for participation by being "too sporty". Perceptions that the activities are aimed at "young people" may also have affected employees' willingness to engage.
- It was recognised that engagement of all employees (100%) in the 2-year time frame of Well@Work was not realistic; some employees will not be interested and others may already regularly participate in sports or physical activity.
- A practical lesson learnt in most projects was that programmes like Well@Work should work with the interested employees initially, communicate successes to employees and management and, over time, reach out to the more difficult employee groups.

F. Success and Sustainability

- General view obtained across all interviews and focus groups was that the Well@Work projects had been successful, a "worthwhile" undertaking and positively received by employees. Key informants believed the projects had positively impacted on both their staff and organisations.
- Project co-ordinators' perceptions of success for their projects had changed over time with evidence of a scaling down of expectations, probably reflecting their experiences of what was practical and realistic to achieve in the two year time-frame.
- Several "successes" identified by key informants at follow-up were "less tangible" than envisaged at the start of the project (such as improved staff morale, and communications); however these were valued and identified as important for improving the workplace atmosphere which over time would benefit other business areas.
- Employees believed that the workplace was an appropriate setting for a health promotion programme because it offered them convenience and support from their peers / colleagues.

Indicators of success identified at follow-up:

- Universal consensus on five areas of success:
 - ◆ Increased awareness of health messages;
 - ◆ Increased interest and motivation in own health;
 - ◆ Provision of the opportunities to try new and different activities;
 - ◆ Employee enjoyment of project activities;
 - ◆ Examples of positive individual lifestyle / behaviour changes.

- The identified “intangible” benefits from some Well@Work projects included:
 - ◆ Increased staff communication and interaction;
 - ◆ Improved staff relations (including management-staff relations);
 - ◆ Improved staff morale;
 - ◆ Improved staff satisfaction;
 - ◆ Improved working atmosphere.

- Four organisations provided anecdotal reports of decreases in sickness absence figures and attributed these, at least in part, due to the positive impact of the Well@Work projects.
- Several key informants reported using the Well@Work communication channels and strategies for dissemination of other business related issues.
- Positive unintended outcomes were identified in several projects; these included local and regional publicity, an enhanced external image and public recognition of the Well@Work projects.
- Three Well@Work projects noted that the Well@Work project had helped the organisation gain their Investors in People accreditation.

Sustainability

- Sustainability of Well@Work projects beyond the 2-year pilot phase was identified at baseline as an important indicator of success; at follow-up eight projects indicated a commitment to the projects continuing with the allocation of funding and in some cases the employment of a project co-ordinator (in some capacity) for the next financial year; details of the post Well@Work pilot arrangements for the 11 projects are shown in Table 7.4.
- Employees and employers perceived a high level of employee enthusiasm for the projects to continue; this was viewed as an indicator of Well@Work project success.
- There was strong agreement that the sustainability of projects would rely on management support, workplace champions and a commitment of funding.

- Project co-ordination was viewed as “fundamental” for the development and success of the Well@Work projects. It was considered too time consuming for an existing employee(s) to run a workplace health project in addition to their formal job responsibilities and with no experience or knowledge in the area; opinions on the exact time commitment required for project co-ordination was divided.

Table 7.4 Post Well@Work project sustainability

	Project continuing ?	Project Co-ordinator position supported?	Comment
A	✓	✓	Co-ordinator position incorporated into another role within the organisation. Planning to roll workplace health promotion programmes out to other businesses in the local area.
B	x	x	Co-ordinator left halfway through project and not replaced. Organisation under new management.
C	✓	x	Project continuing in-house without a co-ordinator. PCT looking into creating a possible workplace health co-ordinator role.
D	✓	✓	Leisure Trust extending workplace health programmes to other businesses in the local area – organisation have signed up and will receive project co-ordinator services / time for 1 day per week.
E	✓	✓	Continuing with workplace health co-ordinator position to service a in-house project and looking to roll out to other organisations within the area.
F	✓	✓	Carrying on with project in-house with full-time project co-ordinator role supported / privately employed. PCT committed funding for a co-ordinator position and looking to roll similar programmes out to other businesses in the local area.
G	✓	x	Linked with another workplace health initiative. In-house workplace champion scheme being developed. Project co-ordinator taken up a post in the local authority - interest for local authority wide roll out of initiatives.
H	✓	✓	Leisure Trust extending workplace health programmes to other businesses in the local area – organisation have signed up and will receive project co-ordinator services / time for 1 day per week.
I	x	x	Initiatives taken on board but no formal continuation of the project.
J	✓	✓	Project co-ordinator developed a workplace health promotion initiative and accreditation scheme as a commercial venture to roll out to other businesses. Two SMEs involved in Well@Work have signed up for the next year and will receive support from a co-ordinator type role.
K	x	x	Co-ordinator left halfway through project and not replaced. Organisation under new management and not continuing with the project.

CHAPTER 8: Evaluation of specific project components

8.1 Introduction

Across the 11 projects a number of interventions and activities were identified for their potential to provide additional evidence on effectiveness on the immediate effects of selected interventions on participants, including improved health knowledge, skills and motivation as well as change to health actions and behaviours. Where possible the intent of additional evaluation was to include objective measures of behaviour change.

8.2 Data sources

Data for the case study evaluations came from a variety of sources including:

- Activity specific questionnaires or objective measure of behaviour
- Participant Satisfaction Surveys
- Event Summary Forms
- Focus group discussions with employees
- Interviews with project co-ordinators

8.3 Methods

- The protocols for different initiatives varied and depended on resources, timelines and the capacity of the project co-ordinator.
- Data collection was linked within the programme itself e.g. co-ordinators weekly weigh in records / employee step logs, sales of fruit.

8.4 Case studies

- **Pedometer challenges**
- **Stair climbing initiative**
- **Weight loss group**
- **Fruit promotion in canteen**

8.4.1 Pedometer interventions

Purpose: To increase walking

Introduction:

- 18 pedometer challenges were delivered across 10 Well@Work projects.
- 17 challenges were team-based, one was an individually-based challenge.
- A total of 371 employees participated in the 18 challenges.
- Pedometer programmes ran for between 4 to 9 weeks.

Case study example: Project G

Methods:

- Three team-based pedometer competitions were conducted; each aimed to increase the number of steps accumulated across a week.
- Employees were provided with a pedometer and a 'challenge guide' including information on recommended daily steps, benefits of becoming active (for health) and ideas on how to add steps into their daily routine and the number of steps required to climb different landmarks.
- Baseline measurements were recorded over a 4 week period before the pedometer challenge commenced.
- The team with the highest total step score at the end of the competition was awarded £50. The team with the most improved number of steps (from baseline) was also awarded £50.
- Challenge 1 and 2 ran for 8 weeks, challenge 3 was shortened to 6 weeks

Results:

Challenge 1:

- 10 teams (50 employees) started the competition but only 4 teams (20 employees) finished.
- Of the 4 teams that completed the competition, total team step counts averaged 254,557 at baseline (range 223,395 to 267,862), increasing to an average of 354,079 in weeks 6 and 7 (range 230,964 to 409,875).
- An average increase of 99,522 team step counts was observed. Increases in the total team step counts ranged from 7,569 steps to 127,228 steps.
- The average change in step counts from baseline across the 4 teams was thus 39% (range 3% - 55%).
- The average change in step counts from baseline across the 4 teams was 39% (range 3% - 55%).

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Challenge 2:

- 15 teams (73 employees) started the competition but only 8 teams (36 employees) finished.
- Of the 8 teams that completed the competition, total team step counts averaged 244,508 at baseline (range 172,901 to 353,425), increasing to an average of 321,638 in weeks 6 and 7 (range 251,811 to 387,592).
- An average increase of 77,130 team step counts was observed. Increases in the total team step counts ranged from 19,448 steps to 167,215 steps.
- The average change in step counts from baseline across the 8 teams was 32% (range 7% - 77%).

Challenge 3:

- 9 teams (52 employees) started the competition but only 4 teams (25 employees) finished.
- Of the 4 teams that completed the competition, total team step counts averaged 266,272 at baseline (range 188,304 to 349,607), increasing to an average of 392,791 in weeks 4 and 5 (range 281,457 to 567,437).
- An average increase of 126,519 team step counts was observed. Increases in the total team step counts ranged from 93,153 steps to 147,437 steps.
- The average change in step counts from baseline across the 4 teams was 48% (range 16% - 63%).

What was learnt?

- There was considerable individual and team variation in the number of step counts accumulated and levels of change observed.
- No results on longer term change (post challenge) are available.

"I now take the stairs at every opportunity as opposed to the lift inside and outside of work"

Likes / Dislikes


- The 'team' and 'competition' elements of pedometer challenges helped to motivate some employees, although others did not like this competitive element.
- Drop out rates tended to be quite high.
- Pedometer challenges attracted and engaged employees who had not previously participated in Well@Work activities and encouraged them to participate in other Well@Work activities.

What was difficult?

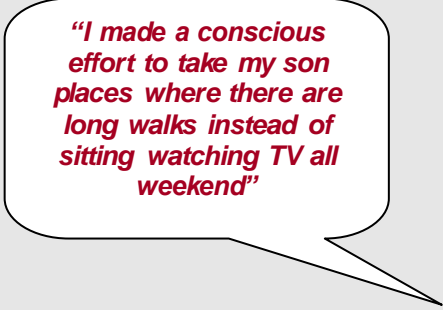
- Employee enthusiasm for the competitions was sometimes affected by finding out other teams step counts were "too far ahead" resulting in some teams "giving up".
- Don't run the competition over too many weeks (i.e. greater than 6 weeks) – employees get bored.

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- Running competitions over multiple sites was more difficult; specifically maintaining staff momentum and enthusiasm when the pedometer challenge was run by one person and / or the project co-ordinator was not on site.
- Collecting and collating team step counts from employees was time consuming for the project co-ordinator thus recruiting 'team captains' or workplace champions to organise and motivate the participating employees and collect step counts on a weekly basis is needed / desirable.



"I now walk to work every day....I feel a lot better for doing this and have found I have more energy on an evening and am more alert at work"



"I made a conscious effort to take my son places where there are long walks instead of sitting watching TV all weekend"

8.4.2 Stair climbing interventions

Purpose: To assess a multi-faceted campaign aimed at increasing employees' stair use

Introduction:

- The promotion of stair use (climbing) is considered a low cost, easily accessible and efficient way to promote physical activity through the accumulation of incidental activity.
- Typically, interventions aimed at increasing stair climbing place a poster(s) or signage at the “point-of-choice” between stairs and escalators or elevators. The signs aim to encourage individuals to use the stairs rather than the elevator / escalator to gain health benefits.

Case study example: Project A

Methods:

- Baseline phase (6-weeks) → email sent to all employees introducing the “Stairway to Health” programme and encouraging the use of the stairs → posters placed near stairs (2-weeks) → break (2-weeks) → “Beat the Chief Executive” challenge (2-weeks) → break (2-weeks) → photos 1 (2-weeks) → break (4-weeks) → photos 2 (2-weeks) → follow-up (2-weeks)
- Posters: A4-sized posters positioned at various locations beside elevators and on stairwell doors. They read “improve your health and fitness one step at a time take the stairs!” and featured a caricature of a man climbing stairs.
- “Beat the Chief Executive” challenged employees to time themselves walking flights of stairs with the aim of ‘beating’ the time set by the chief executive to walk the same distance. Employees logged their times on the project intranet pages and the ‘fastest’ employee received a prize.
- Photographs of stair users were taken during the working day. Employees photographed received on the spot prizes and had their pictures posted on the project intranet pages.
- Ongoing improvements to the stairwells were made throughout all interventions, including redecoration of the stairwells and hanging artwork of local scenes on the walls.
- Measurement: A continuous (24-hour) automatic measurement of stair use was obtained using an infra-red counter placed at the foot of each of the stairwells on the basement and ground floor, of the four-storey building. These floors were chosen as they contained the main entrances into the building. A ‘stair user count’ was registered each time the infra-red beam was broken. Data were downloaded to a laptop periodically.

Results:

- Stair counts across all four stairwells increased by 25% from baseline with the introduction of the posters.
- Stair use remained elevated from baseline levels during the photo interventions, peaking during the second photo initiative (29% above baseline).
- The BTCE intervention did not show any increases in stair use.
- Stair counts at week 24 (2-weeks post final intervention) remained 28% higher than baseline counts.

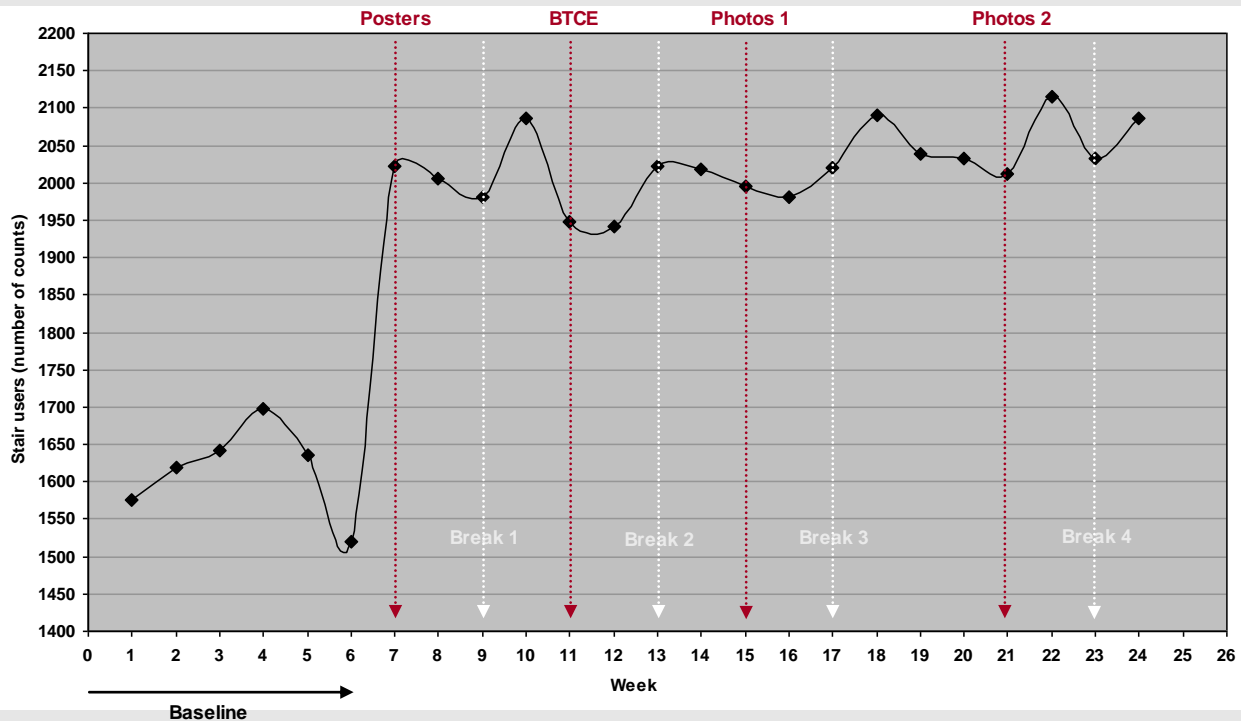


Figure 8.1 Total weekly stair counts

What was learnt?

- A multi-faceted programme to promote stair climbing resulted in substantial increases of stair usage counts
- However, the automatic counters used do not allow for a directional measure of stair use to be reported and thus it is unclear whether the increased stair usage was by users ascending or descending.
- The competition to 'beat the chief executive' was not successful with an apparent decrease in stair usage while this event was underway.
- The changes observed may be a result of other initiatives implemented as part of the wider Well@Work project and not just reflect the effect of the stair climbing interventions.

8.4.3 Weight loss competitions

Purpose: To assess the use and impact of two different weight loss competitions (team and individual) in two workplace settings

Introduction:

- There has been a marked increase in the level of adults classified as overweight and obese in recent years.
- Obesity increases the risk of a number of diseases. A report in 2002 stated that 15.5 – 16 million days of certified incapacity (sickness absence) were attributed to obesity and other co-morbidities (House of Commons Health Select Committee, 2004).
- There is good evidence to suggest that moderate weight losses (5-10% of body weight) is associated with important health benefits, particularly a reduction on blood pressure and reduced risk of developing type II diabetes and coronary heart disease (Vidal, 2002).
- The popularity of weight loss programmes raises important questions over their suitability of being run in the workplace.
- One way to improve the use of such programmes results may to introduce competitions to enhance motivation and social support

Case study example: Projects C and F

Methods:

- **‘Cold Turkey’** and **‘Biggest Loser’** were two weight loss competitions offered free to employees through two Well@Work projects.
- **Cold Turkey** was a team-based competition run over 11 weeks. The team that achieved the greatest percent weight loss was the winner and received a trophy. In addition, fruit baskets were awarded to the team with the greatest percent loss each week throughout the competition.
- **Biggest Loser** was an 8 week individual weight loss competition. A prize of £130 of gift experience vouchers were given to one male and one female winner with the greatest percent weight loss. Additionally, one male and one female with the biggest waist circumference loss received £30 of vouchers.
- Both competitions provided employees with similar resources and support: Weekly weigh-in with the project co-ordinator; tape measure; resource booklets including self help material and advice on losing weight; weekly ‘top tips’ and recipes

“The weigh-ins and group effort made you make more of an effort to lose weight so you didn’t let your team down”

“Work colleagues around me also taking part in the project were great support because if we were all eating healthily you weren’t tempted to snack on unhealthy items”

Results:

Cold Turkey – TEAM weight losses

- 25 teams each with 4 members (100 employees) signed up (30 males; 70 females) and 'weighed in'.
- All 25 teams (100 employees) completed the 11 week competition.
- 14 teams (56 employees) lost an average of 8kg each, equivalent to 0.7kg/week.
- Total team weight losses (across these 14 teams) ranged from 2.6kg to 17.6kg.
- Percent weight losses of these 14 teams ranged from 0.8% to 4.7%.
- The remaining 11 teams (44 employees) actually gained an average of 2.8kg over the 11 week competition (range 0.2kg to 11.2kg).

Cold Turkey – INDIVIDUAL weight losses

- 25 teams each with 4 members (100 employees) signed up (30 males; 70 females) and 'weighed in'.
- All 25 teams (100 employees) completed the 11 week competition.
- 55 employees lost an average of 2.7kg each, equivalent to 0.3kg/week.
- Total individual weight losses (over the 11 weeks) ranged from 0.1kg to 8.9kg.
- Percent weight losses ranged from 0.1% to 9.4%.
- Two employees remained the same weight at week 11 as at week 1
- 43 employees actually gained an average of 1.8kg over the 11 week competition (range 0.1kg to 8.7kg).

Biggest Loser – INDIVIDUAL weight losses

- 51 employees signed up for the competition and 'weighed in'
- 21 employees weighed in at week 5 (8 males; 13 females) = 41% drop out
- 20 employees lost on average 2kg each (range 0.3kg – 5.5kg) equivalent to 0.4kg/week
- Weight loss ranged from 0.4% to 6.4%
- The average weekly weight loss data is similar to results of other workplace-based interventions which have shown a range of 0.21 – 1.63 kg/week (Foshee et al., 1986).
- The percent weight losses = within 5-10% for health benefits
- Both competitions scored similarly, and favourably, on participant ratings of changes for weight loss, confidence, energy levels, knowledge and motivation (Figure 8.2)

Perceptions of the competition

- Participants were asked to rate whether the competition (current weight loss attempt) was more or less successful than other attempts they had made: 62% of employees participating in the

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individual competition and 39% of employees from the team competition indicated that their current weight loss attempt had been more successful than previous attempts.

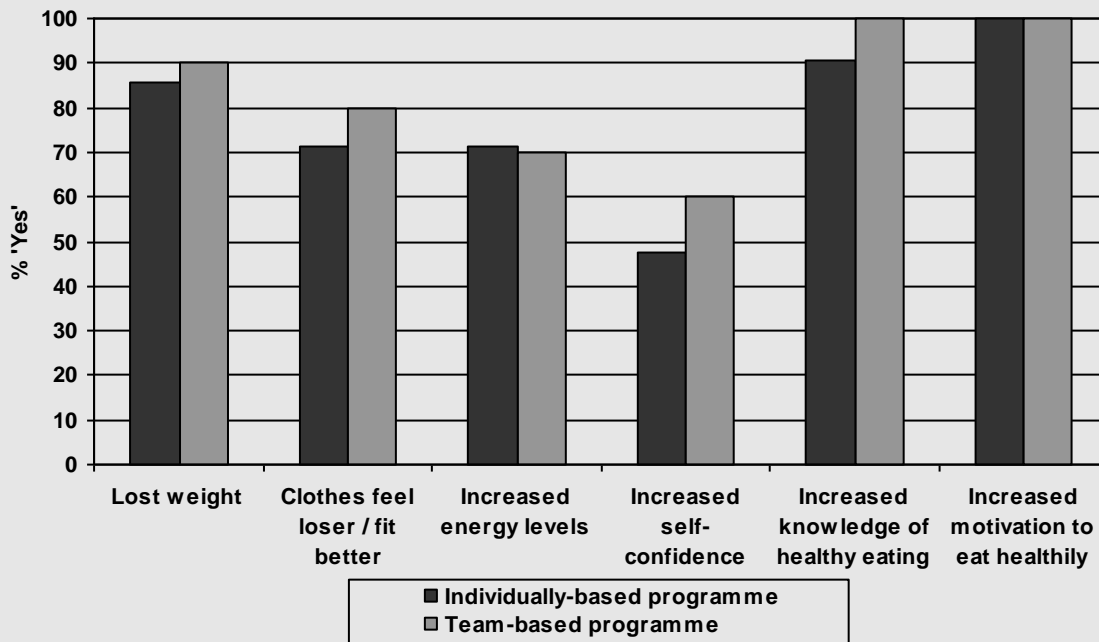


Figure 8.2 Participant feedback ratings of success

- Employees from both competitions rated the different components of the competitions favourably. Those in the team event rated the competition as more helpful (Figure 8.3).

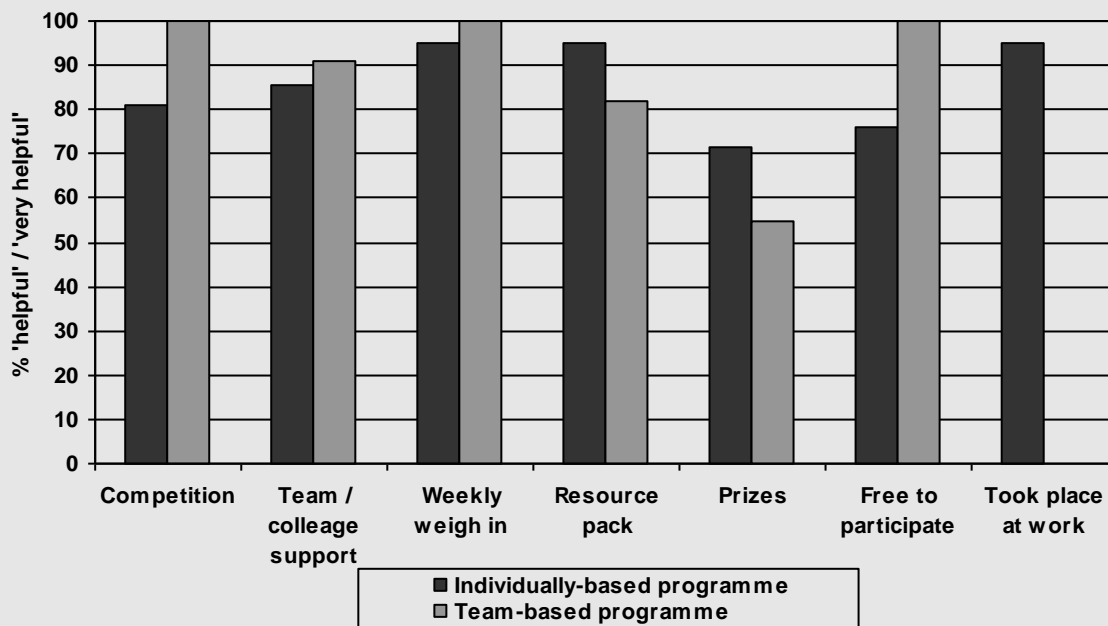


Figure 8.3 Participant ratings of programme components

What was learnt?

- Employees liked the convenience of being able to participate in the weight loss group at the workplace, and availability during work time was a significant factor for employee participation.
- Employees liked the social support and encouragement offered by fellow 'team mates' or colleagues and this was important, encouraging participation and compliance.
- The weekly "weigh-in" sessions and personal contact with the project co-ordinator were liked. However, it is important to offer a variety of weigh in times / opportunities to ensure access by all interested employees.
- Biggest Loser participants found it difficult to make the weigh-in sessions, especially those working on the factory floor due to lack of flexibility in their working conditions.
- Collecting employee weigh-in data by visiting each employees work station increases compliance rates and reduces demands on employee time, but does require the time and effort from a project co-ordinator or programme assistant.
- Offering prizes as incentives can encourage some employees, however the social support offered by running these programmes in the workplace was considered the most important factor for success by employees.

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8.4.4 Changes to the staff canteen

Purpose: To assess the effects of price incentives and increased variety on fruit purchases in a staff canteen

Introduction:

- Increasing the consumption of fruit and vegetables has been shown to significantly reduce the risk of many chronic diseases (WHO, 2003).
- Current government guidelines recommend consumption of 5 portions of fruit and vegetables each day.
- The food environment in a workplace may have a significant effect on employees' food choices during the working day.
- The workplace canteen may thus be a promising setting to promote and facilitate employees purchase and consumption of healthy foods.

Case study example: Project H

Methods:

- The canteen catered for both office and factory floor workers, serving breakfast, lunch and evening meal (hot and cold) options.
- The selection of fruits available to employees was increased from 4 to 8 varieties.
- The price of the individual fruit portions was reduced; price reductions ranged from 4p to 14p.
- A series of 'table talkers' were displayed in the canteen providing educational information on healthy eating and food choices. The topic of the table talkers were changed on a regular basis and included information on: understanding food labels; super foods; water; sugars; fibre; salt; alcohol; and swap and save healthier alternatives.
- 'World Cup recipes' were also introduced for one month, providing employees with healthy food options from countries participating in the 2006 football world cup.
- Sales figures of fruit portions covering 12 consecutive months were obtained from the canteen manager. Two months of baseline data (before any Well@Work initiatives were implemented) were provided followed by data covering 10 months of initiatives.

Results:

- Sales of fruit portions more than doubled over the 10 month period of interventions / initiatives in the staff canteen.
- On average, 59 portions of fruit were sold per day at baseline. Final sales figures (in month 10 of initiatives) indicated a 107% increase in daily fruit portion sales, with on average 123 portions sold per day (Figure 8.4).
- No data on other less healthy snacks were available to compare.

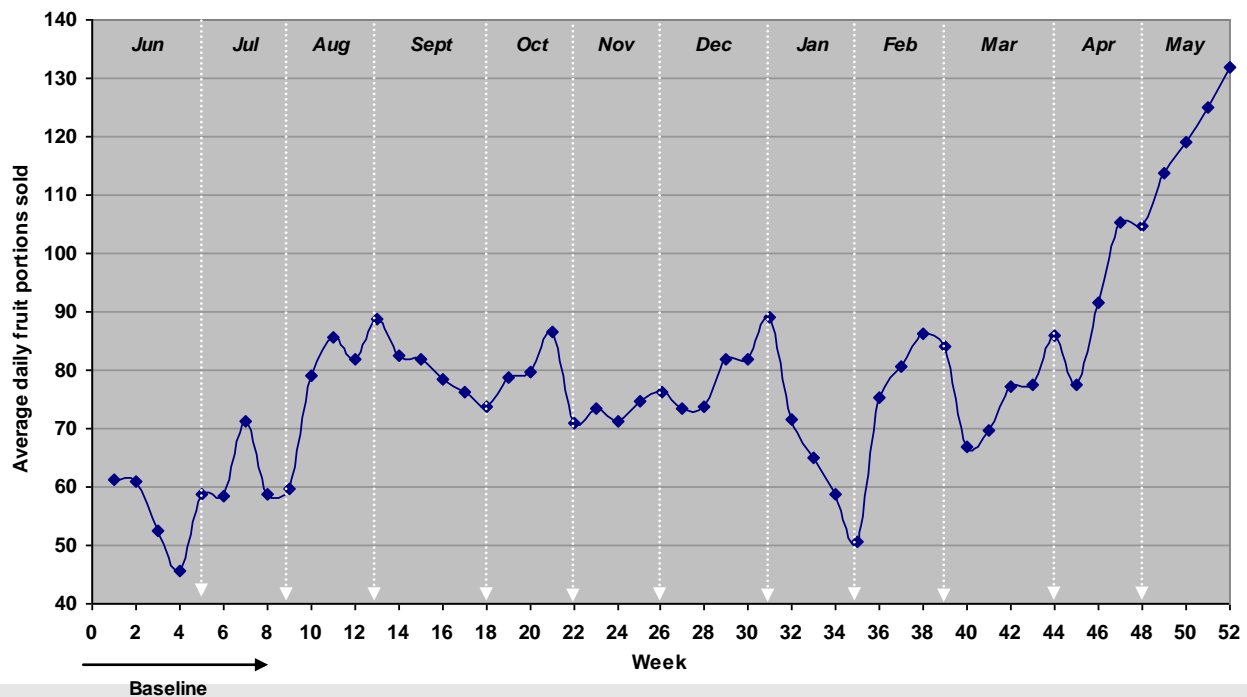


Figure 8.4 Average daily fruit portions sold each week

What was learnt?

- A combination of price incentives can increase fruit sales in the staff canteen.
- Support from the canteen manager is essential, especially where external catering contracts exist, to enable changes to the foods offered to be implemented and for alterations to the pricing structures.
- Affordable healthy options are needed to encourage purchases over the less healthy food choices.
- Focus group discussion revealed support among employees for changes to the foods offered and for greater healthy options.
- Although the results show an increase in fruit sales throughout the day, no information was gathered on the impact of fruit consumption on employees' total diet.

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Chapter 9 Discussion and conclusions

9.1 Discussion

The workplace offers significant potential as a setting to promote healthy lifestyles to the adult working population. This is well recognised in the UK but to date under utilized, moreover there is limited evidence on workplace health from studies undertaken within an English context. The Well@Work programme is a 2 year national workplace health initiative, comprising nine regional projects encompassing 32 workplaces representing different sized organisations and sectors. This report summarises the national evaluation of Well@Work and represents a comprehensive assessment of the impact of workplace health programmes aimed at improving employee health, delivered across a diverse set of workplaces.

The Well@Work evaluation aimed to assess the effectiveness of health-related interventions in the workplace, particularly those relating to increasing physical activity, improving diet and promoting smoking cessation; and to develop an evidence base on 'what works' in health promotion in the workplace in England. The national evaluation framework addressed process, impact and outcome evaluation combining qualitative and quantitative methods. In this chapter the results from previous chapters are brought together to explore how well they agree and provide an overall understanding of the impact of Well@Work initiatives. Key recommendations are presented as well as a review of the strengths and limitations of the evaluation methods.

9.1.1 Lessons learnt: Project co-ordination and delivery

- Evidence from the process evaluation and qualitative feedback indicates that the role of the project co-ordinator was significant in the delivery and success of Well@Work projects. They made a substantial contribution to the development and co-ordination of the projects and in several cases became personally identified with the project, its aims and the delivery of initiatives.
- Project co-ordinators spent a significant amount of time on administration, project management, planning and preparation (60%) with less time spent on delivering project initiatives (9%). These tasks were consistent with the feedback from the workplace, employees and the workplace champions on the project co-ordinators roles and responsibilities. As project facilitators they were responsible for making the projects happen, providing ideas, sourcing providers and signposting the organisations to relevant (external) resources. The roles and tasks performed by the project co-ordinators in Well@Work has implications for the skill set required for a successful workplace health programme co-ordinator and should not be limited to health knowledge or an ability to deliver project initiatives; desirable skills include management, planning, co-ordination and communication.

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- There was little difference between co-ordinators based within the participating workplace compared with those based elsewhere in the roles and responsibilities undertaken and the time spent on tasks, although identifying providers was noted to have been particularly difficult for those co-ordinators with multiple sites or areas which extended across different provider boundaries (e.g. PCTs).
- In projects where it was more difficult to source suitable local providers (either due to geographical dispersion or provider boundaries) co-ordinators were required to be more directly involved in project delivery.
- In one project where the co-ordinator did spend a higher proportion of time running events, feedback from the workplace indicated some concerns about project ownership and the potential difficulties that may occur in sustaining the project when funding (and the project co-ordinators position) ended.
- The total number of initiatives delivered in Well@Work projects co-ordinated by a shared and / or part-time project co-ordinator was less than those projects with a full time co-ordinator; this might be expected and is partially due to the planning time required to start and run a workplace health project and the need to get to know the workplace and employees.
- In several Well@Work projects, co-ordinators were based externally to the workplace however, there was no evidence of any adverse affects on the delivery of projects nor were there any apparent differences in the direction of results on the key outcomes variables (lifestyle, supportive environment or business-related). It was noted however, that project co-ordinators not based within the participating organisation needed to make strategic plans to be on-site and visible to management and employees on a regular basis.
- The development and use of workplace champions had a clear and positive impact on the number of Well@Work initiatives implemented over the 2 year period. Their involvement increased the capacity to deliver initiatives and increased employee engagement.
- A review of the number of initiatives, position of the project co-ordinator and use of workplace champions revealed that the highest number of initiatives were delivered in projects which developed workplace champion networks (projects A, I and J) and particularly where these projects also had a full-time project co-ordinator based within the participating workplace (project A).
- The identification of workplace champions to assist in the development and implementation of workplace health initiatives was considered a useful strategy and provided support to the project co-ordinator, enhanced employee participation and improved project communications. Workplace champions did however indicate the need for clear roles and areas of responsibility and support from the project co-ordinator and training were identified as being essential.

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- More than one champion is usually necessary, particularly in large organisations, in workplaces with multiple sites and those with multiple and/or diverse employee groups (such as shift workers, factory / warehouse employees, administration staff or sales staff).
- A key workplace 'advocate' or workplace health programme 'sponsor' within the organisation was noted in the qualitative data analyses as an important factor for the Well@Work projects providing the co-ordinator with advice and support in getting to know the organisation and accessing management. They were particularly important when the project co-ordinator was externally based and / or part-time.
- Senior and line management support was viewed as essential for the project co-ordinators and workplace champions in their roles, the project itself and for engaging employees.

9.1.2 Lessons learnt: Health and Lifestyle Outcomes

- The majority of Well@Work initiatives were aimed at increasing awareness and education or the provision of programme activities and services. Far fewer initiatives were aimed at creating more supportive environments in and around the workplace and policy development within the 2 year project timeframe.
- Over the 2 years a large number of initiatives (n=546) were run across the participating workplaces. Many of these initiatives could be characterised as 'one-offs' or 'come and try' or 'taster' activities (such as healthy eating workshops) which were identified as the least time consuming to organise, good for raising awareness and as providing an easy way to offer a diverse set of opportunities to employees. Workplace champions were key players in helping deliver 'one off sessions' and they found these types of initiatives easier to plan and conduct. These features may explain why they were conducted more frequently than initiatives set up as 'on-going' events or a series of classes.

Physical Activity

- In all Well@Work projects physical activity and nutrition initiatives were the dominant foci. Physical activity initiatives (including sports and recreation, walking and active travel) accounted for approximately half of all project initiatives however this did vary across projects (from 26% to 73%) indicating that some Well@Work projects had a much stronger focus on physical activity than others.
- The focus on physical activity in many of the Well@Work projects may be a consequence of project co-ordinators and workplace champions experience and expertise and their view that

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physical activity initiatives were the “easiest to sell to employees”, fun, enjoyable and easy to link in with or conduct as social events.

- Many of the ‘one-off’ physical activity initiatives were conducted to raise awareness and provide employees with opportunities to experience new activities and to reach staff who could not or were not interested in committing to short courses (e.g. a 6 week Tai Chi course).
- Popular physical activity initiatives included team based events and competitions. Employee feedback suggested that employees enjoyed and valued the peer support provided by this type of event and found the competition events motivating.
- Specific barriers to implementing initiatives on physical activity included the lack of suitable space or facilities to conduct events and, for some activities and for some employees, the lack of changing and shower facilities prohibited participation.

Active Travel:

- Significant increases in active travel were observed in 3 projects. In two projects (B and G) this was consistent with data on the project initiatives delivered which reflected a strong focus on active travel including links with local Sustrans initiatives (e.g. Town on The Move), walking and cycling commuter challenges, bicycle purchase schemes, bike maintenance, cycling lessons, and improved cycle racks / storage. In contrast, the increase in active travel observed in the third project (project F) cannot be fully explained as no initiatives specifically targeting active travel were reported.
- A number of the other Well@Work projects reported implementing ‘active travel’ initiatives but no significant changes in behaviour were observed. Reasons for this could be due to low participation in the initiatives and/or a lack of facilities (i.e. changing rooms and showers, secure bicycle storage). In one project employees did express scepticism around the cycle purchase scheme which may have influenced participation and uptake.
- In some projects there were apparent inconsistencies in the project initiatives delivered with limited changes to the physical environment to support the efforts to increase active travel. For example, one project reported providing new changing facilities and introducing a bike purchase scheme but employees at this workplace reported at follow-up that no changes were made to other key amenities needed to support the use of such new initiatives (specifically the lack of provision of secure bicycle storage).
- The geographical location and environment surrounding a workplace may preclude active travel opportunities. The local environment surrounding participating Well@Work workplaces generally scored low on the level of support for cycling (8 projects) and most workplaces received only medium scores on the level of support for walking (9 projects). These objective

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scores were consistent with comments from both employers and employees that indicated some of the Well@Work initiatives (such as lunchtime walks or active travel) were limited by the site location (i.e. being in “the middle of nowhere”) and surrounding environments.

- Although the immediate walking and cycling environment may not be under the direct control of organisations, there is potential for an employer to improve facilities and infrastructure in collaboration with the local authorities to encourage employees to participate in active travel to work or lunchtime activities. Employers should therefore be encouraged to work with local service providers to improve the local environment.

Sport and Recreation:

- A significant increase in sports and recreation was observed in 9 projects and these results are consistent with the strong focus on physical activity in most of the Well@Work projects. No significant increase in sport and recreation participation was observed in one project (B) despite a substantive focus on physical activity. This is possibly explained by a stronger focus on active travel but more likely due to the loss of the project co-ordinator mid-way through the project which was reported by both employees and the workplace to have led to the project effectively ceasing.
- One Well@Work project, with a very strong orientation towards physical activity (project A), showed a decline in sport and recreation participation. This is most likely explained by the timing of the baseline and follow-up employee questionnaire and the negative impact of seasonality. In addition, employee comments reflected perceptions that the project was “too sports orientated” and this may have influenced employees’ interest and participation.

Physical activity recommendations:

- A significant increase in the proportion of employees meeting current physical activity recommendations was observed in 5 projects which is again consistent with the focus on delivering physical activity initiatives in most of the projects. It is however likely that some of the observed change between baseline and follow-up may have been positively influenced by the timing of the employee questionnaires; specifically the difference in season at baseline and follow-up may have contributed to the observed increase or decrease in physical activity levels.
- Overall, although the changes in physical activity behaviour in the Well@Work projects reflect the number and focus of project initiatives, as noted above it is likely that some of the observed changes between baseline and follow-up may have been influenced by the timing of the employee questionnaire.

Nutrition

- Overall nutrition initiatives accounted for 19% of project events but this varied across projects (range 4% - 41%). Nutrition-related initiatives e.g. 'Fruity Fridays,' taster sessions with fruit smoothies and weight loss programmes or classes were popular educational activities. Changes to the nutrition environment were minimal and initiatives tended to be limited to the installation of water coolers and the introduction of healthier options in vending machines.
- Significant increases in fruit and vegetable consumption were observed in 5 projects. For two projects (C and F) this was consistent with the focus of the Well@Work projects as both projects delivered more programmes and services addressing nutrition (including weight management programmes) and managed to make some changes to the food options available in the staff canteens compared with other projects. The observed change in fruit and vegetable consumption was also consistent with employees' perceptions of the Well@Work project providing motivation and helping them to eat more healthily.
- The changes observed in fruit and vegetable consumption in three projects (A, D and E) are more difficult to explain as fewer nutrition-related initiatives were delivered (particularly in projects A and E). In one project (A) the change in the proportion of employees meeting recommendations may have been confounded by a change in question format in the follow-up questionnaire.
- A lack of change in fruit and vegetable consumption in other projects may be explained by the limited potential to make changes e.g. due to the absence of a canteen, being situated in shared or rented facilities and constraints due to existing external catering contracts. Employees also suggested that the prices of healthy options (in at least one project) were a disincentive.

Smoking cessation

- A small decrease in the prevalence of smoking was observed in 6 projects and a small increase was observed in 4 projects; none of these changes were significant. At least one project co-ordinator reported an increase in employee interest in smoking cessation services towards the end of the pilot, coinciding with the new smoking legislation in England.
- Well@Work initiatives mostly aimed at providing smoking cessation courses and supporting any changes required at the workplace to prepare for the new legislation which was introduced in July 2007.

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Alcohol consumption, mental health and stress issues

- Across all the Well@Work projects very little was done to address alcohol consumption, mental health or stress issues. Although every project reported at least one event these health issues were viewed by co-ordinators and the workplace as more sensitive and “taboo” topics and thus were perceived as more difficult to address. Those initiatives that were conducted were mostly limited to provision of health education information via leaflets and posters.
- A lack of experience and knowledge of these health issues by co-ordinators, champions and key advocates may explain the reluctance to incorporate more initiatives in these areas within the 2 year project timeframe.
- There were no changes in reported levels of alcohol consumption but as Well@Work projects implemented very few initiatives in this area these results are not surprising.
- An improvement in levels of knowledge on the recommended daily alcohol intake was observed in 4 projects but these findings are difficult to explain because, with the exception of one project, the data on project implementation indicated no initiatives were delivered in this health area.
- Knowledge of the recommended daily levels of alcohol intake for males and females was low among both male and female employees responding to the employee questionnaire; correct responses ranged from 17% - 36% across the Well@Work projects and there were only modest changes at follow-up.

General health measures

- Health checks were a popular method for engaging employees and launching the Well@Work projects. They were well received by employees and employee feedback suggested that these events raised employees’ interest in personal health, motivated employees to participate in other project activities and encouraged individual lifestyle changes.
- Anecdotal evidence indicated that in two projects health checks had detected a number of serious health issues in several employees that might otherwise have gone undetected.
- Provision of ‘health check’ or lifestyle assessments by an external or independent service provider did seem to be favoured by employees. This may have reflected concerns about the confidentiality of personal health data and the view that provision of an external ‘service’ demonstrated to employees the support and value management placed on their health.

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Factors associated with behaviour change (Mediators)

- In addition to assessing change in lifestyle behaviour the Well@Work evaluation assessed change in known factors associated with helping individuals to make lifestyle changes. These were addressed in Well@Work projects by providing knowledge, support and provision of opportunities to try and maintain healthy lifestyles.
- An increase in employee's perceptions of social support for both physical activity and nutrition was observed across the majority of Well@Work projects and these findings were consistent with the primary focus of the projects (i.e. physical activity and nutrition) and the types of initiatives delivered. 'One-off' awareness raising and promotional activities, as well as the physical activity initiatives, provided employees with opportunities to meet new colleagues and develop new social interactions. Team-based events, competitions or challenges offered employees tangible, regular support and encouragement from their colleagues. These types of initiatives and the supportive and social aspects of the events may have contributed towards a greater sense of social support and explain the observed results.
- The lack of change or even decreases in scores on social support in some Well@Work projects may be explained by the existing workplace culture. In one organisation qualitative data revealed a level of staff mistrust of management and employee scepticism of the Well@Work project. This is likely to have had some affect on participation and employee satisfaction with the project.
- No change in knowledge was assessed for nutrition and physical activity. Due to very high baseline levels (>90% correct answers) these items were omitted on the follow-up employee questionnaire. However, additional qualitative data revealed a widely held view amongst employees in most projects that the Well@Work initiatives had been "informative" and "educational" and had a positive impact on employees' awareness of health messages and healthy lifestyles.
- Measures of self efficacy and intention to change lifestyle behaviours were assessed at baseline in the employee questionnaire but as no Well@Work project provided the opportunity to track individual behaviour change over time and match individual baseline and follow-up data, no findings are reported on these variables.

9.1.3 Lessons learnt: Building Supportive Workplace Environments and Healthy Workplace Policies

- Providing a supportive workplace environment can help to encourage employees to undertake healthy lifestyle behaviours. New and existing communication channels within a workplace can be used to raise employee awareness and education on health topics (and to promote and

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publicise project activities), whilst physical changes to the work environment can increase access to and opportunities for employees to make healthy lifestyle choices in the wider workplace setting.

- Supportive workplace policy can ensure that promotional activities, programmes and services and changes to the physical environment aimed at employee health are embedded with the organisation and sustained over time.
- The potential to make changes to the workplace environments and policies within the participating Well@Work organisations was quite large. However, despite starting from a low baseline score, few changes were made over the 2 year timeframe of the project. The greatest number of changes was made to improve the awareness and education environment. Some changes were made to the physical environment but only a few changes were made in the area of policy.
- All Well@Work projects made some changes to the awareness and education environment. Examples include installing designated project notice boards and developing project-specific newsletters; these types of changes were noted to be easy and inexpensive to implement. Some workplaces used the intranet or existing newsletters to disseminate Well@Work project communications.
- Changes to the physical environment in the Well@Work projects were characteristically small scale, non-structural and inexpensive. Most of the observed changes addressed physical activity (for example, provision/improvement of bike storage, provision of sports equipment) and nutrition (for example, water cooler installation, healthier options in vending machines, increase in healthy food options in the canteen).
- In some Well@Work projects, there was limited potential to make physical changes due to the location, site specific constraints or shared facilities with other organisations. Other barriers included lack of ownership of buildings, being based across multiple sites, cost, lack of space, limitations due to existing contracts with external (food) service providers and lack of control over or no available budget.
- Where management support for the Well@Work projects was particularly high more substantive changes were made towards implementing or planning future, larger scale, changes at the end of the Well@Work pilot phase (e.g. plans for an activity room in a building redevelopment in project F).
- In some Well@Work projects initiatives were introduced that were inconsistent. For example, one project reported making changes to the physical environment (by providing new changing facilities and introducing a bike purchase scheme) but employees reported that no changes were made to other key amenities that were needed to support the use of new initiatives (e.g. provision of secure bicycle storage). In another project healthy options were introduced in the

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canteen however the pricing structure made these more expensive than other, less healthy options.

- At follow-up employees reported that they would have liked to see more changes in the physical environment and that would have helped to provide visible commitment from their employer to the project and employee health.
- Employee awareness of the changes made to the environments in Well@Work projects ranged from 36% to 98%, but employees' self-reported use of these changes was low overall. Promotional activities to raise employee awareness of changes are necessary to ensure that new and improved amenities or policies are fully utilised and the opportunity to promote healthy lifestyles is maximised.
- The local environment surrounding the Well@Work workplaces generally scored low on the level of support for cycling (8 projects) and most sites scored only medium on the level of support for walking (9 projects). These scores are consistent with comments from both employers and employees indicating some Well@Work initiatives, such as lunchtime walks or active travel, were limited by the site location and surrounding environments.
- Although the immediate walking and cycling environment around a workplace may not be under the direct control of organisations, there is potential for an employer to improve facilities and infrastructure in collaboration with the local authorities to encourage employees to participate in active travel to work or lunchtime activities. Employers should therefore be encouraged to work with local services to improve the local environment.
- Reflecting on the Well@Work project experience, co-ordinators and participating workplaces considered changing the physical workplace environment as difficult, particularly within the 2 year Well@Work timeframe. Moreover, undertaking larger scale physical changes required strong management support and often financial input and thus was more likely to be achieved as a longer term output of a workplace health project.
- Across the Well@Work projects the experiences of undertaking the development or alterations to organisational policies were similar to making changes in the workplace environment. Strong management support was viewed as critical and thus positive outcomes in the policy area are more appropriate as a mid- to long-term objective. Those Well@Work projects with higher management support were able to commence or achieve some policy changes (these included an active travel policy, changes to staff induction materials or a physical activity policy).

9.1.4 Lessons learnt: Business Indicators

- A key driver for participation in the Well@Work project was the potential to improve business performance, for example an increase in productivity and a reduction in absenteeism. In addition, employers reported using the Well@Work project as a vehicle to demonstrate their

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commitment to employees, as a tool to assist the organisation in areas of strategic priority (e.g. reducing absenteeism, personnel, health and safety agendas) and to help deal with broader changes in the workplace context (e.g. redundancies and restructuring).

- Overall limited evidence is available from Well@Work projects on changes to work-related outcomes due to the lack or poor quality of data provided. More specifically, some of the Well@Work organisations were unable to share business-related data with the evaluation team whilst others did not have systems in place to record the items of interest.
- From the limited objective data provided, a decrease in work-related accident/injury rates and absenteeism was observed in 2 projects, respectively. Although promising in direction, the accident/injury rates showed considerable monthly variation and it is not possible to explain the changes through the delivery of project initiatives.
- Attributing the observed changes in absenteeism to Well@Work project is questionable. In one project the decrease in absenteeism commenced prior to the start of Well@Work, although the employer did report at follow-up a perception that Well@Work initiatives had contributed to the ongoing reduction of absenteeism rates over the 2 year period. In the second project, the decrease in absenteeism appeared to coincide with the timeframes of Well@Work however no data were available to compare long-term trends.
- Other data from the employee questionnaire provide an indication of some positive changes in job-related factors. A significant increase in self-reported job satisfaction was observed in three projects, job commitment (2 projects), job involvement (2 projects) and job performance (3 projects) and these changes are supported by positive changes in employee perceptions of the working atmosphere as well as an increase in employee satisfaction in these projects.
- A lack of change in these job-related variables in other projects may be due to scepticism of the purpose of the Well@Work project (particularly mistrust with management in the manufacturing organisations) and a lack of knowledge of company objectives and reasons for engaging in Well@Work. Notably, some employees reported thinking the broader purpose of Well@Work was to benefit the companies rather than employees.
- Detecting changes in self-reported job-related indicators (such as job satisfaction, job commitment) is difficult because broader changes underway in the participating workplaces (e.g. plans for redundancies) and other external factors may have had a stronger influence than the modest impact that might be expected from a workplace health project in a 2 year timeframe.
- Although the objective data on business-related indicators and self-report measures of work were limited, there was considerable discussion of the impact of Well@Work by employees and employers in discussion groups held at follow-up. Employers perceived an improvement in staff morale, working atmosphere, communications and interactions between employees and managers in the workplace. These were described as 'less tangible' but important outcomes.

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Across all projects employees reported enjoying their experiences, liking the opportunity to meet new colleagues and socialise.

9.1.5 Lessons Learnt: Overall project satisfaction

- Across all projects, employee awareness of the Well@Work projects was extremely high (average 93%, range 86% to 99% of respondents) and employee ratings of Well@Work publicity within the participating workplaces was rated quite highly across the 11 projects (67%; range 44% - 96%).
- Feedback from employee focus group discussions indicated that the Well@Work projects had been well received and enjoyed by most employees at most workplaces. Additionally, many referred to the projects as having been “informative”, “helpful”, “useful” and “interesting”. This is consistent with results from the employee questionnaire that showed two-thirds of employees thought that Well@Work projects had been ‘interesting’, ‘helpful’, and ‘provided them with useful information’.
- Participation was assessed by attendances at Well@Work events and activities and, although not representative of unique individual employees, approximately 8000 attendances were recorded for project services and activities over the 2 years across the 11 projects (these data exclude estimates of reach of mass media initiatives e.g. leaflets and posters).
- Participation rates, computed from the questionnaire responses, provide an estimated reach across all 11 projects of 65% although this is likely to be higher than the true participation rate due to response bias in the survey returns. Employee self-reported participation rates did vary across the Well@Work projects from as low as 37% to 88%.
- Across all 11 projects only 40% of respondents reported that the Well@Work projects had ‘met their needs’, this is despite the efforts noted to have been made by project co-ordinators to assess and respond to the needs and interests of the employees at participating workplaces. This may be considered low but possible explanations are: 1) the focus or content of Well@Work projects, 2) convenience and access issues, 3) communication challenges; and 4) employee interest and readiness.
- As previously noted, the majority of Well@Work projects focussed heavily on physical activity initiatives. This was emphasised by employees in discussion groups and in some projects employees indicated a preference for more initiatives in other health areas, in particular nutrition. One project, with the lowest score on meeting employee needs, was particularly identified by the employees as being “too sports orientated”. The image of the Well@Work projects portrayed, or perceived, as being about ‘sports’ may have deterred some employees from getting involved, particularly those for whom sports activities did not appeal, those with lower levels of confidence in their physical abilities and older employees. These views were

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expressed by employees from 3 Well@Work projects which did have the greatest emphasis on physical activity / sports initiatives. These findings suggest that offering a balanced mix of initiatives and creating an 'inclusive' image for a workplace health programme is important.

- Another explanation for the poor results on meeting the needs of employees may have been the scheduling of the activities and the provision of accessible and convenient Well@Work initiatives. Over 80% of all initiatives were offered during work, at lunchtime or after work, yet only just over half of all employees (55%) considered Well@Work projects as 'convenient.' A closer inspection of results, and comments from employees focus group discussions, revealed a clear difference in levels of perceived convenience between office-based and factory or health care service employees.
- Workplaces with the highest scores on convenience (A, B, C) offered the majority of activities during the working day, and the office-based staff, with individual flexibility and autonomy in their job and time schedules, were more able to participate. However, even in this context, a "culture of working through lunch breaks" was noted to have deterred some employees taking their (full) lunch breaks and participating in project activities.
- In contrast, projects with low questionnaire scores on 'meeting needs' and employee perception of project convenience (projects E, G and H) had a large proportion of part-time employees operating with no lunch breaks (project E), ran rotating shifts and/or work roles provided little or no flexibility to participate (i.e. to leave production lines [project H] or a hospital ward / patients [project G]). Employee feedback revealed a strong perception that Well@Work scheduling of initiatives had revolved around a typical '9am-5pm' timetable and that this did not accommodate the needs of particular employee groups. At worst, some employees reported feeling excluded from the Well@Work projects, a feeling expressed more frequently by employees in workplaces with multiple sites (project E).
- The project with the highest scores on employee perceptions of project satisfaction was characterised by a mix of initiatives across the health issues, initiatives that were delivered during the working day (and for office-based employees this was mostly perceived as convenient), employees had flexibility to participate and management supported participation (Project C).
- A lack of awareness and knowledge of the Well@Work initiatives may be due to poor project communication and this was reported by employees to be a significant barrier to participation. Put simply, if you don't know about it, you can't participate! Nearly half of all project advertising strategies and communication channels required computer access. It was apparent from employee discussions that this excluded certain employee groups from receiving many of the project communications, notably factory and warehouse staff, shift workers, part-time workers

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and those employees with no personal computer access. Communication failures were also reported when Well@Work communications relied on line managers and team meetings.

- Although email offers an efficient communication channel in some workplace contexts, face-to-face communication (by the project co-ordinator, workplace champion or management) was highly valued across all Well@Work projects and multiple communication channels should be used to maximise reach within a workplace.
- It is notable that Well@Work projects with higher ratings from employees on the effectiveness of project publicity also achieved higher participation rates (projects A, B, C). These were typically office-based workplace contexts where employees had use of personal computers and email.
- Engaging all employees was an ambition of all Well@Work projects, and while certain initiatives had been very popular and achieved good support, it remained difficult to reach and engage specific employee groups either due to the practical scheduling of activities or poor communication. Employees, employers and project co-ordinators all agreed that a more pragmatic approach was not to expect 100% engagement and to work with and provide initiatives for those employees showing interest and readiness to make health changes. This was more likely to lead to success which in itself can help build the profile of the workplace health programme and over time encourage other employees to participate. Recognising that some employees will not be interested or ready to make changes and that some already take part in healthy activities outside of work provides a more realistic framework for programme planning.

9.1.6 Lessons Learn: Success and Sustainability

- Overall organisations participating in the Well@Work programme considered the experience to be very positive.
- Eight Well@Work organisations had plans in place to continue with a workplace health project after the pilot phase. For several workplaces, this included providing financial commitments and resources. The extension of Well@Work projects in over two thirds of projects indicates a major success for the Well@Work programme.
- All eight projects continuing the workplace health programme recognised the need for some form of continued project co-ordination but the format of this support varied (see Table 9.1).
- Several workplaces identified that the Well@Work successes after 2 years had been “less tangible” than initially envisaged but that, despite the lack of “hard [objective] measures” of change, the overall impression was that the Well@Work projects had positively impacted on both the staff and the organisations.

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- The “less tangible” changes reported were improved staff morale, communications and interactions (including management-staff relations) and a generally improved working atmosphere. These were valued and considered important for other business areas particularly over time.

Table 9.1 Summary of Well@Work project continuation and project co-ordination models

	Project continuing post pilot phase	Project co-ordination function continuing	Comment on model for Well@Work project continuation
A	✓	✓	Co-ordinator position incorporated into another role within the organisation. Planning to roll workplace health promotion programmes out to other businesses in the local area.
B	x	x	Co-ordinator left halfway through project and not replaced. Organisation under new management.
C	✓	x	Project continuing in-house without a co-ordinator. PCT looking into creating a possible workplace health co-ordinator role.
D	✓	✓	Leisure Trust extending workplace health programmes to other businesses in the local area – organisation have signed up and will receive project co-ordinator services / time for 1 day per week.
E	✓	✓	Continuing with workplace health co-ordinator position to service an in-house project and looking to roll out to other organisations within the area.
F	✓	✓	Carrying on with project in-house with full-time project co-ordinator role supported / privately employed. PCT committed funding for a co-ordinator position and looking to roll similar programmes out to other businesses in the local area.
G	✓	x	Linked with another workplace health initiative. In-house workplace champion scheme being developed. Project co-ordinator taken up a post in the local authority - interest for local authority wide roll out of initiatives.
H	✓	✓	Leisure Trust extending workplace health programmes to other businesses in the local area – organisation have signed up and will receive project co-ordinator services / time for 1 day per week.
I	x	x	Initiatives taken on board but no formal continuation of the project.
J	✓	✓	Project co-ordinator developed a workplace health promotion initiative and accreditation scheme as a commercial venture to roll out to other businesses. Two SMEs involved in Well@Work have signed up for the next year and will receive support from a co-ordinator type role.
K	x	x	Co-ordinator left halfway through project and not replaced. Organisation under new management and not continuing with the project.

SME= Small to medium-sized enterprises

9.2 Conclusions

1. Initiatives aimed at increasing participation in physical activity through sports and recreation, walking and active travel can be undertaken in the workplace. Popular initiatives included team activities and competitions (such as pedometer challenges), 'come and try' initiatives that offer new and different opportunities to employees and health checks / screening programmes (which should include an assessment of physical activity levels). These types of initiatives are characterised by being conducted in work time, usually on-site and therefore convenient, are offered free to employees, participation is voluntary, and the time requirement (commitment) is low.
2. A lack of necessary facilities and amenities can limit the provision and success of initiatives aimed at promoting physical activity. For example, the lack of suitable spaces to run classes and participation can be low if employees need or prefer to have shower and changing facilities and these are unavailable. Organisations interested in running on-site classes need to have access to wholly or partially dedicated space which is easily accessible and convenient for the employees.
3. Providing and sustaining ongoing programmes and physical activity classes on-site at a workplace can be difficult. Diverse employee interests and varying levels of readiness and confidence to participate combined with the practical constraints of work schedules and family commitments can make sustaining such classes non-viable. Organisations with a large workforce may have sufficient employee interest to support a programme of on-site (or in-house) classes but smaller organisations and those with a large number of part-time or shift workers may find signposting to opportunities in the community more effective.
4. Programmes aimed at promoting walking can be undertaken at the workplace, examples include running lunchtime walking groups, signposting distance (steps) in and around the workplace, provision of maps showing safe, pleasant and accessible walks of different time requirements, and individual or team challenges (e.g. pedometer based programmes). However, the physical location of the workplace and characteristics of the local environment can limit the opportunities available for employees to walk. Workplaces should consider how well their site design and location supports walking and cycling and employers should be encouraged to work with local government to improve the local environment.
5. Promotion of active travel (cycling and walking to and from work) can be approached in the workplace and is ideally integrated within a workplace travel policy and supported by the provision of appropriate amenities (bike storage, changing facilities) and incentives (e.g. bike purchase schemes, bike loan schemes).

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6. Healthy eating can be addressed in workplace health programmes and popular initiatives include promotion activities such as 'Fruity Fridays', provision of fruit baskets, changes to food provided at meetings and weight loss programmes run at lunchtime.
7. Initiatives aimed at providing more healthy eating options in the workplace can be restricted by food service contracts (for example, in canteens and vending machines) and thus may require a longer time frame to affect change. The pricing of healthy options must be considered carefully to avoid being a disincentive.
8. The inclusion of initiatives aimed at alcohol, drugs and mental health issues within a workplace health programme can provoke concern and scepticism in both employees and employers. These are considered sensitive issues and require careful integration within a workplace health programme. Employers may need further training and resources to support the implementation of this type of programme in the workplace.
9. Workplace health initiatives run during the working day (particularly at lunchtime) are suitable for office based organisations but short lunch breaks and a culture of working through lunch can prohibit participation even among interested employees. Workplace policy and culture should be addressed to increase employee participation.
10. Workplace health programmes need to accommodate the particular difficulties faced by specific groups of employees such as shift workers, part time workers and those with less flexibility in their work schedules (e.g. factory workers, health care workers) to ensure equitable access and opportunity is provided for participation and engagement.
11. Changing the physical environment at a workplace (e.g. the design, facilities, amenities) to support employees in making healthy lifestyle choices (such as to be more active, to eat more healthily) should be viewed as an essential component to a comprehensive workplace health programme. Changes to the environment and policy demonstrate to employees the commitment of an organisation to support employee health. However, making these type of changes is harder to achieve in the short-term thus should be viewed as mid- to long-term objectives and requires significant management support.
12. Organisational policy to support healthy lifestyles should be developed to ensure long-term sustainability. This can be integrated within one or more related policy areas (such as occupational health and safety, human resources [recruitment, retention], absenteeism and return to work agendas, travel policy, canteen and vending machine services and contracts).
13. Co-ordination of a workplace health programme is essential and is particularly important when organisations are starting a new initiative. Project success and sustainability is less likely if co-ordination is left to employee volunteers to run and/or not provided with sufficient allocation of time and at least some resources. The skills and expertise of individual(s) leading a

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workplace health project should not be limited to health knowledge or an ability to deliver project initiatives; desirable skills include management, planning, co-ordination and communication.

14. The development of 'workplace champions' is recommended to help plan and implement a workplace health programme, to encourage employee engagement and develop employee ownership. More than one champion will offer advantages of peer support and greater capacity.
15. Management support for both the programme itself and those involved in implementation (such as the workplace champions, project co-ordinators) is essential. Management support should be visible to employees. An 'advocate' or 'sponsor' within the organisation, who visibly supports the project, can be of great benefit providing links to business objectives and planning cycles as well as building management support. The 'advocate' may be based within senior management.
16. Organisations implementing comprehensive workplace health programmes may need the support from external providers who can bring breadth of expertise, experience and existing resources.
17. Programmes must meet the identified needs and interest of employees, engage employees in the planning and delivery and create employee ownership for long term success. Advance planning is essential and use of project branding can create an identity for the workplace health programme that can help build recognition of the activities and raise employee awareness.
18. Communication of the aims and purpose of workplace health programmes to employees is essential to build positive employee engagement. Good communication and use of multiple channels to maximise reach to all employees is essential for success.
19. Expectations for workplace health programmes should be realistic and acknowledge that planning, establishing employee engagement and developing management support (at all levels) can take much longer than anticipated to get fully established, thus at least 12 months is necessary as an initial start up phase.
20. Workplace health programme can lead to both tangible and intangible benefits but realistic timescales are needed. Up to 5 years may be required to realise some of the potential benefits of workplace initiatives. However the scale of investment, the type of programme and co-ordination, and the level of management support and employee engagement will determine both the type of benefits (impact) and timescales required. Evaluation should be undertaken to assess the impact and demonstrate effectiveness.

9.3 What was learnt from the Well@Work Evaluation?

- The evaluation of the Well@Work programme accomplished most aspects as intended.

Outcome Measures

- Conducting the employee health and lifestyle questionnaire was challenging. The response rate to the baseline (34%) and follow-up (27%) questionnaires was overall low, with few projects achieving greater than 40% (range at baseline 16% - 51%; at follow-up 9% - 48%).
- Problems encountered in conducting the Well@Work employee survey were: relying heavily on the support and capacity of the project co-ordinators who in most cases were unfamiliar with the organisation; the length of the survey (a consequence of the measuring multiple lifestyle behaviours, mediating factors as well as a set of work related measures); lack of awareness and/or promotion of Well@Work project prior to distribution of baseline questionnaires; reliance on line managers to distribute questionnaires; use of unreliable distribution channels (e.g. leaving them in staff rooms and expecting staff to be interested to complete); scepticism from employees; and in one project a lack of support from Trade Unions.
- Future research and evaluation in the workplace setting should note the need for management support and assistance, good communication on aims and purpose, engagement from employees and the use of incentives which are critical in achieving higher response rates when conducting employee surveys.
- The low response rates to the employee questionnaire limits the interpretation of the data collected, specifically the generalisability of results and there is a strong probability of selection bias.
- Ideally a method of identification should be used to allow matching of pre and post survey data.
- Overall the sample of responders to baseline and follow-up questionnaire were similar on age, gender, education, ethnicity, years of employment, and full-time/part-time ratio. However responders were more likely to be female than male and were more likely to hold a higher degree of professional qualification.
- Data on business indicators were difficult to identify and obtain from the participating organisations. In part because it required the assistance (interest, willingness, time) of an individual within the organisation as well as permission from management for access to sensitive data. In many of the projects data identified at baseline as potentially available was not provided at follow-up
- Conducting the site assessment to collect baseline and follow-up measures on the workplace environment was successful although time consuming in both travel demands and data collection. Moreover it relied on the availability of individuals at the workplace to facilitate the visit due to safety and security issues. At follow-up, the complete site assessment was not conducted due to limited progress on changing the facilities. The assessment of the local

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neighbourhood around the workplace was limited in scale and relied on a brief assessment of the visible features.

Process Evaluation

- The evaluation of project implementation enabled a detailed description of each Well@Work project in terms of the initiatives delivered and the quality of the information it provides to help describe the projects. Overall process evaluation was completed very well and achieved good response rates and across most instruments the data collected were of good quality.
- The process data collected represent a high proportion of overall project time and this increases the level of confidence which can be placed in these data providing a representative reflection of the project co-ordinators time, the tasks undertaken and the Well@Work project initiatives delivered.
- The Quarterly Monitoring Reports were identified during the project as another useful source of data on Well@Work project activities; the inclusion of data identified in these reports helped develop a more comprehensive overview of each of the Well@Work projects.
- Confidence in the completeness of the process evaluation data is enhanced by the additional consultation undertaken by the evaluation team with each project co-ordinator to verify details on the interventions delivered within each project.
- Although every effort was made to capture all initiatives, the data obtained may underestimate the number of events; and participation data were missing for just over half of all events.
- The process evaluation methods were not able to capture any incidental activities that employees may have undertaken as a consequence of being motivated from the project.
- Assessment of fidelity (project implementation 'as intended') via the Event Summary Form and the request for reflective comments from the project co-ordinators did not work as well as expected and the frequency of responses to this section were low.
- The Event Summary Forms were modified during the 2-year Well@Work project duration to include new items for data collection. This may in part explain some of the low data coverage of particular variables.

Impact Evaluation

- Impact evaluation was more difficult to conduct. The a priori intention was to add extra evaluation elements to specific Well@Work initiatives (such as stair climbing promotions, pedometers programmes, weight loss classes) but this proved to be too demanding on the project co-ordinators and often there was little time to plan and implement extra evaluation protocols.

Qualitative data

- Interviews were successfully completed with all 9 project co-ordinators at the start and end of the Well@Work projects and this provided an opportunity to learn from their early expectations and then later their reflections on actual practice and progress.
- At follow-up it was not possible to conduct interviews with all key informants selected at baseline and therefore the opportunity for consistency was not possible. A large number of interviews with other representatives from the participating workplaces were conducted providing a breadth of views on the Well@Work projects.
- Employee focus group discussions were only conducted at follow-up, conducting additional discussions at the beginning of the project would have provided an insight into employees' expectations and concerns.
- Although an effort was made to recruit employees from all sections of the workforce to participate in the employee discussion groups conducted in each project and to include employees who had not participated in the Well@Work projects, this proved difficult.

Other issues related to the evaluation and interpretation of the Well@Work evaluation

- The participating organisations represent a convenient sample of workplaces and were generally supportive of the Well@Work programme and had at least some interest in participating in a project aimed at improving employee health. This set of workplaces may not reflect the full spectrum of interest in this issue across workplaces in England.
- Eight of the 11 participating workplace had some changes taking place during the 2-year timeframe of Well@Work. These changes included internal restructuring, changes in management personnel, financial constraints and cutbacks, staff redundancies (both the threat of and actual) and companies being sold and taken over. It is likely that some of these wider contextual issues may have had negatively impacted on the implementation, participation and outcomes. Business priorities and production targets were all cited as other possible extenuating circumstances that may have impacted on the project. However these circumstances reflect the likely contexts in which workplace health programmes may be implemented, and as such the evaluation represents pragmatic conditions.
- There was considerable variation in the types of workplaces taking place (in size, location, type of business), and this offers the advantage of the Well@Work evaluation providing evidence from multiple differing conditions.
- The Well@Work evaluation did not include comparison workplaces and therefore the changes observed may or may not be solely attributable to the Well@Work initiatives.

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Well@Work: Promoting Active and Healthy Workplaces

Final Evaluation Report: Appendices

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Well@Work: Promoting Active and Healthy Workplaces

Final Evaluation Report

Appendix 1

Evaluation tools and protocols

Appendix 1.1

Baseline Employee Survey

Confidential

Baseline Employee Questionnaire

[Regional Project Name]

Please ignore: for official use only

Company ID

Questionnaire no.

Date received

Date entered

Entered by

Date entered

Entered by



[Regional Project Name]

EMPLOYEE INFORMATION SHEET

We would like to ask you to help us in the evaluation of the '**Regional Project Name**' project. The purpose of the evaluation is to assess the impact of different health promotion programmes relating to physical activity and other lifestyle behaviours such as diet and smoking. The information we collect will help improve future activities and deliver programmes which will meet your needs more effectively.

We're asking you to complete two questionnaires, one at the beginning of the programme and one at the end. There are questions about your personal details (e.g. the month and year of birth, your gender etc.), as well as your current physical activity levels, smoking patterns, diet, your general well-being (e.g. quality of sleep) and how you feel about your work environment. Each survey will take approximately 15 minutes to complete each time. If you have any queries about completing the questionnaires please contact **[insert contact name and telephone number]**.

All information that you provide is strictly confidential and will only be seen by the evaluation team at Loughborough University. No personal data will be made available to your employer and your individual details will not be used when the study is written up or discussed in the future. The data will be stored securely at Loughborough University and only authorised personnel will have access to it.

None of the questions are compulsory, but to make the evaluation a success, we need you to answer as many as you can. Please remember there are no right or wrong answers. Your contribution to this project is valuable to us, but your participation is voluntary and you are free to withdraw at any time.

**Please return your completed questionnaire to us
using the reply paid envelope provided by **[insert date]****

'Regional Project Name' is part of the National Well @ Work project being evaluated by the School of Sports and Exercise Science at Loughborough University, on behalf of the National Steering Group, a partnership between the British Heart Foundation, Department of Health, Sport England and Big Lottery Fund. If you would like further information about the evaluation please contact Emma Adams, the Project Co-ordinator, on 01509 223329.

Informed Consent Form

The purpose and details of the evaluation of '**Regional Project Name**' have been explained to me. I understand that all procedures have been approved by the Loughborough University Ethical Advisory Committee.

- I have read and understood the information sheet and this consent form.
- I have had an opportunity to ask questions about my participation.
- I understand that I do not have to take part in the project.
- I understand that I have the right to withdraw from this project at any stage for any reason, and that I will not be required to explain my reasons for withdrawing.
- I understand that all the information I provide will be treated in strict confidence.
- I agree to participate in this project.

Please complete this section

Please tick this box to say that you agree to the statements given above

Your name

Your signature

Date

NOTE: This page will be used only for the purposes of obtaining your consent to participate in the project and will be stored separately from the remainder of the questionnaire.

Instructions

- Please try to complete the questionnaire as clearly as possible.
- There are no right or wrong answers and no question is compulsory.
- To make the evaluation a success, we need you to answer as many questions as you can.
- Please return your completed questionnaire to us using the reply paid envelope provided by **[insert date]**.

Thank you.

About Your General Health

1. In general would you say your health is:

5	<input type="checkbox"/>	Excellent
4	<input type="checkbox"/>	Very good
3	<input type="checkbox"/>	Good
2	<input type="checkbox"/>	Fair
1	<input type="checkbox"/>	Poor

2. Do you have any physical disability or long-term health issues which in any way prevent you from taking part in physical activity, exercise or sports?

1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No

3. We would like to know how your health has been in general over the past few weeks. Please answer **ALL** the questions by ticking the box below which you think most applies to you.

(please tick one box in each row)

Have you recently:	More than usual	Same as usual	Less than usual	Much less than usual
a. been able to concentrate on whatever you're doing?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
b. lost much sleep over worry	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. felt you were playing a useful part in things?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
d. felt capable of making decisions about things?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
e. felt constantly under strain?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. felt you couldn't overcome your difficulties?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. been able to enjoy your normal daily activities?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
h. been able to face up to your problems?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
i. been feeling unhappy and depressed?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. been losing confidence in yourself?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. been thinking of yourself as a worthless person?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. been feeling reasonably happy, all things considered?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

4. How often do you get 7 or more hours of sleep per night?

4	<input type="checkbox"/>	Always
3	<input type="checkbox"/>	Most of the time
2	<input type="checkbox"/>	Less than half the time
1	<input type="checkbox"/>	Seldom or never

5. Which of the following changes (if any) are you interested in making over the next 12 months?

(please tick all that apply)

1	<input type="checkbox"/>	Stop smoking
1	<input type="checkbox"/>	Increase physical activity levels
1	<input type="checkbox"/>	Eat a more balanced diet
1	<input type="checkbox"/>	Drink less alcohol
1	<input type="checkbox"/>	Reduce stress
1	<input type="checkbox"/>	Other <i>(please specify)</i> <input style="width: 150px; height: 15px;" type="text"/>

Walking And Cycling for Other Trips

These questions are about other cycling and walking you might have done to travel to do errands, or to go from place to place. Please do not include travel to work you have already told us about.

4. In a usual week, do you do any other walking or cycling lasting at least 10 minutes to get from place to place (not including travel to/from work)?

1 Yes
2 No – go to question 6

5. Please indicate on how many days <u>in a usual week</u> you do other cycling or walking <u>for at least 10 minutes</u> to get from place to place (do NOT include travel to or from work)	How much time do you usually spend cycling / walking on one of those days?	
	Number of days in a usual week (please circle)	Hours Minutes
a. Cycle to get from place to place (not including trips to/from work)	0 1 2 3 4 5 6 7	
b. Walk to get from place to place (not including trips to/from work)	0 1 2 3 4 5 6 7	

Incidental Physical Activity

6. How often do you usually participate in the following activities? (**please tick one box in each row**)

	Never / rarely	Occasionally	Most of the time	All of the time	Not applicable
a. Climb the stairs instead of using the lift or the escalator?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>
b. Park your vehicle away from your destination so you have to walk further?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>
c. Walk or cycle to destinations that are within a 5-minute drive from where you live, rather than drive?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>
d. Get off the bus stop early to add a walk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>
e. Walk to talk to a colleague instead of using e-mail or the telephone?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>
f. Move about whilst talking on the telephone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>

7. Do you have a dog?

1 Yes
2 No – go to question 8

- 7a. If yes, how many times per week do you normally take your dog for a walk?

total number of times per week

Recreation and Sport Activities

This section asks about the sports, recreational and other physical activities that you do in a **usual week** in your leisure time (before and after work, at lunch time and the weekends). For each activity you have done, please indicate the number of days you do the activity in a **usual week**, the usual time spent per session and the intensity of the activity. Please do not include any work activity or any activity you have already told us about.

8. Activity	Number of days in a usual week	Usual time spent per day		Did this activity make you breathe much harder than normal?	
		Hours	Minutes	Yes	No
Walking purely for recreation / health / fitness (not for travel) including hill walking/hiking				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Swimming				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Jogging/running (including treadmill running)				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Cycling purely for recreation / health/ fitness (not for travel)				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Aerobics classes (including step, high impact, keep fit, circuit training etc.)				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Exercise with weights				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Dancing (all types)				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Sit ups, press-ups				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Conditioning Exercises (e.g. Exercise bike, rowing machine, stepping, machine)				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Yoga / Pilates				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Football / rugby / hockey				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Tennis / squash / badminton				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Golf				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Rowing				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Netball / volleyball / basketball				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Fishing				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Sailing / windsurfing / boating				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Martial arts				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Other (please specify: _____)				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Other (please specify: _____)				1 <input type="checkbox"/>	2 <input type="checkbox"/>

9. Are you a member of a sport, exercise or outdoor recreation group or club? **(please tick all that apply)**
- 1 A specific sport club or group (e.g. football/netball/golf)
 - 1 Exercise club or leisure centre (e.g. a health club)
 - 1 Outdoor recreation club/group (e.g. orienteering)
 - 1 Walking group

Other Activities

10. Thinking about a usual week, on a typical work and non-work day how much time do you usually spend: (If none, please enter '0')

	<u>On a work day</u>		<u>On a non-work day</u>	
	Hours per day	Minutes per day	Hours per day	Minutes per day
a. Sitting while travelling (by car, train, bus etc. include travel to and from work on work days)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Sitting watching TV/video/DVD/films at home, with friends or at the cinema	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Sitting using a computer (<u>not</u> for job-related work) or playing video games	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Sitting reading, chatting, socialising in pub, listening to music, playing games e.g. cards	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Doing gardening / DIY around the home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Doing housework	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Think about ALL the physical activity you do in a usual week. Do you participate in physical activity on **MOST** days of the week (at least **5** days) for 30 minutes or more each time?

(please tick the one answer that best applies to you)

- 5 YES, and I have been for MORE than 6 months
 4 YES, and I have been but for LESS than 6 months
 3 NO, but I intend to in the next 30 days
 2 NO, but I intend to in the next 6 months
 1 NO, and I do NOT intend to in the next 6 months

12. Please indicate how confident you are that you could take part in exercise or physical activity in each of the following situations:

(please tick one box in each row)

	Not at all confident	Moderately confident	Very confident
a. When you are tired	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. When you are in a bad mood /stressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. When you feel busy or that you don't have the time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. When you are on holiday	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. When the weather is not very good (winter, raining, cold or hot).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Other Activities - continued

13. What reasons would you give for not being more physically active? *(please tick all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> I don't have time | <input type="checkbox"/> No motivation |
| <input type="checkbox"/> My health is not good enough | <input type="checkbox"/> Can't be bothered |
| <input type="checkbox"/> There is no-one to do it with | <input type="checkbox"/> Too fat/overweight |
| <input type="checkbox"/> I've lost contact with friends/family | <input type="checkbox"/> I need to rest and relax in my spare time |
| <input type="checkbox"/> I can't afford it | <input type="checkbox"/> I don't put priority on physical activity |
| <input type="checkbox"/> I'm too old | <input type="checkbox"/> I've got young children to look after |
| <input type="checkbox"/> There are no suitable facilities | <input type="checkbox"/> I might get injured or damage my health |
| <input type="checkbox"/> Traffic is too heavy | <input type="checkbox"/> I don't enjoy physical activity |
| <input type="checkbox"/> I'm not the sporty type | <input type="checkbox"/> I'm active enough |
| <input type="checkbox"/> Other [please specify] _____ | |

14. To what extent do you agree or disagree with the following statements about physical activity and health?

(please tick one box in each row)

	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
a. Taking the stairs at work or generally being more active for at least 30 minutes each day is enough to improve your health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Half an hour of brisk walking on most days is enough to improve your health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. To improve your health it is essential for you to do vigorous exercise for at least 20 minutes each time, 3 times a week	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. To improve your health exercise doesn't have to be done all at one time, you can build up to 30 minutes by doing blocks of 10 minutes	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Moderate exercise that increases your heart rate slightly can improve your health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

15. During the past month my work colleagues, friends and family:

(please tick one box in each row)

	Never	Rarely (Less than once/month)	Sometimes (At least once/month)	Often (Once or twice/week)	Very Often (3 or more/week)
Gave me encouragement to be physically active					
Family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Smoking

1. Have you ever smoked a cigarette, cigar or pipe?
- 1 Yes
2 No - go to question 6
2. Do you smoke cigarettes, cigar or pipe nowadays?
- 1 Yes - go to question 3
2 No - go to question 2a
- 2a. If no, how long ago did you stop smoking?
- 1 Less than one month
2 One to six months
3 Seven months to a year
4 Over a year
3. If you smoke cigarettes, how soon after waking do you smoke your first cigarette?
- 1 Less than five minutes
2 5-14 minutes
3 15-29 minutes
4 30 minutes or longer
4. Which of the following statements best describes you? (*please tick one*)
- 5 I intend to give up smoking within the next month
4 I intend to give up smoking within the next 6 months
3 I intend to give up smoking within the next year
2 I intend to give up smoking, but not in the next year
1 I have no intention of giving up smoking
5. If you want to stop smoking in the next month, would you like any of the following types of support? (*please tick all that apply*)
- 1 A pamphlet about smoking cessation
1 Information about NHS stop smoking service
1 An appointment with an occupational health nurse
1 A stop smoking group session held in my workplace
1 I do not want any support
6. What is the smoking policy....
- In your workplace?**
- [Modifiable at a regional level]**
- 4 No smoking anywhere
3 No smoking in enclosed places
2 Smoking only in designated areas
1 Smoking everywhere
- In your home?**
- 4 No smoking anywhere
3 No smoking inside the home
2 Smoking only in designated rooms
1 Smoking everywhere
7. Do you think that breathing someone else's smoke is dangerous to health?
- 1 Yes
2 No

Nutrition

A portion of vegetables approximately equals one handful or 3 serving spoons of vegetables or salad vegetables.

A portion of fruit equals approximately a tablespoon of dried fruit, 1 medium sized piece of fruit (e.g. apples), 2 small pieces of fruit (e.g. kiwi fruit, apricot) or a 125ml glass of pure fruit juice.



	Number of portions per day					
	0	1	2	3	4	5+
1. <i>(please tick <u>one</u> box in each row)</i>						
a. How many fruit or vegetable <u>juices</u> do you usually consume each day?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. How many portions of vegetables do you usually eat <u>each day</u> ? (including fresh, frozen, canned and chilled)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. How many portions of fruit do you usually eat <u>each day</u> (including fresh, dried, frozen, chilled and tinned fruit)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

2. Please tell us how often you eat / drink the following: *(please circle one answer in each row)*

Breads, other Cereals, Rice, Grains, Pasta

a. Do you have bread, toast or cereal for breakfast?	1 Rarely	2 Sometimes	3 Every day
b. Do you eat some of the following with all meals: e.g. bread, cereal, rice, pasta, grains, potato, chapatti, paratha etc.?	1 Rarely	2 Sometimes	3 Usually/ Always
c. Do you have these foods cooked in, or with, or do you add fat, butter or oil: e.g. chips, roast potato, fried rice, butter or margarine on baked potato?	3 Rarely	2 Sometimes	1 Usually/ Always

Meat, Fish, Alternatives

d. How often do you eat lentils, peas or beans (including baked beans)?	1 Less than once a week	2 3 times a week	3 Every day
e. Do you eat fish, including white or oily, fresh, frozen or tinned?	1 Rarely	2 Once a week	3 More than twice a week

Milk and Dairy

f. Do you have a serving of dairy food (e.g. 1/3 pint milk, 1oz of cheese, a yoghurt):	1 A few times a week or not at all	2 Once a day	3 2-3 times a day
--	------------------------------------	--------------	-------------------

Foods with Fat or Sugar

g. Do you eat foods high in fat and sugar, such as crisps, chocolate, cakes, biscuits, puddings, samosas, pastries and Bhagia?	3 A few times a week or less	2 Once a day	1 2-3 times a day
h. Do you eat sugary foods such as sweets and drink sugary soft drinks (e.g. lemonade, squashes, canned drinks)?	3 Rarely or I drink sugar-free varieties	2 Sometimes	1 Often

Water

i. How often do you drink 8 glasses a day?	1 Rarely	2 Sometimes	3 Every day
--	----------	-------------	-------------

Nutrition - continued

	No, definitely not	No, probably not	Possibly	Yes, probably	Yes, definitely	Don't know
3. Do you think you will <u>increase</u> the amount of fruit and vegetables you eat in the next year? (please tick <u>one</u> box only)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	99 <input type="checkbox"/>

4. Please indicate how confident you are that you could eat a healthy balanced meal in each of the following situations:

(please tick one box in each row)

	Not at all confident	Moderately confident	Very confident
a. When you are tired	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. When you are in a bad mood/stressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. When you feel busy or that you don't have the time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. When you are on holiday	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. When the weather is not very good (winter, raining, cold or hot).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. When eating out/socialising	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. When you have consumed alcohol	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

5. How many portions of a combination of fruit and vegetables do you think health experts would recommend eating every day? **(please tick one)**

0 <input type="checkbox"/> None	3 <input type="checkbox"/> Three	6 <input type="checkbox"/> Six	99 <input type="checkbox"/> Don't know
1 <input type="checkbox"/> One	4 <input type="checkbox"/> Four	7 <input type="checkbox"/> Seven	
2 <input type="checkbox"/> Two	5 <input type="checkbox"/> Five	8 <input type="checkbox"/> Eight or more	

6. How many portions of fruit or vegetables do each of the following provide?

(please tick one box in each row)

	0	1	2	3	4	Don't know
a. A small glass (150mls) of unsweetened orange juice	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>
b. One glass of orange squash (diluted)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>
c. A thin slice of tomato	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>
d. Three heaped tablespoons of carrots	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>
e. One medium-sized apple	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>
f. One small raspberry flavoured yoghurt	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>

Nutrition - continued

7. Please tell us how often you miss any meals in a usual week:

(please tick one box in each row)

	Rarely	Occasionally	Quite Often	Most days
I miss or skip breakfast	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
I miss or skip lunch	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
I miss or skip dinner	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

8. During the past month my work colleagues, friends and family:

(please tick one box in each row)

	Never	Rarely (Less than once/month)	Sometimes (At least once/month)	Often (Once or twice/week)	Very Often (3 or more/ week)	
Gave me encouragement to make healthy food choices	Family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Alcohol

One **standard drink** means one **unit** of alcohol.
There is one **unit** of alcohol in each of these drinks:

a half pint of normal strength beer;



A pint of beer would therefore count as 2 **standard drinks**.

a half a standard (175ml) glass of wine;



A large 250ml pub glass of wine about 3 **standard drinks**.

a small single measure of spirits;



a 50ml pub measure of fortified wine (such as sherry or port).



	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
1a. How often do you have a <u>standard drink</u> containing alcohol?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

	1	2	3	4	5 or more
1b. How many <u>standard drinks</u> containing alcohol do you have on a typical day when you are drinking?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

2. In the past month, have you consumed: **(please tick YES or NO for one of the following questions)**

For Males: More than 8 standard drinks in one session 1 Yes 2 No

For Females: More than 6 standard drinks in one session 1 Yes 2 No

3. What do you think is the maximum recommended number of units of alcohol per day for men and women? **(please tick one box per row)**

	1-2 units	2-3 units	3-4 units	4-5 units	5-6 units	6-7 units	7-8 units	>8 units
For Men	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
For Women	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>

4. During the past month my work colleagues, friends and family:

(please tick one box per row)

	Never	Rarely (Less than once/month)	Sometimes (At least once/month)	Often (Once or twice/week)	Very Often (3 or more/week)
Gave me encouragement to make healthy drinking choices					
Family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

At Work

1. In general, how satisfied are you with:

<i>(please tick <u>one</u> box in each row)</i>	Very dissatisfied	Quite dissatisfied	Neither satisfied nor dissatisfied	Quite satisfied	Very satisfied
a. your job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. the social environment at work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. the physical environment at work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

2. Please indicate how you feel about each of the following:

<i>(please tick <u>one</u> box in each row)</i>	No, I strongly disagree	No, I disagree quite a lot	No, I disagree just a little	I'm not sure	Yes, I agree a little	Yes, I agree quite a lot	Yes, I strongly agree
a. I am quite proud to be able to tell people that I work for insert company name	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. I feel myself to be part of insert company name	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. To know that my own work had made a contribution to the good of the organisation would please me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. In my work I like to feel that I am making some effort not just for myself but for the organisation as well	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
e. Even if insert company name were not doing well financially I would be reluctant to change to another employer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
f. The offer of a bit more money with another employer would not seriously make me think of changing my job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

3. In general, how involved do you feel in your job?	Very little involvement	Slightly involved	Moderately involved	Strongly involved	Very strongly involved
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

4. In the past 4 weeks, how often did health problems limit the kind or amount of work you could do?	All of the time	Most of the time	Some of the time	A little of the time	None of the time
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

5. In the past 4 weeks, how would you rate your <u>overall</u> job performance on the days you worked? <i>(please circle <u>one</u> number)</i>	Poor						Excellent
	1	2	3	4	5	6	7

About You

1. What is your gender? 1 Male 2 Female
2. Date of birth month year 1 9
3. What is your approximate weight? kg **or** stones lbs
4. What is your height without shoes? cm **or** feet inches
5. What is your marital status?
- 1 Single
 - 2 Have a partner but do not live together
 - 3 Live with partner
 - 4 Married and live with partner
 - 5 Married and separated from partner
 - 6 Divorced
 - 7 Widowed
6. How many children do you have who are under 18 and still live at home? children
7. What is your ethnic origin?
- 1 White
 - 2 Mixed ethnic group
 - 3 Black
 - 4 Black British
 - 5 Asian
 - 6 Asian British
 - 7 Any other group
- [Modifiable at a project level]**
8. Which of the following qualifications do you have? (***please tick the one that best describes you***)
- 1 Degree / degree level qualification (including higher degree)
 - 2 A level or equivalent
 - 3 Professional qualification such as nursing, midwife, HNC/HND, BEC/TEC, City and Guilds
 - 4 O level passes / GCSE passes or equivalent
 - 5 CSE/SCE
 - 6 Other
 - 7 No qualifications
9. Please state your job title or describe your job.
- [Modifiable at a project level]**
-
10. Do you work full-time or part-time?
- 1 Full-time (35+ hours p/w)
 - 2 Part-time (9-34 hours p/w)
 - 3 Casual
 - 4 Seasonal
- [Modifiable at a project level]**

About You - continued

10a. What best describes your typical working pattern?

- 1 Regular daytime hours
 2 Shift patterns
 3 Weekend work
 4 Mostly evening work

11. How long have you worked for this employer?

years months

12. In your job do you have any formal responsibility for supervising the work of other employees (i.e. Manager or supervisor)? (Please do not include supervising of children or supervising security or buildings only)

- 1 Yes
 2 No
 99 Don't know

12a. If yes, how many employees are you responsible for?

- 1 1-24
 2 25-499
 3 500 or more
 99 Don't know

13. Are you the chief income earner in the household, that is, the person with the highest income (or the eldest if your incomes are the same)?

- 1 Yes
 2 No
 99 Don't know

14. What is your total household income, that is income from all sources, before tax and other deductions?

- | | | |
|---|---|--|
| 1 <input type="checkbox"/> Up to £10,399 | 4 <input type="checkbox"/> £31,200 to £41,599 | 99 <input type="checkbox"/> Don't know |
| 2 <input type="checkbox"/> £10,400 to £20,799 | 5 <input type="checkbox"/> £41,600 to £51,999 | |
| 3 <input type="checkbox"/> £20,800 to £31,199 | 6 <input type="checkbox"/> £52,000 or more | |

15. Approximately how far do you live from your place of work?

miles

16. Is there a car or van normally available for use by you or any members of your household? Include any provided by employers if normally available for private use by respondent or members of household.

- 1 Yes
 2 No - go to question 17

16a. If yes, how many?

17. Please enter your postcode:

Have you heard... ??

1. Are you aware of any of the following initiatives and have you previously participated in or used any of them?

Insert a list of past or ongoing events / activities

	Aware of (<i>please tick</i>)		Participated in (<i>please tick</i>)	
	Yes	No	Yes	No
[Modifiable at a project level]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

2. Are you aware of and have you used the following sources of information?

Insert a list of information

	Aware of (<i>please tick</i>)		Used in (<i>please tick</i>)	
	Yes	No	Yes	No
[Modifiable at a project level]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

3. Are you aware of the following policies?

Insert a list of policies

	Aware of (<i>please tick</i>)	
	Yes	No
[Modifiable at a project level]	1 <input type="checkbox"/>	2 <input type="checkbox"/>

4a. Do you own a pedometer?

1 <input type="checkbox"/>	Yes – go to question 4b.
2 <input type="checkbox"/>	No

4b. How often do you wear your pedometer?
(*please circle one*)

0 Never 1 Rarely 2 Sometimes 3 Every day

Entry into Prize Draw

Please tick this box if you agree that your name may be used to help us coordinate the responses we receive and to be entered into the prize draw. It will not be used for any other purpose and will not be associated with any of the data you have provided us with.

Congratulations and Thank You
You have completed the questionnaire!!

Appendix 1.2

Follow-up Employee Survey

Confidential

Follow-up Employee Questionnaire

[Regional Project Name and Logo]

'Regional Project Name' is part of the National Well @ Work project being evaluated by the School of Sports and Exercise Science at Loughborough University, on behalf of the National Steering Group, a partnership between the British Heart Foundation, Department of Health, Sport England and Big Lottery Fund.



Instructions

- Please read the information and complete the consent form on the next page.
- Please try to complete the questionnaire as clearly as possible.
- There are no right or wrong answers and no question is compulsory however please answer as many questions as you can.

**Please return your completed questionnaire to us
using the reply paid envelope provided by [insert date]**

Thank you.

[Regional Project Name]

EMPLOYEE INFORMATION SHEET

We would like to ask you to complete this survey as part of the '**Regional Project Name**' project. All information that you provide is strictly confidential and will only be seen by the evaluation team at Loughborough University. No personal data will be made available to your employer and your individual details will not be used when the study is written up or discussed in the future. The data will be stored securely at Loughborough University and only authorised personnel will have access to it.

None of the questions are compulsory but we need you to answer as many as you can. Please remember there are no right or wrong answers. Your participation in this survey is voluntary and you are free to withdraw at any time.

If you have any queries about completing the questionnaires please contact **[insert contact name and telephone number]**.

CONSENT

The purpose and details of this survey for the '**Regional Project Name**' project have been explained to me. I understand that all procedures have been approved by the Loughborough University Ethical Advisory Committee.

- I have read and understood this information sheet and consent form.
- My questions about completing the survey have been answered.
- I understand that I do not have to take part in this survey.
- I understand that I have the right to withdraw from this survey at any stage for any reason, and that I will not be required to explain my reasons for withdrawing.
- I understand that all the information I provide will be treated in strict confidence.
- I agree to participate in this survey.

Please complete this section

I have read and agree to the statements given above (please tick)

Your name

Your signature

Date

NOTE: This page will be used only for the purposes of obtaining your consent to participate in the project and will be stored separately from the remainder of the questionnaire.

Entry into Prize Draw

For completing this questionnaire, "project" will be offering you an amazing prize draw per site, to win a host of fabulous prizes including.....

Please complete the information below if you wish to be entered into the prize draw:

Your name
(please print clearly)

Your department

NOTE: your name and department will only be used for the purposes of entry into the prize draw and will not be associated with any of the information you provide.

About Your General Health

1. In general would you say your health is:

5		Excellent
4		Very good
3		Good
2		Fair
1		Poor

2. Do you have any physical disability or long-term health issues which in any way prevent you from taking part in physical activity, exercise or sports?

1		Yes
2		No

4. We would like to know how your health has been **in general over the past few weeks**. Please answer **ALL** the questions by ticking the box below which you think most applies to you.

(please tick one box in each row)

Have you recently:

	More than usual	Same as usual	Less than usual	Much less than usual
a. been able to concentrate on whatever you're doing?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
b. lost much sleep over worry	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. felt you were playing a useful part in things?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
d. felt capable of making decisions about things?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
e. felt constantly under strain?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. felt you couldn't overcome your difficulties?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. been able to enjoy your normal daily activities?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
h. been able to face up to your problems?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
i. been feeling unhappy and depressed?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. been losing confidence in yourself?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. been thinking of yourself as a worthless person?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. been feeling reasonably happy, all things considered?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>

5. How often do you get 7 or more hours of sleep per night?

4		Always
3		Most of the time
2		Less than half the time
1		Seldom or never

6. Did you complete a questionnaire at the start of this project?

1		Yes
2		No

Physical Activity

These questions ask you about the time you spend being physically active. Please answer each question even if you do not consider yourself to be an active person.

This question is about your activity at work. Do not include unpaid work you might do around your home like housework, yard work, general maintenance and caring for your family.

1. Thinking about your **main** job, in general would you say that in your job you are:
- | | | |
|---|--------------------------|------------------------------|
| 4 | <input type="checkbox"/> | Very physically active |
| 3 | <input type="checkbox"/> | Fairly physically active |
| 2 | <input type="checkbox"/> | Not very physically active |
| 1 | <input type="checkbox"/> | Not at all physically active |

These questions are about walking and cycling you might do to travel to and from work. This can be for all or part of a trip (for example you might cycle to the train, or walk to the bus stop).

2a. In a usual week, on how many days do you go to your place of work?

- 2b. In a usual week, do you do any walking or cycling in your travel to or from work?
- | | | |
|---|--------------------------|-----------------------|
| 1 | <input type="checkbox"/> | Yes |
| 2 | <input type="checkbox"/> | No - go to question 4 |

3. Please indicate on how many days <u>in a usual week</u> you cycle or walk to get to or from work (for all or part of a trip)	Usual time spent cycling / walking in a typical trip	Do you walk or cycle for part or all of the trip?	
		Part of trip	All of trip
	Number of days in a usual week <i>(please circle)</i>		
a. Cycle to work	0 1 2 3 4 5 6 7 minutes	2 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Cycle from work	0 1 2 3 4 5 6 7 minutes	2 <input type="checkbox"/>	1 <input type="checkbox"/>
c. Walk to work	0 1 2 3 4 5 6 7 minutes	2 <input type="checkbox"/>	1 <input type="checkbox"/>
d. Walk from work	0 1 2 3 4 5 6 7 minutes	2 <input type="checkbox"/>	1 <input type="checkbox"/>

These questions are about other cycling and walking you might do to travel to do errands, or to go from place to place. Please do not include travel to work you have already told us about.

5. In a usual week, do you do any other walking or cycling lasting at least 10 minutes to get from place to place (not including travel to/from work)?
- | | | |
|---|--------------------------|-----------------------|
| 1 | <input type="checkbox"/> | Yes |
| 2 | <input type="checkbox"/> | No – go to question 6 |

5. Please indicate on how many days <u>in a usual week</u> you do other cycling or walking <u>for at least 10 minutes</u> to get from place to place (do NOT include travel to or from work)	How much time do you usually spend cycling / walking on one of those days?		
		Hours	Minutes
	Number of days in a usual week <i>(please circle)</i>		
a. Cycle to get from place to place (not including trips to/from work)	0 1 2 3 4 5 6 7		
b. Walk to get from place to place (not including trips to/from work)	0 1 2 3 4 5 6 7		

Physical Activity (continued)

This question asks about the sports, recreational and other physical activities that you do in a **usual week** in your leisure time (before and after work, at lunch time and the weekends). For each activity you have done, please indicate the number of days you do the activity in a **usual week**, the usual time spent per session and the intensity of the activity. Please do not include any work activity or any activity you have already told us about.

6. Activity	Number of days in a <u>usual week</u>	Usual time spent per day		Does this activity make you breathe much harder than normal?	
	Days	Hours	Minutes	Yes	No
Walking purely for recreation / health / fitness (not for travel) including hill walking/hiking				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Swimming				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Jogging/running (including treadmill running)				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Cycling purely for recreation / health/ fitness (not for travel)				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Aerobics classes (including step, high impact, keep fit, circuit training etc.)				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Exercise with weights				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Dancing (all types)				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Sit ups, press-ups				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Conditioning Exercises (e.g. Exercise bike, rowing machine, stepping, machine)				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Yoga / Pilates				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Football / rugby / hockey				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Tennis / squash / badminton				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Golf				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Rowing				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Netball / volleyball / basketball				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Fishing				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Sailing / windsurfing / boating				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Martial arts				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Other (please specify: _____)				1 <input type="checkbox"/>	2 <input type="checkbox"/>
Other (please specify: _____)				1 <input type="checkbox"/>	2 <input type="checkbox"/>

7. Are you a member of a sport, exercise or outdoor recreation group or club?

*(please tick **all** that apply)*

- No, I am not a member of a group or club
- Yes, a specific sport club or group (e.g. football/netball/golf)
- Yes, an exercise club or leisure centre (e.g. a health club)
- Yes, an outdoor recreation club/group (e.g. orienteering)
- Yes, a walking group

8. Do you have a dog?

- 1 Yes
- 2 No – go to question 9

8a. How many times per week do **you** normally take your dog for a walk?

number of times per week

8b. How many times per week does **someone else** normally take your dog for a walk?

number of times per week

Physical Activity (continued)

9. How often do you usually participate in the following activities? (*please tick one box in each row*)

	Never / rarely	Occasionally	Most of the time	All of the time	Not applicable
a. Climb the stairs instead of using the lift or the escalator?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>
b. Park your vehicle away from your destination so you have to walk further?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>
c. Walk or cycle to destinations that are within a 5 minute drive from where you live, rather than drive?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>
d. Get off the bus stop early to add a walk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>
e. Walk to talk to a colleague instead of using e-mail or the telephone?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>
f. Move about whilst talking on the telephone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	99 <input type="checkbox"/>

10. Thinking about a usual week, on a typical work and non-work day how much time do you usually spend: (If none, please enter '0')

	<u>On a work day</u>		<u>On a non-work day</u>	
	Hours per day	Minutes per day	Hours per day	Minutes per day
a. Sitting while travelling (by car, train, bus etc. include travel to and from work on work days)	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>
b. Sitting watching TV/video/DVD/films at home, with friends or at the cinema	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>
c. Sitting using a computer (<u>not</u> for job-related work) or playing video games	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>
d. Sitting reading, chatting, socialising in pub, listening to music, playing games e.g. cards	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>
e. Doing gardening / DIY around the home	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>
f. Doing housework	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>

11. Think about ALL the physical activity you do in a usual week. Do you participate in physical activity on **MOST** days of the week (at least 5 days) for 30 minutes or more each time?

(please tick the one answer that best applies to you)

- 5 YES, and I have been for MORE than 6 months
 4 YES, and I have been but for LESS than 6 months
 3 NO, but I intend to in the next 30 days
 2 NO, but I intend to in the next 6 months
 1 NO, and I do NOT intend to in the next 6 months

Physical Activity (continued)

12. Please indicate how confident you are that you could take part in exercise or physical activity in each of the following situations:

(please tick one box in each row)

	Not at all confident	Moderately confident	Very confident
a. When you are tired	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. When you are in a bad mood /stressed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. When you feel busy or that you don't have the time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. When you are on holiday	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. When the weather is not very good (winter, raining, cold or hot)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

13. During the past month my family, friends and work colleagues:

(please tick one box in each row)

	Never	Rarely (Less than once/month)	Sometimes (At least once/month)	Often (Once or twice/week)	Very Often (3 or more/week)	
Gave me encouragement to be physically active	Family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Smoking

1. Have you ever smoked a cigarette, cigar or pipe?

1 Yes
2 No - go to question 4

2. Do you smoke cigarettes, cigar or pipe nowadays?

1 Yes
2 No - go to question 2a

2a. If no, how long ago did you stop smoking?

1 Less than one month
2 One to six months
3 Seven months to a year
4 Over a year

3. Which of the following statements best describes you? *(please tick one)*

5 I intend to give up smoking within the next month
4 I intend to give up smoking within the next 6 months
3 I intend to give up smoking within the next year
2 I intend to give up smoking, but not in the next year
1 I have no intention of giving up smoking

4. What is the smoking policy....

In your workplace?

4 No smoking anywhere
3 No smoking in enclosed places
2 Smoking only in designated areas
1 Smoking everywhere

In your home?

4 No smoking anywhere
3 No smoking inside the home
2 Smoking only in designated rooms
1 Smoking everywhere

Nutrition and Diet

A portion of vegetables approximately equals one handful or 3 serving spoons of vegetables or salad vegetables.

A portion of fruit equals approximately a tablespoon of dried fruit, 1 medium sized piece of fruit (e.g. an apple), 2 small pieces of fruit (e.g. kiwi fruit, apricot) or a 125ml glass of pure fruit juice.



		Number of portions per day					
		0	1	2	3	4	5+
1.	(please tick <u>one</u> box in each row)						
a.	How many fruit or vegetable <u>juices</u> do you usually consume each day?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b.	How many portions of vegetables do you usually eat <u>each day</u> ? (including fresh, frozen, canned and chilled)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c.	How many portions of fruit do you usually eat <u>each day</u> (including fresh, dried, frozen, chilled and tinned fruit)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

2. Please tell us how often you eat / drink the following:

(please circle one answer in each row)

Breads, other Cereals, Rice, Grains, Pasta

a.	Do you have bread, toast, cereal, chapatti or paratha for breakfast?	0 Never	1 Rarely	2 Sometimes	3 Every day
b.	Do you eat some of the following with all meals: e.g. bread, cereal, rice, pasta, grains, potato, chapatti, paratha etc.?	0 Never	1 Rarely	2 Sometimes	3 Usually/ Always
c.	Do you have these foods cooked in, or with, or do you add fat, butter, oil or ghee: e.g. chips, roast potato, fried rice, pilau rice, butter or margarine on baked potato, nan or chapatti?	4 Never	3 Rarely	2 Sometimes	1 Usually/ Always

Meat, Fish, Alternatives

d.	How often do you eat lentils, peas or beans (including baked beans)?	0 Never	1 Less than once a week	2 3 times a week	3 Every day
e.	Do you eat fish, including white or oily, fresh, frozen or tinned?	0 Never	1 Rarely	2 Once a week	3 More than twice a week

Milk and Dairy

f.	Do you have a serving of dairy food (e.g. 1/3 pint milk, 1oz of cheese, a yoghurt):	0 Never	1 A few times a week	2 Once a day	3 2-3 times a day
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Foods with Fat or Sugar

g.	Do you eat foods high in fat and sugar, such as crisps, chocolate, cakes, biscuits, puddings, samosas, pastries and Bhagia?	4 Never	3 A few times a week or less	2 Once a day	1 2-3 times a day
h.	Do you eat sugary foods such as sweets and drink sugary soft drinks (e.g. lemonade, squashes, canned drinks)?	4 Never	3 Rarely or I drink sugar-free varieties	2 Sometimes	1 Often

Water

i.	How often do you drink 8 glasses a day?	0 Never	1 Rarely	2 Sometimes	3 Every day
----	---	---------	----------	-------------	-------------

Nutrition and Diet (continued)

3. In the last year, do you think you have increased the amount of fruit and vegetables you eat? **(please tick one box only)**
- | | No,
definitely not | No,
probably not | Possibly | Yes,
probably | Yes,
definitely |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

4. Please indicate how confident you are that you could eat a healthy balanced meal in each of the following situations:

- (please tick one box in each row)**
- | | Not at all
confident | Moderately
confident | Very
confident |
|--|----------------------------|----------------------------|----------------------------|
| a. When you are tired | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. When you are in a bad mood/stressed | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. When you feel busy or that you don't have the time | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. When you are on holiday | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e. When the weather is not very good (winter, raining, cold or hot). | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| f. When eating out/socialising | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| g. When you have consumed alcohol | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

5. Please tell us how often you miss any meals in a usual week:

- (please tick one box in each row)**
- | | Rarely | Occasionally | Quite Often | Most days |
|--------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| I miss or skip breakfast | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| I miss or skip lunch | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| I miss or skip dinner | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |

6. During the past month my family, friends and work colleagues:

- (please tick one box in each row)**
- | | Never | Rarely
(Less than
once/month) | Sometimes
(At least
once/month) | Often
(Once or
twice/week) | Very Often
(3 or more/
week) | |
|---|------------|-------------------------------------|---------------------------------------|----------------------------------|------------------------------------|----------------------------|
| Gave me
encouragement
to make healthy
food choices | Family | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| | Friends | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| | Colleagues | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Alcohol

One **standard drink** means one **unit** of alcohol.
There is one **unit** of alcohol in each of these drinks:

half a pint of normal strength beer;



A pint of beer would therefore count as 2 **standard drinks**.

a standard (175ml) glass of wine;



A large 250ml pub glass of wine counts as about 3 **standard drinks**.

a small single measure of spirits;



a 50ml pub measure of fortified wine (such as sherry or port).



	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
1a. How often do you have a <u>standard drink</u> containing alcohol?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

	1	2	3	4	5 or more
1b. How many <u>standard drinks</u> containing alcohol do you have on a typical day when you are drinking?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

2. In the past month, have you consumed: *(please tick YES or NO for one of the following questions)*

For Males: More than 8 standard drinks in one session 1 Yes 2 No

For Females: More than 6 standard drinks in one session 1 Yes 2 No

3. What do you think is the maximum recommended number of units of alcohol **per day** for men and women? *(please tick one box per row)*

	1-2 units	2-3 units	3-4 units	4-5 units	5-6 units	6-7 units	7-8 units	>8 units
For Men	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
For Women	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>

4. During the past month my family, friends and work colleagues:

		Never	Rarely (Less than once/month)	Sometimes (At least once/month)	Often (Once or twice/week)	Very Often (3 or more/week)
<i>(please tick <u>one</u> box per row)</i>						
Gave me encouragement to make healthy drinking choices	Family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

At Work

2. In general, how satisfied are you with:

<i>(please tick <u>one</u> box in each row)</i>	Very dissatisfied	Quite dissatisfied	Neither satisfied nor dissatisfied	Quite satisfied	Very satisfied
a. your job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. the social environment at work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. the physical environment at work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

2. Please indicate how you feel about each of the following:

<i>(please tick <u>one</u> box in each row)</i>	No, I strongly disagree	No, I disagree quite a lot	No, I disagree just a little	I'm not sure	Yes, I agree a little	Yes, I agree quite a lot	Yes, I strongly agree
a. I am quite proud to be able to tell people that I work for my organisation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
b. I feel myself to be part of my organisation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
c. To know that my own work had made a contribution to the good of the organisation would please me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
d. In my work I like to feel that I am making some effort not just for myself but for the organisation as well	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
e. Even if my organisation were not doing well financially I would be reluctant to change to another employer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
f. The offer of a bit more money with another employer would not seriously make me think of changing my job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

3. In general, how involved do you feel in your job?

Very little involvement	Slightly involved	Moderately involved	Strongly involved	Very strongly involved
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

4. In the past 4 weeks, how often did health problems limit the kind or amount of work you could do?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

5. In the past 4 weeks, how would you rate your overall job performance on the days you worked?
(please circle one number)

Poor						Excellent	
	1	2	3	4	5	6	7

About You

1. What is your gender?

1 Male 2 Female

2. Date of birth

month year 1 9

3. What is your approximate weight?

kg **or** stones lbs

4. What is your height without shoes?

cm **or** feet inches

5. What is your marital status?

- 1 Single
- 2 Have a partner but do not live together
- 3 Live with partner
- 4 Married and live with partner
- 5 Married and separated from partner
- 6 Divorced
- 7 Widowed

6. How many children do you have who are under 18 and still live at home?

children

7. What is your ethnic origin?

[Modifiable at a project level]

- 1 White
- 2 Mixed ethnic group
- 3 Black
- 4 Black British
- 5 Asian
- 6 Asian British
- 7 Any other group

8. Which of the following qualifications do you have? (*please tick the one that best describes you*)

- 1 Degree / degree level qualification (including higher degree)
- 2 A level or equivalent
- 3 Professional qualification such as nursing, midwife, HNC/HND, BEC/TEC, City and Guilds
- 4 O level passes / GCSE passes or equivalent
- 5 CSE/SCE
- 6 Other
- 7 No qualifications

9. Please state your job title or describe your job.

[Modifiable at a project level]

10. Do you work full-time or part-time?

[Modifiable at a project level]

- 1 Full-time (35+ hours p/w)
- 2 Part-time (9-34 hours p/w)
- 3 Casual
- 4 Seasonal

About You (continued)

- 10a. What best describes your typical working pattern?
- | | | |
|---|--|-----------------------|
| 1 | | Regular daytime hours |
| 2 | | Shift patterns |
| 3 | | Weekend work |
| 4 | | Mostly evening work |

11. How long have you worked for this employer? years months

12. In your job do you have any formal responsibility for supervising the work of other employees (i.e. Manager or supervisor)? (Please do not include supervising of children or supervising security or buildings only)
- | | | |
|----|--|------------|
| 1 | | Yes |
| 2 | | No |
| 99 | | Don't know |

- 12a. If yes, how many employees are you responsible for?
- | | | |
|----|--|-------------|
| 1 | | 1-24 |
| 2 | | 25-499 |
| 3 | | 500 or more |
| 99 | | Don't know |

13. Are you the chief income earner in the household, that is, the person with the highest income (or the eldest if your incomes are the same)?
- | | | |
|----|--|------------|
| 1 | | Yes |
| 2 | | No |
| 99 | | Don't know |

14. What is your total household income, that is income from all sources, before tax and other deductions?

- | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------------------|---------------|---|--|--------------------|---|--|--------------------|----|--|---------------------|---|---|--|--------------------|---|--|--------------------|---|--|-----------------|----|--|------------|
| <table style="border: none;"> <tr> <td style="padding-right: 10px;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="padding-left: 10px;">Up to £10,399</td> </tr> <tr> <td>2</td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td>£10,400 to £20,799</td> </tr> <tr> <td>3</td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td>£20,800 to £31,199</td> </tr> <tr> <td>98</td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td>I prefer not to say</td> </tr> </table> | 1 | | Up to £10,399 | 2 | | £10,400 to £20,799 | 3 | | £20,800 to £31,199 | 98 | | I prefer not to say | <table style="border: none;"> <tr> <td style="padding-right: 10px;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="padding-left: 10px;">£31,200 to £41,599</td> </tr> <tr> <td>5</td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td>£41,600 to £51,999</td> </tr> <tr> <td>6</td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td>£52,000 or more</td> </tr> <tr> <td>99</td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td>Don't know</td> </tr> </table> | 4 | | £31,200 to £41,599 | 5 | | £41,600 to £51,999 | 6 | | £52,000 or more | 99 | | Don't know |
| 1 | | Up to £10,399 | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | £10,400 to £20,799 | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | £20,800 to £31,199 | | | | | | | | | | | | | | | | | | | | | | | |
| 98 | | I prefer not to say | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | £31,200 to £41,599 | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | £41,600 to £51,999 | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | £52,000 or more | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | | Don't know | | | | | | | | | | | | | | | | | | | | | | | |

15. Approximately how far do you live from your place of work? miles

16. Is there a car or van normally available for use by you or any members of your household? Include any provided by employers if normally available for private use by respondent or members of household.
- | | | |
|---|--|------------------------|
| 1 | | Yes |
| 2 | | No - go to question 17 |

16a. If yes, how many?

17. Please enter your postcode:

- 18a. Do you own a pedometer?
- | | | |
|---|--|--------------------------|
| 1 | | Yes – go to question 18b |
| 2 | | No – go to next section |

- 18b. Where did you obtain your pedometer?
- | | | |
|---|--|-------------------------------------|
| 1 | | I bought it myself |
| 2 | | From the 'regional project' project |
| 3 | | Other |

18c. How often do you wear your pedometer?
(**please circle one**) 0 Never 1 Rarely 2 Sometimes 3 Every day

Have you heard... ??

- | | Yes | No |
|--|----------------------------|----------------------------|
| 1. Are you aware of the [regional project name] project? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 2. Are you aware of the [regional project name] champions? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3. Are you aware of the following which have been provided at [organisation] as part of the [regional project name]? | | |

[Modifiable at a project level]

	Yes ₁	No ₂
a. [regional project name] information <i>e.g. [insert examples]</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. [regional project name] taster events <i>e.g. [insert examples]</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. Seminars, presentations, demonstrations <i>e.g. [insert examples]</i>		
d. Activity classes <i>e.g. [insert examples]</i>	<input type="checkbox"/>	<input type="checkbox"/>
e. Activity clubs <i>e.g. [insert examples]</i>	<input type="checkbox"/>	<input type="checkbox"/>
f. Activity programmes <i>e.g. [insert examples]</i>	<input type="checkbox"/>	<input type="checkbox"/>
g. On-site facilities <i>e.g. [insert examples]</i>	<input type="checkbox"/>	<input type="checkbox"/>
h. Environmental programmes <i>e.g. [insert examples]</i>	<input type="checkbox"/>	<input type="checkbox"/>
i. Active travel initiatives <i>e.g. [insert examples]</i>	<input type="checkbox"/>	<input type="checkbox"/>
j. Physical activity policy <i>e.g. [insert examples]</i>	<input type="checkbox"/>	<input type="checkbox"/>
k. Diet and nutrition initiatives <i>e.g. [insert examples]</i>	<input type="checkbox"/>	<input type="checkbox"/>
l. Healthy eating facilities <i>e.g. [insert examples]</i>	<input type="checkbox"/>	<input type="checkbox"/>
m. Stop smoking initiatives <i>e.g. [insert examples]</i>	<input type="checkbox"/>	<input type="checkbox"/>
n. Alcohol and drug initiatives <i>e.g. [insert examples]</i>	<input type="checkbox"/>	<input type="checkbox"/>
o. Mental health and well-being initiatives <i>e.g. [insert examples]</i>	<input type="checkbox"/>	<input type="checkbox"/>
p. Other initiatives <i>e.g. [insert examples]</i>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please list **all** the activities (see list above for a reminder) you have participated in as part of the [regional project name] project at [organisation]?

What did you think?

1. Did the [regional project name] project.....

(please tick one box in each row)

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Not applicable
	1	2	3	4	5	0
a. help you to.....						
improve your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
be more physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
quit smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eat more healthily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drink less alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reduce stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
improve your performance at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. give you more opportunity to.....						
be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eat more healthily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. make you more motivated to.....						
be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
quit smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eat more healthily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drink less alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. make it more affordable to....						
be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eat more healthily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. change the way you feel about...						
your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
being physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
quitting smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eating more healthily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please tell us what you thought about the [regional project name] project.....

(please tick one box in each row)

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
	1	2	3	4	5
The project.....					
Was interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was enjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided me with useful information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was well publicised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was convenient to join	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What did you think? (continued)

3. Please add any further comments you have about the [regional project name] project?

Congratulations and Thank You
You have completed the questionnaire!!

Entry into Prize Draw

If you would like to be entered into the prize draw please ensure you have completed the details on page 4. Your details will not be used for any other purpose and will not be associated with any of the data you have provided us with.

**Please return your completed questionnaire to us using the
reply paid envelope provided by [insert date]**

Appendix 1.3

Workplace Site Assessment

Well@Work Site Assessment

Region: _____	Date: _____	Observer: _____
Workplace: _____		
Building/Address: _____		

A. BUILDING AND GROUNDS ASSESMENT				
1. Number of buildings at the workplace				
2. No. of floors in each building				
3. Freestanding or connected to other buildings? (circle)		Freestanding	Connected	
4. Is workplace all or part of building? (circle)		All	Part	
5. Location of workplace? (circle)		City	Urban	Rural
6. Are there grounds associated with the workplace?			Yes	No
7. Are the grounds exclusive for workplace rather than shared?			Yes	No
8. Is there an outdoor eating/seating area?			Yes	No
9. Aesthetics of outdoor area (P/A/G)				

B. SHOWER AND CHANGING FACILITIES		
1. No. of male changing rooms		
2. No. of female changing rooms		
3. No. of unisex changing rooms		
4. No. of male showers		
5. No. of female showers		
6. No. of unisex showers		
7. Lockers available		Y N

C. POSTERS		
Tally	Project-specific (n)	General (n)
1. No. of poster boards		
2. Physical activity		
3. Nutrition		
4. Smoking		
5. Health related		
6. Other (specify)		

D. SMOKE FREE ENVIRONMENT					
1. Smoking policy:					
2. No smoking signs		NONE	FEW	SOME	MANY
3. Inside smoking areas		YES	NO		
4. Outside smoking areas		YES	NO		
5. Purchase cigarettes on site?		YES	NO		

E. ALCOHOL AVAILABILITY			
1. Alcohol policy at work:			
2. Is there an area where alcohol is served?		Y	N
3. Signs encouraging sensible drinking?		Y	N
4. Signs promoting responsible serving of alcohol?		Y	N
5. Non-alcoholic drinks available?		Y	N

F. WATER AVAILABILITY			
1. Free drinking water available in every building?		Y	N
2. Free drinking water available on every floor?		Y	N

G. CANTEEN / FOOD AVAILABILITY		
1. Aesthetics ¹ OC = P A G FP = P A G EM = P A G		
2. Fresh fruit		Y N
3. Green/mixed salads (minimal dressing)		Y N
4. Vegetarian options		Y N
5. Low fat milk or yoghurt or similar		Y N
6. Other low/reduced fat items on menu/ notices		Y N
7. Healthy drinks options (low sugar/fat)		Y N
8. Free drinking water available		Y N
9. Labelling of low fat items		Y N
10. Prompts to choose healthy options		Y N
11. Posters encouraging healthy eating		Y N

H. LUNCH ROOM / STAFF ROOM		
1. Aesthetics OC = P A G FP = P A G EM = P A G		
2. Microwave / Oven / toaster		Y N
3. Kettle / hot water for drinking		Y N
4. Fridge		Y N
5. Seating in or near food prep area		Y N
6. Free drinking water available		Y N
7. Signs/posters encouraging healthy eating		Y N

¹ Rate aesthetics according to: a. overall condition of room (OC), b. fit for purpose (FP), c. evidence of maintenance (EM). Scoring: Poor, Average, Good (Circle one A, P or G)

I. VENDING MACHINES (Y/N)							
1. Machine Number		1	2	3	4	5	6
2. Location							
FOOD							
3. Low fat/sugar items							
4. Fruit (Fresh, dried) ²							
5. Salads							
6. Sandwiches/rolls							
SOFT DRINK							
7. Fruit juice							
8. Water							
9. Diet soft drink							
HOT DRINK							
10. Tea/coffee: no milk/ sugar							
11. Signs encouraging healthy options							

J. ENTRANCES	1.		2.		3.	
	'No Smoking' signs	Stairs visible	Stair signs visible	Stair signs visible	Stair signs visible	Stair signs visible
Entrance 1:	Y N	Y N	Y N	Y N	Y N	Y N
Entrance 2:	Y N	Y N	Y N	Y N	Y N	Y N
Entrance 3:	Y N	Y N	Y N	Y N	Y N	Y N
Entrance 4:	Y N	Y N	Y N	Y N	Y N	Y N
Entrance 5:	Y N	Y N	Y N	Y N	Y N	Y N
Entrance 6:	Y N	Y N	Y N	Y N	Y N	Y N

K. STAIR CASES							
Y/N		1	2	3	4	5	6
1. Enclosed in stairwell							
2. Doors unlocked all floors							
3. Doors marked stairs							
4. Warnings restricting use							
5. Floor number labelled							
6. Any restricted exits?							
7. Painted / decorated							
8. Finished floor							
9. Signs encouraging stair use							
10. Overall condition (P/A/G)							

² Fresh, dried or concentrated fruit – not high sugar fruit bars

L. ELEVATORS / LIFTS						
1. Total No. of elevators						
2. Elevator No.	1	2	3	4	5	6
3. Total no. of floors served						
4. No. floors with signs encouraging use of stairs						

M. FITNESS FACILITIES/EQUIPMENT		
1. Workout area onsite	Y	N
2. TV in workout area	Y	N
3. Music in workout area	Y	N
4. Aerobic equipment	Y	N
5. Free weights	Y	N
6. Resistance equipment	Y	N
7. Other equipment		
8. Size of workout area: _____ m x _____ m		
9. Aesthetics OC = P A G FP = P A G EM = P A G		
10. Area for aerobics/dance/other activities	Y	N
11. Onsite	Y	N
12. Permanent	Y	N
13. Aesthetics OC = P A G FP = P A G EM = P A G		

N. ANY OTHER FACILITIES/EQUIPMENT		
(Tick)	Workplace	Grounds
1. Table tennis		
2. Billiard tables		
3. Sauna		
4. Spa		
5. Pool		
6. TV lounge		
7. Other:		
8. List any outdoor fitness or sport facilities (incl. markings for courts etc)		
9. Cost to employees to use facilities:		

O. BIKE STORAGE	
	Number
1. Bike racks	
2. Bike lockers	
3. Other lock up facilities	
4. Bikes parked outside	
5. Bikes seen stored inside building	

P. PARKING ASSESSMENT	
	Number
1. Signs encouraging to park further away and walk	

Q. DESTINATION AVAILABILITY				
(Tick)	<10 min walk	10-20 min walk	>20 min walk	Not known
1. Bus/public transport stops				
2. Fitness facility				
3. Swimming pool				
4. Commercial fitness club				
5. Local government leisure centre				
6. Shopping centre/ precinct				
7. Shops selling cigarettes				
8. Pub or bar				
9. Off licence				
10. Fast food outlet				
11. Supermarket				
12. Health food shop				
13. Sandwich bar				
14. Park/open space				

R. NEIGHBOURHOOD ASSESSMENT		
Nearest access roads		
1. Road 1:		
2. Road 2:		
Level of traffic		
3.	Road 1 (a.)	Road 2 (b.)
Light		
Medium		
Heavy		
Footpaths		
4. Footpaths present for walking	Y	N
5. Is there a buffer from road? (e.g. grass)	Y	N
6. Suitable pedestrian crossings	Y	N
7. Overall condition of the paths: (tick one)		
Poor (a lot of bumps, cracks, holes, weeds)		
Moderate (some bumps, cracks etc.)		
Good (very few bumps etc)		
Under repair		
8. Overall attractiveness/appeal for walking: (circle)		
Very attractive	Attractive	Unattractive
Bike lanes: (circle)		
9. Bike lanes	On road	Off road
10. Bike lanes	Designated	Shared

Name of person providing tour around the workplace: _____

T. OTHER COMMENTS

Appendix 1.4

Business Indicators Survey

Business-related indicators

Company/organisation		Region	
Form completed by		Position	

A. Workplace morale/culture			
1. Does your organisation collect any data relating to workplace morale/culture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	please go to section B
2. Are these data collected on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Please give examples of the measures/records you collect relating to workplace morale/culture:			
4. Would your organisation be willing to share this data with the evaluation team?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

B. Healthcare provision			
1. Does your organisation have a private healthcare scheme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	please go to question B4a
2a. Does your organisation incur costs for this scheme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2b. If yes, do you collect data relating to the costs of the scheme for the organisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Do you collect data on the number of claims made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4a. Does your organisation have medical provision on-site (e.g. doctor, nurse, physiotherapist?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	please go to question B5
4b. If yes, are records kept with regards to number and frequency of appointments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Does your organisation collect any other data relating to healthcare provision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	please go to question B6 please go to question B7
6. Please give examples of any additional measures /records you collect relating to healthcare provision:			
7. Would your organisation be willing to share any of the above data with the evaluation team?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

*Any data made available to the Well@Work evaluation team would be treated in strict confidence according to the standards of research at Loughborough University. No data would be released without prior agreement from the organisation and results would be shared with the organisation before any wider communication.

Business-related indicators

C. Work-related accidents/injuries			
1. Does your organisation collect data relating to work-related accidents/injuries?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <small>please go to section D</small>
2. Do you collect and report data....? <i>(Please tick all that apply)</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly	
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	
3. Please give examples of the measures/records you collect relating to work-related accidents/injuries:			
4. Would your organisation be willing to share any of this data with the evaluation team?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. Absenteeism			
1. Does your organisation collect any data relating to absenteeism?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <small>please go to section E</small>
2. Do you collect data on absenteeism for....			
a) the whole organisation		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) specific work groups or departments		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you collect data on....			
a) reasons for absence		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) number of days absent due to ill-health		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) number of employees on long-term sick leave		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you usually summarise your data....? <i>(Please tick all that apply)</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly	
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	
5. Would your organisation be willing to share any of the above data with the evaluation team?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Business-related indicators

E. Productivity			
1. Does your organisation record data relating to productivity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <small>please go to section F</small>
2. How does your organisation define/assess productivity?			
3. Are different measures used for different work groups/departments?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3a. If yes, please give some examples of the measures which are used			
4. How often are reports on productivity produced? <i>(Please tick all that apply)</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly	
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	
5. Would your organisation be willing to share any of the above data with the evaluation team?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No

F. Staff recruitment/retention			
1. Does your organisation collect data relating to staff recruitment/retention?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <small>please go to section G</small>
2. Are these data collected on a regular basis?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Please give examples of the measures/records you collect relating to recruitment and retention:			
4. Would your organisation be willing to share this data with the evaluation team?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No

G. External image			
1. Does your organisation collect any data relating to the external image of the organisation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <small>please go to section H</small>
2. Are these data collected on a regular basis?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Please give examples of the measures/records you collect relating to external image:			
4. Would your organisation be willing to share this data with the evaluation team?*		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Business-related indicators

H. Other		
1. Are there any other data collected in your organisation that might be of interest for the Well@Work evaluation team?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:		

Please add any other information or comments you would like to make regarding the business-related indicators:

If your organisation is willing to share any of the data mentioned above with the evaluation team at Loughborough University, please provide details of who should be contacted to discuss this in more detail:

Contact name:	
Position:	
Telephone number:	
E-mail address:	

Thank you for completing this survey. Please return to:

Emma Adams
Research Associate
School of Sport and Exercise Sciences
Loughborough University
Leicestershire
LE11 3TU

E.J.Adams@lboro.ac.uk

Appendix 1.5

Process evaluation:

Log of Activities

Log of Activities – Project Co-ordinator

Company/organisation Region

Log completed by

Week beginning

A. Please indicate whether there has been any time this week when you have not been at work due to annual leave, sickness or other absence.

Have you been absent from work this week due to annual leave, sickness or for any other reason? Yes No

If yes, how many days **OR** hours were you absent for?*

* For part-time project co-ordinators, please only report the days/hours absent from work if it affected the time that was spent on the Well@Work project days **OR** hours

B. Please indicate which tasks you have undertaken on each day this week by entering the time spent in the appropriate cell. Please also provide an estimate of the total amount of time you have spent undertaking this task during the week.

TASK	Mon	Tues	Wed	Thurs	Fri	Estimated total weekly time spent	
	hrs / mins	hrs / mins	hrs / mins	hrs / mins	hrs / mins	HOURS	MINS
Administration / management / co-ordination							
Meetings: internal							
Meetings: external							
Training: received							
Training: delivered							
Research / needs assessment							
Planning an event / programme							
Preparation of materials / resources							
Running an event / programme*							
Evaluation tasks							
Other (please specify below)							

* Remember to complete an event/summary form

Log of Activities – Project Co-ordinator

C. Think about each of the tasks listed above. For each task you have undertaken this week please provide brief details below.

Task	Description
<i>e.g.</i> <i>Running an event</i> <i>Training: received</i>	<i>e.g.</i> <i>Delivered a seminar on healthy eating</i> <i>Attended training session on smoking cessation counselling delivered by [x] PCT.</i>

Appendix 1.6

Process evaluation: Event Summary Form

Summary of event/programme

PART ONE

SECTION A: About the programme

For all events please answer the following:

Event / Programme name

Company/organisation

Region

Summary completed by

Role

A1) Which area of interest does this event/programme relate to? (please cross / tick one)

<input type="checkbox"/> Physical activity and nutrition/diet	<input type="checkbox"/> Physical activity only	<input type="checkbox"/> Nutrition/diet only
<input type="checkbox"/> Smoking only	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Stress
<input type="checkbox"/> Other (please specify):	<input type="text"/>	

A2) What type of event/programme is/was this? (please cross / tick one)

<input type="checkbox"/> A 'one-off' event: <u>single session</u> (e.g. seminar / taster session / workshop)	Go to Section B
<input type="checkbox"/> A 'one-off' event: <u>multiple sessions</u> * (e.g. cooking demonstration that is repeated several times to enable different staff groups to attend)	Go to Section B
<i>*In this instance an individual employee would only attend the event once.</i>	
<input type="checkbox"/> A short course (e.g. a 12 week programme for Pilates / aerobics classes / weight watchers)	Go to Section C
<input type="checkbox"/> An ongoing event, initiative or programme (e.g. activity club)	Go to Section C
<input type="checkbox"/> Other (please specify): <input type="text"/>	Go to Section C

SECTION B: 'One-off' events

If you are reporting a "one-off" event please complete the following details – otherwise go to SECTION C:

B1) Please indicate the status of this event summary form (with a cross / tick)

<input type="checkbox"/>	Initial	<input type="checkbox"/>	Update	<input type="checkbox"/>	Final
--------------------------	---------	--------------------------	--------	--------------------------	-------

Date of report	
----------------	--

B2) Briefly describe the event/programme

--

B3a) Start Date

B3b) End date

B4) Duration of event/programme activity
(e.g. 1 day, 1 hour etc.)

B5a) Is this 'one-off' event being repeated on multiple occasions for different staff groups?

Yes Go to B5b
No Go to B6

B5b) If yes, how many times is the event being run?

B6) Who is running / ran the event / programme?

Project Co-ordinator

Workplace Champion

External personnel

Other (please specify):

Now go to Section D

SECTION C: 'Short Course' or 'Ongoing' events

If you are reporting a 'short course' or an 'ongoing event' please complete the following details:

C1) Please indicate the status of this event summary form (with a cross / tick)

<input type="checkbox"/>	Initial	<input type="checkbox"/>	Update	<input type="checkbox"/>	Final
--------------------------	---------	--------------------------	--------	--------------------------	-------

Date of report	
----------------	--

C2) Briefly describe the event/programme

--

C3a) Start Date

C3b) End date

C4) Duration of event/programme activity
(e.g. 1 day, 1 hour etc.)

C5) Frequency of the event / programme
(e.g. once a week)

C6) Who is running / ran the event / programme?

Project Co-ordinator

Workplace Champion

External personnel

Other (*please specify*):

Now go to Section D

SECTION D: Additional Information

For ALL events please answer the following:

D1) Please indicate the status of this event summary form (with a cross / tick)

<input type="checkbox"/> Initial	<input type="checkbox"/> Update	<input type="checkbox"/> Final
Date of report		

D2) When is/was the event/programme run? (please tick all that apply)

<input type="checkbox"/> Before work	<input type="checkbox"/> During work (excluding lunchtime)	<input type="checkbox"/> At lunchtime	<input type="checkbox"/> After work	<input type="checkbox"/> At the weekend
--------------------------------------	---	---------------------------------------	-------------------------------------	---

D3) How is/was the event/programme being advertised? (please tick all that apply)

<input type="checkbox"/> Poster/Flyers	<input type="checkbox"/> Internet / intranet	<input type="checkbox"/> E-mail
<input type="checkbox"/> Local newspaper	<input type="checkbox"/> Staff newsletter	<input type="checkbox"/> Mail shot
<input type="checkbox"/> Other (please specify):		

D4) Who is/was being targeted to participate / who is/was the event open to? (please tick all that apply)

<input type="checkbox"/> All employees	<input type="checkbox"/> Employees family	<input type="checkbox"/> Community
<input type="checkbox"/> Workplace management	<input type="checkbox"/> Stakeholders	
<input type="checkbox"/> Specific employee group (please specify):		
<input type="checkbox"/> Other (please specify):		

D5) Total number of participants / people attending/attended (exact number if known)

<input type="checkbox"/> participants	OR	<input type="checkbox"/> <10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 21-50	<input type="checkbox"/> 51-100	<input type="checkbox"/> >100
---------------------------------------	-----------	------------------------------	--------------------------------	--------------------------------	---------------------------------	-------------------------------

For 'ongoing' events, please go to question D6
For all other events, please go to question D7

D6) If you are providing us with an update or final report, please indicate whether the number of participants has changed in since your last report?

<input type="checkbox"/> Remained the same	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Not applicable
--	------------------------------------	------------------------------------	---

D7) Have you used a participant satisfaction survey?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Now go to Section E (in Part 2)

Now go to D8

D8) Has your event / programme now finished?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Now go to Section F (in Part 2)

Please send Part 1 to the evaluation team. Thank you.

PART TWO:

SECTION E: Participant Satisfaction Surveys

Please complete this section each time participant satisfaction surveys are distributed:

E1) Please indicate the status of this event summary form (with a cross / tick)

<input type="checkbox"/>	Initial	<input type="checkbox"/>	Interim	<input type="checkbox"/>	Final
--------------------------	---------	--------------------------	---------	--------------------------	-------

Date of report	
----------------	--

E2) How many surveys were handed out? (please state exact number if known otherwise provide an estimate)	<input type="text"/>	Exact number
	<input type="text"/>	Estimate

E3) How many participants returned a completed survey?	<input type="text"/>
--	----------------------

E4) Have you entered / analysed the data from the completed surveys?	<input type="checkbox"/>	Yes	Now go to E5
	<input type="checkbox"/>	No	Now go to E9

E5) *Number of males who completed a survey	<input type="text"/>
---	----------------------

E6) *Number of females who completed a survey	<input type="text"/>
---	----------------------

E7) *Number of participants by age category:			
16-30	31-45	46-60	60+
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E8) *Number of participants by ethnic group:						
White	Mixed ethnic group	Black	Black British	Asian	Asian British	Other group
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*an excel spreadsheet is available to help you complete this information

E9) After reading the personal comments sections on the participant satisfaction surveys, please summarise what participants <u>LIKED</u> about the programme/event?
<input type="text"/>

E10) After reading the personal comments sections on the participant satisfaction surveys, please summarise what participants <u>DISLIKED</u> about the programme/event?
<input type="text"/>

E11) Is your event / programme now complete?	<input type="checkbox"/>	Yes	Now go to Section F (Part 2) Please send section E to the evaluation team. Thank you.
	<input type="checkbox"/>	No	

SECTION F: Implementation of the event / programme and Personal Reflections

Only complete this section if your event/programme is complete. Please answer the following questions based on your own personal reflections:

F1) Was the event/programme delivered as you had planned?

Yes

No

If no, please describe what changed and why.....

F2) Please comment on any aspects of the programme/event that YOU THINK went well

F3) Please comment on any aspects of the programme/event that YOU THINK went badly

F4) If this event was a 'short course' or 'one-off event', do you plan to run this programme again at a later date?

Yes

No

Not applicable

F5) If you were to run the event / programme again, would you do things differently?

Yes

No

If yes, please specify what you would do and why.....

F6) Did you collect any additional evaluation data for this event / programme?

Yes

No

If yes, please specify what was collected.....

F7) Please note any other comments you have about this event/programme

Please submit your final parts 1 and 2 to the evaluation team. Thank you.

Appendix 1.7

Process evaluation: Participant Satisfaction Survey

Participant Satisfaction Survey

Survey number

(programme / event organiser to complete)

Event / Programme

Date

Gender

Male

Female

Age

18-30

31-45

46-60

61+

Ethnic group

White

Black

Asian

Mixed ethnic group

Black British

Asian British

Any other group

Job title

1. Why did you decide to participate in this event/programme?

2. Please tell us what you thought about this event/programme

(please tick one box in each row)

The event/programme.....	Very much			Not at all
	1	2	3	4
Was interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was enjoyable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided useful information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What did you like best about this event?

4. What did you like least about this event?

5. How could the event have been improved?

6. Are there any other activities/events/programmes that you would like to do?

PLEASE RETURN TO:

Appendix 1.8

Qualitative evaluation:

Sample baseline interview schedule

Well@Work Baseline Interview: sample schedule

CONTEXTUAL APPRAISAL		
<ul style="list-style-type: none"> • By way of introduction, can you briefly outline what your current involvement is in the project? • When did you become involved? • Why do you think / do you know why [organisation] became interested and involved in the project? • Where do you think this project sits within [organisation] agendas? • Are there any current <u>political</u> or <u>commercial</u> agendas or pressures that might affect the project? • Any internal agendas or pressures? <ul style="list-style-type: none"> - within [organisation] • Do you think they might have a positive/ negative affect on <ul style="list-style-type: none"> - the implementation - the support for - the engagement or the organisation/employees in - the overall success of the project • Are there existing written policies around health such as smoking, physical activity etc? Or policies around flex-time for example that might allow people time out to attend smoking cessation groups or to do activity? 		
1. Goals, Plan, Timelines, implementation		
<ul style="list-style-type: none"> • What would <u>you</u> define as success for this project? • What would you consider to be some indicators of this? 		
<ul style="list-style-type: none"> • Are you aware of / do you have an overall framework or action plan for the how the project will work? • Does it outline roles, content, responsibilities and time frames? • Did you have any involvement in writing the action plan / framework? 		

2. Implementation as intended		
<ul style="list-style-type: none"> • What do you see to be some of the challenges to implementing the action plan for..... the project as a whole? <p>More specifically:</p> <ul style="list-style-type: none"> • The PA programmes (by type of programme) • The Nutrition programmes • The Tobacco programmes 		
3. Employee Involvement/Engagement/Consultation		
<ul style="list-style-type: none"> • How important do you see employee involvement? • How will the project go about involving the employees? • What might be the challenges/difficulties in achieving this engagement and involvement? • What would be an indicator that involving and engaging employees might have been successful? • What role might employees having in programme planning and implementation? 		
4a. Roles and Responsibilities (for interviewees who are <u>not</u> the project co-ordinator)		
<ul style="list-style-type: none"> • <i>Where does your role sit within the project/what is your role within the project?</i> • <i>How much time do you usually spend on the project each week?</i> • <i>Can you outline some of the key tasks you undertake / have undertaken for the project?</i> • <i>What challenges have you faced in conducting your tasks/implementing your role in the project?</i> • <i>Is there anything that has worked particularly well or not worked well?</i> • <i>Have you been completing the process evaluation forms?</i> • <i>What are your experiences with the forms?</i> 		

4b. Organizational Structure / Roles		
<ul style="list-style-type: none"> • What are your hopes / how do you see the role of the of <ul style="list-style-type: none"> - <i>the project co-ordinator?</i> - <i>workplace champions?</i> - <i>[any other provider involved in delivery]?</i> 		
<ul style="list-style-type: none"> • What role do you see for the <u>steering committee</u>? • Do you foresee any hurdles/ challenges in the steering committee undertaking these tasks? 		
5. Management Commitment		
<ul style="list-style-type: none"> • What priority do you think the [organisation] places on promoting the general health and well-being of employees? 		
<ul style="list-style-type: none"> • Can you comment on how senior management <u>support</u> (and commitment) for the project and the activities might <ul style="list-style-type: none"> - be developed? - be maintained? • Do you foresee any challenges or potential difficulties in doing this? 		
<ul style="list-style-type: none"> • What level of support from supervisors, line managers do you think is needed? • How do you think their involvement and support could be secured? 	(
6. Leadership		
<ul style="list-style-type: none"> • What kind of leadership do you think is needed for the project to be successful? • Where do you think the direction and leadership for this project <u>should</u> come from? • Where is it likely to come from? • Are there any others who might play a leadership role? • Do you see the engagement of these other groups as important to the success of the project? 		

7. Communication		
<ul style="list-style-type: none"> • Have any communication channels / networks been established for the project? • Who do you think it is important to communicate with during the programme? • What might be the challenges in achieving this? <ul style="list-style-type: none"> - to management - to steering committee - to employees - to other stakeholders (specify) 		
8. Evaluation		
<ul style="list-style-type: none"> • What are your expectations of the evaluation process? • Do you have any concerns / worries about the evaluation process? • What sort of help do you think this sort of project needs with regards to evaluation? 		
9 or 10 . Capacity Building / Support		
<ul style="list-style-type: none"> • Thinking about your role in the project, what skills, knowledge or support do you think <u>you</u> need to make your contribution to the success of the project? • Do you know if there is there likely to be any support for training for yourself or others? • Are any additional funds or in-kind support being made available for the project? 		
9 or 10 . Learning from Experience		
<ul style="list-style-type: none"> • What do you intend to learn from the project as you go along? 		

11. Sustainability / Consequences		
<ul style="list-style-type: none"> • Can you see elements of the project being sustainable after the end of the 2 year project? • What do you think will be important in ensuring this happens? 		
<ul style="list-style-type: none"> • Do you think there might be any unintended consequences, either positive or negative, of the project? • What do you think they might they be? 		

12. Additional comments		
<ul style="list-style-type: none"> • Do you have anything you would like to add to what has already been said or do you have any questions for me? 		

Appendix 1.9

Qualitative evaluation:

Sample follow-up interview schedule

Well@Work Follow-up Interview: sample schedule

CONTEXTUAL APPRAISAL		Notes from baseline interview if applicable
<ul style="list-style-type: none"> • By way of introduction could you outline your role? • Can you briefly outline any role or involvement you have had in the project and when you became involved? • Can you remind me why [organisation] decided to become involved in the project – were there particular drivers? • Can you outline any key work-related changes (positive/ negative) that have taken place within [organisation] since the project started? • Have there been any other agendas either internal, political or commercial that may have affected the project implementation / success? <ul style="list-style-type: none"> - What effect (positive or negative) do you think these changes have had on the project? 		<i>Added where applicable</i>
POLICY APPRAISAL		Notes from baseline interview if applicable
<ul style="list-style-type: none"> • Have any new policies been developed or have there been any changes to existing policies around health-related issues - such as smoking, physical activity etc as a result of the project? • Any new/changes to other policies e.g. around flexi-time for example that might allow people time out to attend programme activities? 		<i>Added where applicable</i>
1. Goals, Plan, Timelines		Notes from baseline interview if applicable
<ul style="list-style-type: none"> • Can you outline what you think the main successes have been for the project? • Are there any other successes you have observed which you didn't expect which have come about as a result of the project? 		<i>Added where applicable</i>
<ul style="list-style-type: none"> • Are you aware of any / do you know if there has been an overall framework or action plan for the project? If yes: <ul style="list-style-type: none"> - Did you have any involvement in writing the action plan / framework? - How useful / successful has it been? • Do you know how has the action plan evolved during the project? Has it changed since the initial plan? Why? 		

2. Implementation		Notes from baseline interview if applicable
<p>Thinking now about the implementation of the project.....</p> <ul style="list-style-type: none"> • How successful do you think the project has been in implementing the action plan / activities and events in the [organisation]? • What do you think have been the main challenges and barriers in implementing the project as a whole? • Have there been any other challenges for the implementation of specific programmes? 		<p><i>Added where applicable</i></p>

CHANGES TO THE ENVIRONMENT		Notes from baseline interview if applicable
<ul style="list-style-type: none"> • Have any changes been made at any of the [organisation] to improve the health promoting environment in the workplace? - If yes, how successful have these changes been? - If no, why hasn't it been possible to make any changes? • What do you think are the challenges of making these types of changes? 		<p><i>Added where applicable</i></p>
IMPLEMENTATION IN THE FUTURE		Notes from baseline interview if applicable
<ul style="list-style-type: none"> • Are there any plans for future interventions / future changes to buildings / new buildings that have come about as a result of the project or that have been influenced by the project? 		<p><i>Added where applicable</i></p>

3. Employee Involvement/Engagement/Consultation		Notes from baseline interview if applicable
<ul style="list-style-type: none"> • What has been done at [organisation] to engage and involve employees in the project? • How successful do you think the project has been in engaging employees? - <i>Indicators of this? Any staff not engaged?</i> • What have been the challenges/difficulties in achieving this engagement and involvement? • What role have employees had in programme planning and implementation? • How important do you see employee involvement in the planning and implementation of the project? • Are there any workplace champions? 		<p><i>Added where applicable</i></p>

4. Organizational Structure / Roles		Notes from baseline interview if applicable
Thinking back to your role in the project..... <ul style="list-style-type: none"> • Have your hopes for your role in the project been met? • What challenges have you faced in undertaking your role in the project? • To what extent have your hopes for the project co-ordinator been met? <i>Thinking now about the workplace champions.....</i> <ul style="list-style-type: none"> • Have your hopes for their role in the project been met? • What challenges have the workplace champions faced and how have they overcome these? 		<i>Added where applicable</i>
<ul style="list-style-type: none"> • What do you see as the role of the local steering committee? • How successful do you think the local steering committee has been in undertaking their role? 		
<ul style="list-style-type: none"> • How successful has the project been in establishing networks/links with other local programmes / initiatives? 		

5. Management Commitment		Notes from baseline interview if applicable
<ul style="list-style-type: none"> • What priority do you think the [ORGANISATION] places on promoting the general health and well-being of its employees? • Do you think the perceptions of the project have changed within the [ORGANISATION] as the project has progressed? How? 		<i>Added where applicable</i>
<ul style="list-style-type: none"> • Do you think senior managements <u>support</u> (and commitment) for the project has successfully been obtained? • What have been the challenges or potential difficulties in doing this? 		
<ul style="list-style-type: none"> • Do you think supervisors and line managers support has been obtained throughout the [organisation]? • How do you think their involvement and support has been obtained? • Can you give any examples of how the line managers have demonstrated their support for the project? 		

6. Leadership		Notes from baseline interview if applicable
<ul style="list-style-type: none"> • Do you think this project has the type of leadership that is needed for the project to be successful? • Where do you think the direction and leadership for this project <u>should</u> come from? • Is that where it has come from? • Have any others played a leadership role? • Has the engagement of these other groups been important for the success of the project? 		<i>Added where applicable</i>
7. Communication		Notes from baseline interview if applicable
<ul style="list-style-type: none"> • What communication channels / networks have been established for the project? • How successful do you think have they been? • Do you think any one method has been more successful than the others? • What have been the challenges for communicating information about the project? <ul style="list-style-type: none"> - to management - to employees - to other stakeholders (specify) 		<i>Added where applicable</i>
8. Evaluation		Notes from baseline interview if applicable
<ul style="list-style-type: none"> • Did you have any expectations of the evaluation process that is being undertaken for the project? 		<i>Added where applicable</i>

9 or 10 . Capacity Building / Support		Notes from baseline interview if applicable
<ul style="list-style-type: none"> Thinking about your involvement in the project, have your skills and knowledge developed as a result of being involved in the project? How? Has any additional training been provided as part of the project? Do you think the [organisation] now has the capacity and resources they need to be a health promoting workplace? If no, what else do you think they might need? 		<i>Added where applicable</i>
9 or 10 . Learning from Experience		Notes from baseline interview if applicable
<ul style="list-style-type: none"> What do you think you have learnt from the project? 		<i>Added where applicable</i>
11. Sustainability / Consequences		Notes from baseline interview if applicable
<ul style="list-style-type: none"> Have there been or do you think there might be any unintended consequences, either positive or negative, of the project? What do you think they might they be? 		<i>Added where applicable</i>
<ul style="list-style-type: none"> Which elements of the project do you think are now sustainable after the end of the 2 year project? What do you think will be important in ensuring these are sustained? Do you think the project in [organisation] will be seen as a role model for other organisations in the area? 		
12. KEY MESSAGES		Notes from baseline interview if applicable
<ul style="list-style-type: none"> If you could give 3 key messages (to [organisation] or to a GP practice or to another organisation) about the health promotion in the workplace what would they be? 		<i>Added where applicable</i>
13. Additional comments		Notes from baseline interview if applicable
<ul style="list-style-type: none"> Do you have anything else you would like to add to what has already been said or do you have any questions for me? 		<i>Added where applicable</i>

Appendix 1.10

Qualitative evaluation:

Sample employee focus group schedule

2. PROJECT PURPOSE AND GOALS	
<p>1. What do you think the main purpose of the Well@Work project is?</p> <p>2. Do you think the project has been successful / met its goals?</p>	<ul style="list-style-type: none"> • <i>Do you think the workplace is an appropriate setting for health promotion?</i> • <i>Should workplaces / employers be responsible for promoting employee health?</i> • <i>Do you think there are benefits in offering these programmes/services in work time – are you more/less likely to attend in work time?</i>

3. MANAGEMENT COMMITMENT	
<p>We are interested in employees' perceptions of the support for the Well@Work project from [organisation].....</p> <p>1. Do you think [organisation] (senior management) has supported and shown commitment for the project and its activities?</p> <ul style="list-style-type: none"> • Can you give any examples of how they have demonstrated their support for the project? <p>2. Do you think your line manager or supervisor has supported and shown commitment for the project and its activities?</p> <ul style="list-style-type: none"> • Can you give any examples of how they have demonstrated their support for the project? <p>3. How has this level of support affected your participation and support for the project?</p>	<p>Enthusiasm for the project / involvement – leading by example / encouraging employees / time off work to participate</p> <p>Made it easier / harder?</p>

4. COMMUNICATION	
<p>1. Overall, has there been sufficient communication/notices/promotion of the programme events and activities?</p> <p>2. How easy has it been to find out about the project and what's been going on?</p> <p>3. What have been best ways for communicating information about the events and activities? What might have been a better way?</p>	<p>Well advertised / publicised?</p> <p>Provision of up to date information</p> <p>Websites / newsletter, e-mail bulletins, timetables, poster boards</p>

5. EMPLOYEE INVOLVEMENT	
1. Do you think the project has involved members of staff in planning and implementation of the programme events and activities? <ul style="list-style-type: none"> • If yes – why? • If no - why not? 2. Are there any other ways you think employees could have been engaged/involved in the project? 3. Do you think employees at [organisation] have developed any ownership of the programme?	As a participant – consultation / needs assessment Delivery of project?

6. SUSTAINABILITY	
1. Do you think the project activities that have been established will continue to run in the foreseeable future? 2. What do you think will be needed to ensure this happens? 3. What will your level of interest be in the programme activities in the future?	

What tips/recommendations would you give to your organisation about the project?

ADDITIONAL COMMENTS	
1. Do you have anything other comments you would like to add about the project or do you have any questions for me?	

Appendix 1.11

Qualitative evaluation: Employee focus group survey

FOCUS GROUP SURVEY

1. Gender 1 Male 2 Female

2. Age		
<input type="checkbox"/> 16 – 24	<input type="checkbox"/> 25 – 34	<input type="checkbox"/> 35 – 44
<input type="checkbox"/> 45 – 54	<input type="checkbox"/> 55 – 64	<input type="checkbox"/> 65+

3. What is your ethnic origin?

<p>1 <input type="checkbox"/> White</p> <p>2 <input type="checkbox"/> Mixed ethnic group</p> <p>3 <input type="checkbox"/> Black</p> <p>4 <input type="checkbox"/> Black British</p>	<p>5 <input type="checkbox"/> Asian</p> <p>6 <input type="checkbox"/> Asian British</p> <p>7 <input type="checkbox"/> Any other group</p>
--	---

4. Please state your job title or describe your job.

5. How long have you worked at [organisation]? years months

6. What do you think are the main goals of the **Well @ Work** project?

7. How easy has it been to find out about the project activities and events?

Very easy 1	2	3	4	Very difficult 5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please list the activities or events you have participated in as part of the **Well @ Work** project?

9. Do you think the **Well @ Work** project has led to any changes at **[organisation]** in any way?
(If yes please specify how)

10. Please add any other comments you have about the **Well @ Work** project

Thank you for taking part in this discussion.

Well@Work: Promoting Active and Healthy Workplaces

Final Evaluation Report

Appendix 2

Supplements to evaluation tools

Appendix 2.1

Employee Questionnaire:

Development notes

EMPLOYEE QUESTIONNAIRE

The employee questionnaire was developed to assess the change in behaviour in employees who may have been exposed to or participated in the Well@Work project. Questions addressed lifestyle behaviours (e.g. physical activity, smoking, nutrition and alcohol), selected mediating variables (knowledge, self-efficacy, intention to change, barriers to change and social support), general health and a set of demographic items. Other items assessed employee perception of the workplace environment, work-related factors (e.g. job satisfaction) and perceptions of the Well@Work projects. A new instrument was developed for this purpose however existing items with known reliability and validity were used where possible. The items included in the questionnaire, and their source, are shown in Table 1.1.

Table 1.1 Employee Questionnaire Structure and Development Notes

Section	Details	Question number(s)	Type	Development notes
General Health	General	1-3		Q1 & 2 – from Health Survey for England 2003 Q3 - GHQ-12
	Stress / sleep	4		New York City Worksite Wellness Survey
	Interest in making changes (baseline only)	5		New item
	Completion of questionnaire at baseline (follow-up only)	5		New item
Physical Activity	Job-related physical activity	1	Behaviour	From Health Survey for England 2003
	Walking and cycling for transport to and from work	2-3	Behaviour	Modified from International Physical Activity Questionnaire (Long)
	Walking and cycling for other trips	4-5	Behaviour	Modified from International Physical Activity Questionnaire (Long)
	Incidental physical activity	6-7	Behaviour	Modified from Physical Activity Levels of Western Australian Adults 2002
	Recreation and sport activities	8-9	Behaviour	Modified from EPIC-2 survey
	Other activities (sedentary behaviour)	10	Behaviour	a) – modified from IPAQ b-f) – new items
		11	Intention to change	From Physical Activity Levels of Western Australian Adults 2002

Section	Details	Question number(s)	Type	Development notes
		12	Self efficacy	From Physical Activity Levels of Western Australian Adults 2002
Physical activity (continued)		13	Barriers	From Physical Activity Levels of Western Australian Adults 2002
		14	Knowledge	From Active Australia 2000/2002
		15	Social support	Modified from RESIDE questionnaire (School of Population Health, University of Western Australia)
Smoking		1-3	Behaviour	Modified from Health Survey for England 2003
		4	Intention to change	Modified from physical activity item in Physical Activity Levels of Western Australian Adults 2002
		5	Support to change	New item
	Smoking policy (home/work)	6	Knowledge	New item
	Passive smoking	7	Knowledge	Department of Health
Nutrition	Fruit and Vegetables	1	Behaviour	Provided by Department of Health 2005
	Healthy balanced diet	2	Behaviour	Provided by Department of Health 2005
		3	Intention	Modified from physical activity item in Physical Activity Levels of Western Australian Adults 2002
		4	Self efficacy	Provided by Department of Health (Modified from physical activity item in Physical Activity Levels of Western Australian Adults 2002)

Section	Details	Question number(s)	Type	Development notes
	Portions of fruit/vegetables	5-6	Knowledge	FACET survey (5-a-day Consumption and Evaluation Tool)
	Meal skipping	7	Behaviour	New item
		8	Social support	Modified from RESIDE questionnaire (School of Population Health, University of Western Australia)
Alcohol		1-2	Behaviour	Provided by Department of Health 2005 / Modified from AUDIT alcohol screening questionnaire - World Health Organisation
		3	Knowledge	New item
		4	Social support	Modified from RESIDE questionnaire (School of Population Health, University of Western Australia)
At work	Job/workplace satisfaction	1	Satisfaction	Van Saane <i>et al. Occupational Medicine</i> 2003
	Job commitment	2	Commitment	Adapted from British Organisational Commitment Scale (Cook & Wall, 1980)
	Job involvement	3	Involvement	Modified from Cook (1981)
	Health	4	Health	Modified from Cook (1981)
	Job performance	5	Performance	Modified from Cook (1981)
About you	Demographics	1-8		Modified from Health Survey for England 2003
	Job details	9-12		
	Income	13-14		

Section	Details	Question number(s)	Type	Development notes
	Distance from work	15		
	Motorised transport	16		
	Postcode	17		
Have you heard? [baseline]	Awareness and participation in existing or previous initiatives	1	Knowledge / awareness	Questions developed in association with participating workplaces to reflect local initiatives
	Awareness and use of existing or previous sources of information	2	Knowledge / awareness	Questions developed in association with participating workplaces to reflect local sources of information
	Awareness of existing policies	3	Knowledge / awareness	Questions developed in association with participating workplaces to reflect local policies
Have you heard? [follow-up]	Awareness of project	1	Knowledge / awareness	Questions developed in association with participating workplaces to reflect local initiatives
	Awareness of project activities	2	Knowledge / awareness	Questions developed in association with participating workplaces to reflect local sources of information
	Participation in project activities	3	Knowledge / awareness	Questions developed in association with participating workplaces to reflect local policies
What did you think?	Barriers and enablers to change Perceptions of project		Barriers/ enables / perceptions	New item

Section	Details	Question number(s)	Type	Development notes
Pedometers	Ownership and use of pedometers	4	Behaviour	New item

Appendix 2.2

Workplace site assessment: Scoring algorithm

Workplace Site Assessment Scoring Algorithm

Date effective: 26-July-2007

Well@Work Workplace Site Assessment Scoring Algorithm

(Y = yes/present / N=no / n=number)

ENVIRONMENT	AREAS	ITEMS	CODING	MAX POINTS	ITEM NO.
	a) Poster boards	<ul style="list-style-type: none"> - Project-specific board - General 	Y = 1 -	1 - (1)	C1 -
Education / Awareness		<ul style="list-style-type: none"> - Physical activity - Nutrition - Smoking - Health related - Other 	n=1 = 1 n≥2 = 2	2 2 2 2 X (8)	C2 C3 C4 C5 C6
	b) Website/pages	<ul style="list-style-type: none"> - dedicated to health promotion - dedicated to project 	Y = 1 Y = 1	1 1 (2)	<i>Collect Information from member of staff</i>
	c) Newsletters		Y = 1	1 (1)	<i>Collect Information from member of staff</i>
MAX SCORE =				12	

Well@Work Workplace Site Assessment Scoring Algorithm

ENVIRONMENT	AREAS	ITEMS	CODING	MAX POINTS	ITEM NO.
Supportive Physical Activity Environment	a) Changing rooms	<ul style="list-style-type: none"> - Changing rooms - Showers - Lockers 	<ul style="list-style-type: none"> ≥1=1 ≥1=1 Y=1 	<ul style="list-style-type: none"> 1 1 1 <p style="text-align: right;">(3)</p>	<ul style="list-style-type: none"> B1,2,3, B4,5,6, B7
	b) Facilities <i>Score adjusted based on opportunity</i>	<ul style="list-style-type: none"> - Opportunity <ul style="list-style-type: none"> ▪ Equipment (in workout area) ▪ Incentives (e.g. TV/music) ▪ Aesthetics of workout area (OC,FP,EM) ▪ Aesthetics of area for other activities (OC,FP,EM) - Equipment/facilities (other) 	<ul style="list-style-type: none"> Y=1 Y=1 A=1 G=2 Y=1 	<ul style="list-style-type: none"> 3 4 1 6 (2, 2, 2) 6 (2, 2, 2) 5 <p style="text-align: right;">(25)</p>	<ul style="list-style-type: none"> M1, M10, N8 M4,5,6,7, M2,3 M9 M13 N1,2,3,4,5,
	c) Active transport	<ul style="list-style-type: none"> - Bike racks / storage - Signs encouraging drivers to park their car further away 	<ul style="list-style-type: none"> ≥1=1 Y=1 	<ul style="list-style-type: none"> 1 1 <p style="text-align: right;">(2)</p>	<ul style="list-style-type: none"> O1,2,3 P1
	d) Stairs <i>Score adjusted to reflect number of stair cases, elevators and entrances</i>	<ul style="list-style-type: none"> - Characteristics promoting stair use - Signs encourage stair use - Overall condition - Signs at elevators - Stairs visible from entrance or signs leading to stairs visible from entrance 	<ul style="list-style-type: none"> Y=1 N=1 Y=1 A=1 G=2 Y=1 Y=1 	<ul style="list-style-type: none"> 1 1 1 2 1 1 <p style="text-align: right;">(7)</p>	<ul style="list-style-type: none"> K2,3,5,7,8 K4,6 K9 K10 L4 J2,3
MAX SCORE =				37	

Well@Work Workplace Site Assessment Scoring Algorithm

ENVIRONMENT	AREAS	ITEMS	CODING	MAX POINTS	ITEM NO.
Supportive Food/Nutrition Environment	a) Lunch room <i>Score adjusted based on number of lunchrooms / kitchens / staff rooms</i>	<ul style="list-style-type: none"> - Microwave/oven/toaster - Kettle / hot water for drinking - Fridge - Free water available in lunch room - Seating in or nearby - Signage promoting healthy eating - Aesthetics (OC,FP,EM) 	<ul style="list-style-type: none"> Y = 1 Y = 1 Y = 1 Y = 1 Y = 1 Y = 1 A = 1/G = 2 	<ul style="list-style-type: none"> 1 1 1 1 1 1 6 (2, 2, 2) <p style="text-align: right;">(12)</p>	<ul style="list-style-type: none"> H2 H3 H4 H6 H5, A8 H7 H1
	b) Canteen <i>Score adjusted based on number of canteens</i>	<ul style="list-style-type: none"> - Healthy food options - Free water available in canteen - Labelling of low fat items - Prompts to choose healthy options - Signage promoting healthy eating - Aesthetics (OC,FP,EM) 	<ul style="list-style-type: none"> 1-2 = 1 ≥ 3 = 2 A = 1/G = 2 	<ul style="list-style-type: none"> 2 1 1 1 1 6 (2, 2, 2) <p style="text-align: right;">(12)</p>	<ul style="list-style-type: none"> G2,3,4,5,6, 7 G8 G9 G10 G11 G1
	c) Vending machines <i>Score adjusted based on number of vending machines</i>	<ul style="list-style-type: none"> - Offers healthy food options - Offers healthy drinks options - Sign encouraging healthy options near vending machine 	<ul style="list-style-type: none"> Y=1 Y=1 	<ul style="list-style-type: none"> 4 4 1 <p style="text-align: right;">(9)</p>	<ul style="list-style-type: none"> I3,4,5,6 I7,8,9,10 I11
	d) Water	<ul style="list-style-type: none"> - Free water available in every building - Free water available on every floor 	<ul style="list-style-type: none"> Y=1 	<ul style="list-style-type: none"> 1 1 <p style="text-align: right;">(2)</p>	<ul style="list-style-type: none"> F1 F2
	e) Alcohol <i>Score adjusted based on availability of alcohol on site</i>	<ul style="list-style-type: none"> - Signs encouraging sensible drinking - Signs promoting responsible serving of alcohol - Non-alcoholic drinks available 	<ul style="list-style-type: none"> Y=1 	<ul style="list-style-type: none"> 1 1 1 <p style="text-align: right;">(3)</p>	<ul style="list-style-type: none"> E3 E4 E5
	f) Outdoor seating/eating area	<ul style="list-style-type: none"> - Outdoor seating/eating area - Aesthetics (OC,FP,EM) - 	<ul style="list-style-type: none"> Y = 1 A = 1/G = 2 	<ul style="list-style-type: none"> 1 2 <p style="text-align: right;">(3)</p>	<ul style="list-style-type: none"> A8 A9
MAX SCORE =				41	

Date effective: 26-July-2007

Well@Work Workplace Site Assessment Scoring Algorithm

ENVIRONMENT	AREAS	ITEMS	CODING	MAX POINTS	ITEM NO.
Smoke Free Environment	a) No smoking signs <i>Score adjusted based on Number of entrances</i>	- No smoking signs at entrances - No smoking signs	Y=1 Few=1 Some=2 Many=3	1 3 (4)	J1 D2
	b) Smoking areas	- There are no areas designated for smoking inside or outside the workplace (i.e. workplace including grounds is entirely smoke free)	N=1	1 (1)	D1,3,4
	c) Sales of cigarettes on site	- There are no cigarettes on sale on-site	N=1	1 (1)	D5
MAX SCORE =				6	

ENVIRONMENT	AREAS	ITEMS	CODING	MAX POINTS	ITEM NO.
Policy Environment	a) Policy	- Physical activity policy - Smoking Policy - Nutrition policy <i>*Written policy?</i>	Y = 1	1 1 1 1 (3)	<i>Collect Information from member of staff</i>
MAX SCORE =				3	

Well@Work: Promoting Active and Healthy Workplaces

Final Evaluation Report

Appendix 3

Supplementary evaluation results

Appendix 3.1

Employee Questionnaire: Supplementary results

APPENDIX 3.1 Employee Questionnaire

Table A3.1	Responders by age category
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Table A3.3	Responders by qualification
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Table A3.7	Total minutes active travel per week for work and non-work trips
Table A3.8	Proportion of responders participating in sport on at least 3 days a week, of at least moderate intensity and at least 30 minutes
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Table A3.11	Total MET minutes physical activity per week
Table A3.12	Knowledge of physical activity recommendations
Table A3.13	Participation in incidental physical activity
Table A3.14	Membership of clubs and groups
Table A3.15	Pedometer ownership and use
Table A3.16	Sedentary behaviour on work and non-work days
Table A3.17	Employee perceptions of the effects of the project on physical activity levels
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Table A3.19	Proportion of responders meeting at least a 5 a day fruit and vegetable recommendation
Table A3.20	Healthy eating index
Table A3.21	Knowledge of fruit and vegetable recommendations
Table A3.22	Employee perceptions of project effects on nutrition and diet
Table A3.23	Alcohol consumption and knowledge in males
Table A3.24	Alcohol consumption and knowledge in females
Table A3.25	Employee perceptions of project effects on alcohol consumption
Table A3.26	Mean BMI
Table A3.27	BMI by category
Table A3.28	Self-reported general health
Table A3.29	Mean GHQ-12 score
Table A3.30	Quality of sleep (frequency sleeping \geq 7 hours)
Table A3.31	Employee perceptions of project effects on general health

Appendix 3

Table A3.1 Responders by age category

		16-30	31-45	46-60	60+	Sig.
Project A	Pre-	28.1	38.9	30.7	2.3	
Pre- total n						
303						
Post- total n	Post-	22.0	41.0	34.0	3.0	NS
432						
Project B	Pre-	32.1	38.1	27.4	2.4	
Pre- total n						
84						
Post- total n	Post-	28.0	34.0	38.0	0.0	ND
50						
Project C	Pre-	37.3	46.8	13.7	2.1	
Pre- total n						
233						
Post- total n	Post-	37.5	43.8	16.9	1.9	ND
160						
Project D	Pre-	19.1	42.3	36.2	2.4	
Pre- total n						
246						
Post- total n	Post-	17.1	48.1	31.6	3.2	NS
187						
Project E	Pre-	14.2	42.7	41.0	2.2	
Pre- total n						
415						
Post- total n	Post-	12.0	42.9	42.5	2.6	NS
266						
Project F	Pre-	20.6	55.5	23.4	0.5	
Pre- total n						
625						
Post- total n	Post-	26.6	57.0	16.3	0.0	ND
263						
Project G	Pre-	24.8	43.1	30.2	1.8	
Pre- total n						
705						
Post- total n	Post-	21.1	44.0	33.1	1.9	NS
375						
Project H	Pre-	6.4	50.5	41.3	1.8	
Pre- total n						
218						
Post- total n	Post-	7.6	51.3	40.1	1.1	ND
277						
Project I	Pre-	10.9	31.5	45.2	12.5	
Pre- total n						
248						
Post- total n	Post-	15.3	37.1	41.1	6.5	NS
124						
Project J	Pre-	25.8	36.1	33.2	4.9	
Pre- total n						
244						
Post- total n	Post-	25.2	34.3	35.7	4.9	NS
143						
Project K	Pre-	26.6	39.1	25.0	9.4	
Pre- total n						
64						
Post- total n	Post-	26.7	33.3	40.0	0.0	ND
15						
Overall	Pre-	21.6	44.1	31.5	2.9	
Pre- total n						
3385						
Post- total n	Post-	20.2	44.7	32.8	2.4	NS
2292						

#p<0.01 *p<0.05

NS = non-significant ND = no data

Appendix 3

Table A3.2 Mean age of responders

		Project											
		Overall	A	B	C	D	E	F	G	H	I	J	K
	Pre- total	N=3490	N=307	N=86	N=235	N=265	N=430	N=635	N=739	N=221	N=255	N=250	N=67
	Post- total	N=2379	N=441	N=50	N=173	N=187	N=284	N=266	N=386	N=282	N=124	N=171	N=15
Total	Pre-mean	40.5	39.5	38.0	35.4	41.7	42.9	38.6	39.5	43.8	46.7	41.0	40.6
	SD	11.1	11.2	12.1	10.6	10.8	10.3	9.0	10.9	8.9	12.7	21.4	14.0
	Post-mean	40.8	41.3	38.4	35.5	41.6	43.7	36.8	40.3	43.3	43.7	41.3	39.9
	SD	10.7	11.1	12.1	10.5	10.4	10.1	8.6	10.3	9.0	11.6	12.3	13.3
	Sig.	NS	*	NS	NS	NS	NS	*	NS	NS	*	NS	NS
	Pre- total	N=1343	N=129	N=33	N=124	N=145	N=54	N=354	N=204	N=155	N=58	N=81	N=6
	Post- total	N=885	N=197	N=14	N=83	N=90	N=31	N=104	N=98	N=199	N=17	N=51	N=1
Males	Pre-mean	41.1	41.9	38.4	35.2	43.7	46.0	40.3	37.8	45.1	51.1	40.3	33.7
	SD	10.6	11.4	13.4	9.4	9.6	8.4	8.6	10.4	8.6	12.2	13.1	7.9
	Post-mean	42.0	43.8	41.1	35.5	43.7	46.5	38.1	39.6	44.9	44.5	41.0	18.0
	SD	10.3	10.9	11.5	9.9	9.1	8.7	6.9	9.9	8.8	13.1	13.5	ND
	Sig.	*	NS	NS	NS	NS	NS	*	NS	NS	NS	NS	NS
	Pre- total	N=2113	N=178	N=52	N=111	N=120	N=375	N=264	N=525	N=64	N=194	N=169	N=61
	Post- total	N=1494	N=244	N=36	N=90	N=97	N=253	N=162	N=288	N=83	N=107	N=120	N=14
Females	Pre-mean	40.1	37.7	37.7	35.4	39.2	42.5	36.1	40.3	40.6	45.5	41.4	41.3
	SD	11.3	10.8	11.2	11.7	11.9	10.4	8.9	11.0	9.0	12.6	12.0	14.3
	Post-mean	40.1	39.3	37.4	35.5	39.6	43.4	36.0	40.5	39.5	43.6	41.4	41.4
	SD	10.9	10.9	12.3	11.1	11.2	10.3	9.4	10.5	8.5	11.4	12.3	12.3
	Sig.	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS

#p<0.01 *p<0.05 NS = non-significant ND = no data

Appendix 3

Table A3.3 Responders by education

		Degree	Professional qualification	A level or equivalent	O level or equivalent	Other qualification	No qualifications	Sig.
Project A	Pre-	51.2	11.6	18.6	15.3	0.7	2.7	
Pre- total n	301							
Post- total n	436	40.1	17.7	12.6	21.1	2.8	5.7	#
Project B	Pre-	14.1	20.0	18.8	38.8	2.4	5.9	
Pre- total n	85							
Post- total n	49	12.2	26.5	16.3	30.6	6.1	8.2	NS
Project C	Pre-	33.0	9.0	30.0	23.6	3.0	1.3	
Pre- total n	233							
Post- total n	169	28.4	11.2	29.6	27.2	2.4	1.2	NS
Project D	Pre-	22.3	28.4	20.8	23.9	2.3	2.3	
Pre- total n	264							
Post- total n	187	25.1	23.5	17.6	26.7	2.7	4.3	NS
Project E	Pre-	39.0	17.1	17.5	20.6	3.3	2.6	
Pre- total n	428							
Post- total n	282	43.3	25.2	11.3	15.6	3.5	1.1	*
Project F	Pre-	40.8	23.4	12.3	18.2	2.7	2.7	
Pre- total n	633							
Post- total n	265	51.7	16.2	12.5	15.8	2.6	1.1	NS
Project G	Pre-	45.7	20.8	9.8	15.9	4.9	2.8	
Pre- total n	427							
Post- total n	381	46.2	23.4	7.1	15.0	3.7	4.7	NS
Project H	Pre-	15.8	24.0	9.2	28.1	4.1	18.9	
Pre- total n	196							
Post- total n	253	38.7	22.1	7.1	21.3	6.3	4.3	#
Project I	Pre-	42.2	14.5	14.5	17.3	6.8	4.8	
Pre- total n	249							
Post- total n	124	46.8	17.7	14.5	10.5	8.9	1.6	NS
Project J	Pre-	25.5	18.2	16.6	28.3	5.7	5.7	
Pre- total n	247							
Post- total n	168	22.0	13.7	19.0	30.4	7.1	7.7	NS
Project K	Pre-	10.0	26.0	12.0	18.0	26.0	8.0	
Pre- total n	50							
Post- total n	14	0.0	35.7	35.7	14.3	7.1	7.1	NS
Overall	Pre-	36.2	19.2	15.8	20.7	3.9	4.1	
Pre- total n	3113							
Post- total n	2328	38.8	19.8	13.4	20.0	4.1	3.9	NS

#p<0.01 *p<0.05

NS = non-significant ND = no data

Appendix 3

Table A3.4 Employees reporting any cycling or walking for travel to/from work

		Project										
		A	B	C	D	E	F	G	H	I	J	K
Total % any	Pre-	57.4	18.4	42.9	12.5	9.0	10.7	50.2	15.3	31.3	23.0	33.9
	Post-	59.8	40.4	49.0	13.6	11.3	18.4	59.2	13.8	40.2	19.7	53.8
	Sig.	NS	*	NS	NS	NS	#	#	NS	NS	NS	ND
	Pre-n	259	76	212	232	387	577	683	189	195	217	62
	Post-n	376	47	153	162	257	245	346	253	97	147	13
Males % any	Pre-	49.1	17.2	44.0	15.3	2.1	14.5	55.3	20.3	30.0	22.9	ND
	Post-	59.4	14.3	52.0	19.5	7.7	24.0	62.8	17.0	53.8	17.4	100
	Sig.	NS	ND	NS	NS	ND	*	NS	NS	ND	NS	ND
	Pre-n	113	29	116	124	48	311	190	128	40	70	6
	Post-n	170	14	75	77	26	96	94	176	13	46	1
Females % any	Pre-	63.7	19.6	41.7	9.3	10.0	6.4	48.6	5.0	32.2	23.1	37.5
	Post-	60.2	51.5	46.2	8.2	11.7	14.8	57.9	6.5	38.1	20.8	50.0
	Sig.	NS	#	NS	NS	NS	#	*	ND	NS	NS	ND
	Pre-n	146	46	96	108	339	250	486	60	152	147	56
	Post-n	206	33	78	85	231	149	252	77	84	101	12

#p<0.01 *p<0.05

NS = non-significant ND = no data

Table A3.5 Reported cycling or walking to/from work

		Project										
		A	B	C	D	E	F	G	H	I	J	K
	Pre- total n	261	76	214	234	390	577	693	194	200	218	62
	Post- total n	387	48	153	165	257	246	348	254	102	150	13
% reporting any cycling for transport to or from work	Pre-	10.3	1.3	0.5	6.0	0.5	4.9	4.2	6.2	5.0	3.2	3.2
	Post-	10.1	2.1	2.0	7.9	3.5	8.5	8.6	5.9	6.9	4.0	7.7
	Sig.	NS	ND	ND	NS	ND	*	#	NS	NS	NS	ND
% reporting any walking for transport to or from work	Pre-	47.5	17.1	42.1	6.0	8.7	6.2	44.3	8.2	27.0	19.3	33.9
	Post-	52.5	41.7	47.7	6.1	9.3	11.0	52.6	9.4	33.3	17.3	46.2
	Sig.	NS	#	NS	NS	NS	*	*	NS	NS	NS	ND

#p<0.01 *p<0.05

NS = non-significant ND = no data

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Table A3.6 Total minutes cycling/walking for other trips per week

		Project										
		A	B	C	D	E	F	G	H	I	J	K
	Pre-total	N=261	N=76	N=214	N=234	N=390	N=577	N=693	N=194	N=200	N=218	N=62
	Post-total	N=387	N=48	N=153	N=165	N=257	N=246	N=348	N=254	N=102	N=150	N=13
Total minutes per week	Pre-mean	151.9	107.8	90.4	113.6	87.2	94.7	136.9	134.4	111.8	121.0	157.4
	SD	203.5	202.9	159.3	207.3	161.8	173.9	209.7	236.2	185.5	194.9	239.0
	Post-mean	144.4	149.4	110.00	132.8	77.1	100.1	146.9	132.0	116.2	130.1	131.5
	SD	201.5	230.1	163.6	204.8	175.2	149.2	215.4	207.4	212.4	203.9	237.7
	Sig.	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS

#p<0.01 *p<0.05

NS = non-significant ND = no data

Table A3.7 Total minutes active travel per week for work and non-work trips

		Project										
		A	B	C	D	E	F	G	H	I	J	K
	Pre-total	N=261	N=76	N=214	N=234	N=390	N=577	N=693	N=194	N=200	N=218	N=62
	Post-total	N=387	N=48	N=153	N=165	N=257	N=246	N=348	N=254	N=102	N=150	N=13
Total minutes per week	Pre-mean	232.0	128.5	130.3	130.9	95.4	107.0	204.0	151.2	149.4	145.4	205.7
	SD	242.9	206.6	176.8	222.3	166.87	181.9	249.7	247.0	210.5	215.5	272.5
	Post-mean	228.2	197.5	165.5	151.0	85.0	122.9	234.6	152.2	149.2	157.1	186.9
	SD	232.2	249.7	192.8	218.9	184.74	171.3	257.3	229.4	222.1	218.1	258.7
	Sig.	NS	*	NS	NS	NS	*	*	NS	NS	NS	NS

#p<0.01 *p<0.05

NS = non-significant ND = no data

Appendix 3

Table A3.8 Proportion of responders participating in sport on at least 3 days a week, of at least moderate-intensity and at least 30 minutes

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% Total	Pre-	57.9	38.2	31.3	50.4	49.0	45.1	30.4	45.9	36.5	32.6	32.3
	Post-	48.1	50.0	53.6	73.3	58.8	57.3	39.1	59.4	53.9	49.3	69.2
	Sig.	*	NS	#	#	*	#	#	#	#	#	*
	Pre-n	261	76	214	234	390	577	693	194	200	218	62
	Post-n	387	48	153	165	257	246	348	254	102	150	13
% Males	Pre-	55.7	48.3	31.6	58.1	56.3	45.3	39.1	50.4	40.9	40.0	50.0
	Post-	44.9	78.6	57.3	78.2	57.7	58.3	43.6	61.6	61.5	46.8	100
	Sig.	NS	NS	#	#	NS	*	NS	NS	NS	NS	NS
	Pre-n	115	29	117	124	48	311	192	131	44	70	6
	Post-n	176	14	75	78	26	96	94	177	13	47	1
% Females	Pre-	59.6	30.4	30.9	41.8	48.1	46.0	27.6	35.5	35.3	29.1	30.4
	Post-	50.7	38.2	50.0	69.0	58.9	56.7	37.4	54.5	52.8	50.5	66.7
	Sig.	NS	NS	*	#	*	*	#	*	#	#	ND
	Pre-n	146	46	97	110	341	250	492	62	153	148	56
	Post-n	211	34	78	87	231	150	254	77	89	103	12

#p<0.01 *p<0.05

NS = non-significant ND = no data

Appendix 3

Table A3.9 Total METminutes per week: sport and recreation

		Project										
		A	B	C	D	E	F	G	H	I	J	K
	Pre- total	N=261	N=76	N=214	N=234	N=390	N=577	N=693	N=194	N=200	N=218	N=62
	Post- total	N=387	N=48	N=153	N=165	N=257	N=246	N=348	N=254	N=102	N=150	N=13
Total METminutes per week: sport and recreation (any intensity)	Pre-mean	2,023	2,091	1,253	2,134	1,607	1,532	1,305	1,846	1,122	1,188	1,447
	SD	2,635	3,723	1,801	2,812	1,938	2,127	2,588	2,471	1,502	2,256	1,986
	Post- mean	1,718	1,598	1,883	2,650	1,982	1,604	1,251	1,995	1,591	1,579	3,056
	SD	2,008	1,836	2,186	2,895	2,589	1,584	1,940	2,084	1,991	1,990	3,307
	Sig.	NS	NS	#	#	NS	*	*	*	#	#	*

#p<0.01 *p<0.05

NS = non-significant ND = no data

Appendix 3

Table A3.10 Responders meeting physical activity recommendations

(active travel to work and participation in sport and recreation 30 minutes per day, at least moderate intensity and on at least 5 days per week)

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% Total	Pre-	49.8	30.3	22.4	37.6	29.7	27.9	35.1	32.5	25.0	21.6	30.6
	Post-	46.8	39.6	43.1	55.8	39.3	38.2	39.9	40.9	33.3	36.7	61.5
	Sig.	NS	NS	#	#	*	#	NS	NS	NS	#	ND
	Pre-n	76	214	234	390	577	693	194	200	218	62	76
	Post-n	48	153	165	257	246	348	254	102	150	13	48
% Males	Pre-	44.3	34.5	26.5	42.7	29.2	28.9	43.8	35.1	34.1	30.0	33.3
	Post-	43.8	64.3	50.7	65.4	50.0	42.7	48.9	45.2	38.5	36.2	100
	Sig.	NS	NS	#	#	NS	*	NS	NS	ND	NS	ND
	Pre-n	115	29	117	124	48	311	192	131	44	70	6
	Post-n	176	14	75	78	26	96	94	177	13	47	1
% Females	Pre-	54.1	26.1	17.5	31.8	29.9	27.6	31.9	27.4	22.2	17.6	30.4
	Post-	49.3	29.4	35.9	47.1	38.1	35.3	36.6	31.2	32.6	36.9	58.3
	Sig.	NS	NS	#	*	*	NS	NS	NS	NS	#	ND
	Pre-n	146	46	97	110	341	250	492	62	153	148	56
	Post-n	211	34	78	87	231	150	254	77	89	103	12

#p<0.01 *p<0.05

NS = non-significant ND = no data

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Table A3.11 Total MET minutes physical activity per week

		Project										
		A	B	C	D	E	F	G	H	I	J	K
Total	Pre- total	N=261	N=76	N=214	N=234	N=390	N=577	N=693	N=194	N=200	N=218	N=62
	Post- total	N=387	N=48	N=153	N=165	N=257	N=246	N=348	N=254	N=102	N=150	N=13
	Pre-mean	2803.80	2,516.38	1,685.20	2,577.68	1,927.06	1,897.36	1,994.31	2,368.57	1,623.04	1,677.09	2,133.05
	SD	2969.66	4,151.61	1,962.44	3,026.34	2,058.18	2,318.58	2,981.26	2,686.36	1,754.00	2,538.91	2,129.49
	Post- mean	2,492.13	2,255.70	2,436.64	3,162.36	2,270.40	2,027.38	2,049.12	2,517.88	2,094.04*	2,111.43	3,683.31
	SD	2,315.01	2,067.20	2,389.87	3,105.91	2,751.48	1,789.03	2,328.12	2,385.00	2,143.79	2,215.68	3,348.55
	Sig.	NS	NS	#	#	NS	*	#	NS	*	#	NS
	Pre- total	N=115	N=29	N=117	N=124	N=48	N=311	N=192	N=131	N=44	N=70	N=6
	Post- total	N=176	N=14	N=75	N=78	N=26	N=96	N=94	N=177	N=13	N=47	N=1
	Males	Pre-mean	2864.64	3,357.10	1,741.34	3,227.18	2,158.35	2,214.51	2,736.61	2,705.07	1,782.61	2,476.76
SD		3233.81	4,986.63	1,826.85	3,543.09	2,110.83	2,781.62	3,549.28	2,930.77	1,845.83	3,849.26	2,582.69
Post- mean		2,569.88	3,676.96	2,642.93	3,905.49	2,001.10	2,222.67	2,319.96	2,838.88	3,336.00	2,715.45	8,773.00
SD		2,507.52	2,590.21	2,274.19	3,801.73	1,324.80	1,768.71	2,394.37	2,605.39	4,070.89	3,142.14	ND
Sig.		NS	NS	#	*	NS	NS	NS	NS	NS	NS	NS
Females	Pre- total	N=146	N=46	N=97	N=110	N=341	N=250	N=492	N=62	N=153	N=148	N=56
	Post- total	N=211	N=34	N=78	N=87	N=231	N=150	N=254	N=77	N=89	N=103	N=12
	Pre-mean	2,755.88	1,987.58	1,617.47	1,845.51	1,900.15	1,524.39	1,733.99	1,671.40	1,578.98	1,298.87	2,009.07
	SD	2,754.30	3,537.31	2,122.18	2,095.48	2,052.19	1,519.26	2,699.95	1,943.72	1,729.38	1,453.37	2,064.30
	Post- mean	2,427.27	1,670.47	2,238.29	2,496.10	2,300.71	1,902.40	1,948.89	1,780.01	1,912.63	1,835.82	3,259.17
	SD	2,145.19	1,494.45	2,494.58	2,122.60	2,868.19	1,796.63	2,299.83	1,557.11	1,659.45	1,572.88	3,111.41
	Sig.	NS	NS	#	#	NS	#	#	NS	NS	#	NS

#p<0.01 *p<0.05 NS = non-significant ND = no data

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Table A3.12 Knowledge of physical activity recommendations

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% agree/strongly agree that taking the stairs at work/generally being more active for 30 min each day is enough to improve health	%	80.7	73.7	82.5	73.9	77.7	77.4	73.8	79.5	79.8	75.6	87.2
	n	259	76	211	230	386	572	385	171	198	217	47
% agree/strongly agree that half an hour of brisk walking on most days is enough to improve health	%	86.5	94.7	86.3	87.0	90.4	87.0	83.6	89.0	91.9	87.1	93.6
	n	259	76	212	231	386	571	385	173	198	217	47
% agree/strongly agree that to improve health it is essential to do vigorous exercise 20 min 3 days a week	%	46.7	46.1	43.9	52.8	50.0	58.6	56.3	56.1	42.6	48.1	58.7
	n	259	76	212	231	384	570	384	173	197	216	46
% agree/strongly agree that exercise doesn't have to be done all in one time, you can build up to 30 min by doing 10 min blocks	%	63.0	72.4	66.4	70.3	75.6	62.6	62.0	73.1	68.0	63.6	80.4
	n	257	76	211	229	385	572	382	171	194	217	46
% agree/strongly agree that moderate exercise that increases your heart rate slightly can improve health	%	88.4	90.8	88.2	84.8	88.0	83.9	80.9	88.4	87.8	84.7	93.8
	n	258	76	212	230	384	571	383	173	196	216	48

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Table A3.13 Participation in incidental physical activity

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% most/all of the time climb the stairs instead of using the lift or elevator	Pre-	73.9	71.6	70.8	78.8	79.7	78.4	80.8	83.5	86.2	75.6	93.8
	Post-	78.1	83.0	91.8	75.8	84.9	79.2	85.4	77.1	83.0	75.7	100.0
	Sig.	*	ND	#	NS	ND	NS	NS	ND	ND	ND	ND
	Pre-n	261	74	202	231	364	573	385	164	189	205	48
	Post-n	375	47	146	157	251	245	343	249	100	140	13
% most/all of the time park vehicle away from destination to increase walking	Pre-	18.6	21.1	42.0	25.8	26.8	19.9	50.1	27.8	26.9	24.3	45.8
	Post-	31.9	37.5	44.9	39.1	35.8	21.7	52.8	27.8	29.3	23.8	41.7
	Sig.	#	#	NS	*	#	#	NS	NS	NS	NS	ND
	Pre-n	226	76	207	233	384	573	383	169	193	214	48
	Post-n	373	48	147	161	254	244	326	252	99	143	12
% most/all of the time walk or cycle to destinations within a 5 minute drive of where you are, instead of driving	Pre-	68.4	48.7	50.7	42.5	46.1	43.5	69.3	42.1	54.6	47.2	64.6
	Post-	67.5	51.1	54.1	50.0	57.5	52.2	71.1	42.5	56.9	51.7	76.9
	Sig.	NS	NS	NS	NS	*	*	NS	NS	NS	NS	ND
	Pre-n	247	76	213	233	384	577	387	171	194	214	48
	Post-n	378	47	148	158	254	245	336	252	102	147	13

#p<0.01 *p<0.05

NS = non-significant ND = no data

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Table A3.14 Membership of clubs and groups

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% members of clubs and groups	Pre-	ND	38.2	38.8	33.3	35.1	41.9	18.6	39.7	32.5	19.7	22.6
	Post-	35.7	58.3	47.1	41.8	34.2	45.1	22.4	44.5	32.4	24.7	53.8
	Sig.	ND	*	NS	NS	NS	NS	NS	NS	NS	NS	ND
	Pre-n	261	76	214	234	390	577	693	194	200	218	62
	Post-n	387	48	153	165	257	246	348	254	102	150	13

#p<0.01 *p<0.05

NS = non-significant ND = no data

Table A3.15 Pedometer ownership and use

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% own a pedometer	Pre-	ND	28.8	22.0	20.3	38.1	29.8	20.6	28.7	28.2	28.5	25.6
	Post-	33.7	60.4	71.7	27.3	49.6	37.4	39.2	33.3	69.6	40.3	61.5
	Sig.	ND	#	#	NS	#	*	#	NS	#	*	ND
	Pre-n	ND	73	214	232	388	561	379	171	195	207	43
	Post-n	380	48	152	165	256	246	334	252	102	129	13
% use pedometer never / rarely	Pre-	ND	52.4	75.6	63.8	71.9	57.2	42.1	63.3	48.1	43.1	36.4
	Post-	75.8	96.6	78.7	61.4	70.1	66.3	74.8	63.9	77.5	78.8	87.5
	Sig.	ND	ND	ND	ND	#	ND	#	ND	#	#	ND
	Pre-n	ND	21	45	47	146	166	76	49	54	58	11
	Post-n	128	29	108	44	127	92	131	83	71	52	8

#p<0.01 *p<0.05

NS = non-significant ND = no data

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Table A3.16 Sedentary behaviour on work and non-work days

		Project										
		A	B	C	D	E	F	G	H	I	J	K
	Pre- total	N=307	N=86	N=235	N=265	N=430	N=635	N=739	N=221	N=255	N=250	N=67
	Post- total	N=441	N=50	N=173	N=187	N=284	N=266	N=386	N=282	N=124	N=171	N=15
Mean time sitting on a work day	Pre-mean	252.22	253.72	256.42	256.82	243.28	302.87	282.27	242.15	291.20	259.95	228.21
	SD	156.53	111.82	142.13	119.10	133.50	198.22	188.92	149.21	203.95	164.29	182.73
	Post- mean	267.69	248.80	235.97	246.28	231.71	280.06	271.46	295.00	244.80	252.33	174.67
	SD	153.41	141.98	122.76	125.61	127.16	158.95	194.23	201.15	133.58	142.25	157.61
	Sig.	NS	NS	NS	NS	NS	NS	NS	#	*	NS	NS
Mean time sitting on a non-work day	Pre-mean	349.76	402.85	402.05	370.37	309.43	386.04	375.95	393.12	366.50	380.92	304.25
	SD	204.11	207.46	182.76	183.17	173.78	197.58	233.56	216.06	236.41	189.04	200.15
	Post- mean	344.21	378.30	385.45	361.77	284.92	359.40	360.81	350.85	322.13	360.54	307.67
	SD	185.49	228.24	207.41	195.18	152.44	190.98	219.13	192.31	176.03	204.44	285.63
	Sig.	NS	NS	NS	NS	NS	NS	NS	*	NS	NS	NS

Appendix 3

Table A3.17 Employee perceptions of the effects of the project on physical activity levels

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% agree/strongly agreed the project helped the responder to be more physically active	%	49.4	66.7	62.4	41.1	45.6	35.0	57.6	30.8	45.8	32.2	92.9
	n	354	45	157	146	182	220	238	234	96	118	14
% agree/strongly agreed the project gave the responder more opportunity to be physically active	%	63.7	71.7	74.1	51.4	58.3	41.3	62.7	35.3	49.5	45.6	92.9
	n	361	46	158	144	180	213	249	235	97	114	14
% agree/strongly agreed the project made the responder more motivated to be physically active	%	53.4	70.5	71.5	46.6	50.3	54.2	61.0	37.8	55.6	44.6	100.0
	n	367	44	158	146	183	240	249	238	99	112	14
% agree/strongly agreed the project made it more affordable to be physically active	%	51.8	52.3	63.6	43.5	43.9	34.3	48.9	25.6	34.4	30.6	84.6
	n	359	44	154	138	173	207	229	227	93	108	13
% agree/strongly agreed the project changed the way the responder felt about being physically active	%	48.9	60.9	68.6	47.3	43.0	36.9	56.8	36.6	46.9	38.7	100.0
	n	366	46	156	148	179	225	241	238	98	111	12

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Table A3.18 Employee perceptions of project effects on smoking cessation

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% agree/strongly agreed the project helped the responder to quit smoking	%	12.9	23.5	25.6	12.7	17.9	22.3	30.4	19.1	8.6	16.3	33.3
	n	147	17	39	63	56	139	112	110	35	49	3
% agree/strongly agreed the project made the responder more motivated to quit smoking	%	17.3	42.9	35.6	24.1	17.7	40.6	31.8	20.2	10.3	27.9	100.0
	n	162	21	45	79	62	155	110	119	39	61	4
% agree/strongly agreed the project changed the way the responder felt about quitting smoking	%	15.8	25.0	36.7	18.4	16.1	29.0	34.2	18.5	12.5	25.0	80.0
	n	165	24	49	76	62	155	120	119	40	64	5

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Table A3.19 Proportion of responders meeting at least a 5 a day fruit and vegetable recommendation

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% Total	Pre-	44.3	68.6	52.8	60.8	77.0	61.1	67.1	58.4	68.2	62.0	70.1
	Post-	69.4	66.0	66.5	72.2	83.5	68.8	55.7	65.6	77.4	46.8	40.0
	Sig.	#	NS	#	*	*	*	#	NS	NS	#	*
	Pre-n	305	86	235	265	430	635	739	221	255	250	67
	Post-n	441	50	173	187	284	266	386	282	124	171	15
% Males	Pre-	35.2	69.7	46.8	57.9	75.9	56.8	56.9	57.4	63.8	54.3	83.3
	Post-	65.5	64.3	60.2	74.4	71.0	64.4	45.9	63.8	82.4	56.9	ND
	Sig.	#	NS	NS	*	NS	NS	NS	NS	NS	NS	NS
	Pre-n	128	33	124	145	54	354	204	155	58	81	6
	Post-n	197	14	83	90	31	104	98	199	17	51	1
% Females	Pre-	50.8	67.3	59.5	64.2	77.3	67.8	71.8	60.9	69.6	65.7	68.9
	Post-	72.5	66.7	72.2	70.1	85.0	71.6	59.0	69.9	76.6	42.5	42.9
	Sig.	#	NS	NS	NS	*	NS	#	NS	NS	#	NS
	Pre-n	177	52	111	120	375	264	525	64	194	169	61
	Post-n	244	36	90	97	253	162	288	83	107	120	14

#p<0.01 *p<0.05

NS = non-significant ND = no data

Appendix 3

Table A3.20 Healthy eating index

		Project										
		A	B	C	D	E	F	G	H	I	J	K
	Pre- total	N=307	N=86	N=235	N=265	N=430	N=635	N=739	N=221	N=255	N=250	N=62
	Post- total	N=441	N=50	N=173	N=187	N=284	N=266	N=386	N=282	N=124	N=171	N=15
Healthy eating index score	Pre-mean	60.2	58.5	59.8	57.3	64.2	56.7	39.5	53.7	62.3	57.6	47.1
	SD	13.5	13.6	15.5	15.4	13.0	13.9	24.7	20.1	13.2	14.3	21.3
	Post- mean	60.1	58.2	61.0	59.3	65.1	59.0	58.2	60.6	61.1	56.1	57.7
	SD	13.5	16.4	14.4	13.8	11.9	13.9	14.9	13.8	12.6	15.9	13.2
	Sig.	NS	NS	NS	NS	NS	*	#	#	NS	NS	NS

#p<0.01 *p<0.05

NS = non-significant ND = no data

Table A3.21 Knowledge of fruit and vegetable recommendations

		Project										
		A	B	C	D	E	F	G	H	I	J	K
	%	72.7	70.6	79.0	66.4	83.2	77.9	35.6	59.5	76.4	72.1	45.0
% score for knowledge of fruit and vegetable recommendations	SD	14.9	28.0	27.5	31.9	25.0	28.9	40.5	35.3	28.4	31.3	40.2
	n	307	86	235	265	430	635	739	221	255	250	67

Appendix 3

Table A3.22 Employee perceptions of project effects on nutrition and diet

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% agree/strongly agreed the project helped the responder to eat more healthily	%	41.9	46.5	74.3	42.0	25.6	29.9	53.2	37.8	50.5	29.9	83.3
	n	341	43	152	131	156	197	222	225	99	107	12
% agree/strongly agreed the project gave the responder more opportunity to eat more healthily	%	59.1	60.0	77.1	48.3	32.3	39.5	54.1	50.9	57.1	45.0	91.7
	n	359	45	157	143	164	215	242	234	98	111	12
% agree/strongly agreed the project made the responder more motivated to eat more healthily	%	46.7	62.8	75.2	42.3	29.1	35.0	54.3	46.8	53.6	35.5	84.6
	n	349	43	161	142	158	203	219	233	97	107	13
% agree/strongly agreed the project made it more affordable to eat more healthily	%	35.8	24.4	54.8	23.0	21.0	22.1	41.5	29.1	33.0	28.3	66.7
	n	355	41	155	135	157	208	224	230	91	106	12
% agree/strongly agreed the project changed the way the responder felt about eating more healthily	%	38.7	36.4	69.8	38.7	22.1	35.0	51.8	39.7	51.5	41.1	100.0
	n	346	44	159	142	163	200	226	234	97	107	12

Appendix 3

Table A3.23 Alcohol consumption and knowledge in males

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% exceeding recommended daily levels of alcohol	Pre-	24.8	54.8	42.5	44.7	17.0	32.6	10.7	41.4	6.0	22.7	50.0
	Post-	24.9	42.9	45.0	44.9	12.9	31.7	10.1	39.7	6.3	17.6	100.0
	Sig.	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
	Pre-n	129	31	120	141	53	341	187	152	50	75	6
	Post-n	189	14	80	89	31	101	79	194	16	51	1
% that have consumed more than 8 drinks in one session	Pre-	ND	56.3	57.7	65.3	37.7	57.8	30.9	67.6	21.2	45.6	83.3
	Post-	39.3	71.4	71.1	67.0	13.3	59.2	22.8	68.7	17.6	42.0	100.0
	Sig.	ND	NS	NS	NS	*	NS	NS	NS	NS	NS	NS
	Pre-n	ND	32	123	144	53	348	110	142	52	79	6
	Post-n	196	14	83	88	30	103	92	198	17	50	1
% correctly reporting maximum recommended number of units of alcohol per day for men	Pre-	32.0	28.1	35.5	30.0	39.6	31.6	27.0	33.6	29.4	28.8	16.7
	Post-	29.5	50.0	37.3	33.0	41.9	20.2	40.7	30.5	31.3	24.0	100.0
	Sig.	NS	NS	NS	NS	NS	*	*	NS	NS	NS	NS
	Pre-n	128	32	121	140	53	348	111	140	51	80	6
	Post-n	190	14	83	88	31	104	86	197	16	50	1
% correctly reporting maximum recommended number of units of alcohol per day for women	Pre-	39.8	28.6	41.5	31.3	44.7	37.1	27.6	37.9	30.0	35.2	100.0
	Post-	34.8	40.0	51.7	44.4	50.0	24.0	49.2	37.5	50.0	27.3	100.0
	Sig.	NS	NS	NS	NS	NS	NS	*	NS	NS	NS	NS
	Pre-n	118	14	82	67	38	205	87	58	40	54	1
	Post-n	115	10	58	54	26	50	61	96	8	33	1

#p<0.01 *p<0.05

NS = non-significant ND = no data

Appendix 3

Table A3.24 Alcohol consumption and knowledge in females

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% exceeding recommended daily levels of alcohol	Pre-	35.4	58.0	48.6	48.2	20.4	32.1	17.5	42.2	21.9	25.6	27.1
	Post-	28.0	39.4	44.6	35.9	20.2	28.7	17.6	37.2	17.2	27.3	50.0
	Sig.	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
	Pre-n	178	50	107	114	362	246	458	64	178	164	59
	Post-n	218	33	83	92	243	150	244	78	99	110	14
% that have consumed more than 8 drinks in one session	Pre-	ND	55.8	54.6	59.0	21.4	48.0	21.6	48.2	26.7	32.1	46.8
	Post-	35.5	47.2	48.9	47.9	25.6	44.4	19.2	39.8	25.7	30.2	50.0
	Sig.	ND	NS	NS	NS	*	NS	NS	NS	NS	NS	NS
	Pre-n	ND	52	108	117	370	256	291	56	187	165	47
	Post-n	242	36	88	94	250	160	281	83	105	106	14
% correctly reporting maximum recommended number of units of alcohol per day for men	Pre-	26.5	17.1	32.1	28.8	30.6	31.5	32.2	20.6	31.8	26.6	26.9
	Post-	29.5	20.0	31.1	40.0	34.2	28.9	32.9	28.8	35.1	21.2	25.0
	Sig.	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
	Pre-n	166	35	78	80	294	203	202	34	154	128	26
	Post-n	190	30	61	65	202	128	207	59	74	104	12
% correctly reporting maximum recommended number of units of alcohol per day for women	Pre-	26.7	27.5	35.6	31.5	36.6	35.3	34.6	26.4	31.6	26.7	47.7
	Post-	37.2	30.6	34.9	46.8	34.7	33.1	35.2	40.2	44.0	21.8	35.7
	Sig.	*	NS	NS	*	NS	NS	NS	NS	*	NS	NS
	Pre-n	176	51	101	111	361	255	266	53	187	165	44
	Post-n	234	36	86	94	239	160	256	82	100	119	14

#p<0.01 *p<0.05

NS = non-significant ND = no data

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Table A3.25 Employee perceptions of project effects on alcohol consumption

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% agree/strongly agreed the project helped the responder to drink less alcohol	%	10.5	26.2	26.3	13.6	12.1	10.8	27.4	14.3	16.4	11.5	33.3
	n	294	42	137	118	140	185	164	217	73	104	9
% agree/strongly agreed the project made the responder more motivated to drink less alcohol	%	10.7	39.0	31.2	15.4	16.9	18.4	32.7	18.6	18.7	22.5	45.5
	n	300	41	141	130	142	185	162	220	75	102	11
% agree/strongly agreed the project changed the way the responder felt about drinking alcohol	%	14.1	25.6	35.5	17.6	11.1	16.4	25.9	18.6	24.0	20.4	40.0
	n	304	43	141	131	144	195	170	221	75	103	10

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Table A3.26 Mean BMI

		Project											
		A	B	C	D	E	F	G	H	I	J	K	
Total	Pre- total	N=307	N=86	N=235	N=265	N=430	N=635	N=739	N=221	N=255	N=250	N=67	
	Post- total	N=441	N=50	N=173	N=187	N=284	N=266	N=386	N=282	N=124	N=171	N=15	
	Pre-mean	25.1	26.2	25.4	26.6	25.6	25.9	26.1	26.9	25.8	25.9	26.7	
	SD	4.4	4.6	4.1	4.3	4.5	4.3	5.5	3.9	5.2	4.9	5.6	
	Post- mean	25.2	27.1	26.0	27.0	26.1	25.8	26.2	27.4	25.7	26.1	26.5	
	SD	4.4	4.9	5.6	4.7	5.5	4.8	5.3	5.4	5.3	5.7	4.0	
	Sig.	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS
	Pre- total	N=129	N=33	N=124	N=145	N= 54	N=354	N=204	N=155	N=58	N=81	N=6	
	Post- total	N=197	N=14	N=83	N=90	N=31	N=104	N=98	N=199	N=17	N=51	N=1	
	Males	Pre-mean	25.5	26.7	26.0	27.5	26.4	26.9	26.4	27.5	27.0	25.7	26.1
SD		3.5	4.6	3.6	3.4	4.0	3.8	5.2	3.7	3.9	3.3	2.9	
Post- mean		25.6	26.4	26.4	28.0	27.1	27.2	26.1	28.4	25.9	26.5	20.9	
SD		3.9	4.0	4.1	4.3	4.8	4.4	4.9	5.3	3.4	5.6	ND	
Sig.		NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	
Females	Pre- total	N=178	N=52	N=111	N=120	N=375	N=264	N=525	N=64	N=194	N=169	N=61	
	Post- total	N=244	N=36	N=90	N=97	N=253	N=165	N=288	N=83	N=107	N=120	N=14	
	Pre-mean	24.9	25.8	24.7	25.5	25.5	24.5	26.0	25.3	25.4	26.1	26.8	
	SD	4.9	4.6	4.6	4.9	4.5	4.4	5.6	4.0	5.5	5.5	5.8	
	Post- mean	24.9	27.3	25.6	26.0	26.0	24.8	26.2	24.8	25.6	25.9	26.9	
	SD	4.8	5.2	6.7	4.9	5.6	4.8	5.4	4.5	5.5	5.8	3.8	
	Sig.	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	

#p<0.01 *p<0.05 NS = non-significant ND = no data

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Table A3.27 BMI by category

			Normal weight <25kg/m ² (%)	Overweight ≥25kg/m ² and <30kg/m ² (%)	Obese ≥30kg/m ² (%)	Sig.
Project A		Pre-	52.8	36.8	10.4	
Pre- total n	288	Post-	55.2	30.8	14.0	NS
Post- total n	415					
Project B		Pre-	47.5	36.3	16.3	
Pre- total n	80	Post-	38.3	34.0	27.7	NS
Post- total n	47					
Project C		Pre-	52.0	39.0	9.0	
Pre- total n	223	Post-	49.1	37.6	13.3	NS
Post- total n	165					
Project D		Pre-	38.0	44.6	17.4	
Pre- total n	258	Post-	35.5	41.0	23.5	NS
Post- total n	183					
Project E		Pre-	53.9	32.4	13.7	
Pre- total n	408	Post-	51.5	31.4	17.2	NS
Post- total n	274					
Project F		Pre-	47.5	37.4	15.1	
Pre- total n	617	Post-	51.0	33.7	15.3	NS
Post- total n	261					
Project G		Pre-	48.8	31.3	19.9	
Pre- total n	643	Post-	50.4	29.5	20.1	NS
Post- total n	353					
Project H		Pre-	31.4	49.8	18.8	
Pre- total n	207	Post-	31.0	47.1	21.9	NS
Post- total n	274					
Project I		Pre-	55.7	26.6	17.7	
Pre- total n	237	Post-	26.9	30.2	12.9	NS
Post- total n	116					
Project J		Pre-	51.5	34.0	14.5	
Pre- total n	235	Post-	47.3	37.1	15.6	NS
Post- total n	167					
Project K		Pre-	46.0	35.8	15.7	
Pre- total n	63	Post-	42.9	28.6	28.6	NS
Post- total n	14					

#p<0.01 *p<0.05

NS = non-significant ND = no data

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Table A3.28 Self-reported general health

			Poor/fair	Good	Very good/excellent	Sig.
Project A		Pre-	20.3	43.0	36.7	
Pre- total n	305	Post-	7.5	47.0	45.5	#
Post- total n	440					
Project B		Pre-	18.6	39.5	41.9	
Pre- total n	86	Post-	14.0	44.0	42.0	NS
Post- total n	50					
Project C		Pre-	13.7	56.2	30.0	
Pre- total n	233	Post-	11.6	48.6	39.9	NS
Post- total n	173					
Project D		Pre-	10.7	43.3	46.0	
Pre- total n	261	Post-	5.9	38.9	55.1	NS
Post- total n	185					
Project E		Pre-	9.4	36.9	53.6	
Pre- total n	425	Post-	7.4	33.2	59.4	NS
Post- total n	283					
Project F		Pre-	12.4	41.0	46.6	
Pre- total n	631	Post-	12.5	39.2	48.3	NS
Post- total n	265					
Project G		Pre-	13.5	36.5	50.0	
Pre- total n	430	Post-	8.9	37.2	53.9	NS
Post- total n	384					
Project H		Pre-	14.1	41.4	44.4	
Pre- total n	198	Post-	8.5	37.2	54.3	*
Post- total n	282					
Project I		Pre-	19.3	45.7	35.0	
Pre- total n	254	Post-	10.5	46.8	42.7	NS
Post- total n	124					
Project J		Pre-	12.4	46.8	40.8	
Pre- total n	250	Post-	11.2	44.1	44.7	NS
Post- total n	170					
Project K		Pre-	13.2	47.2	39.6	
Pre- total n	53	Post-	7.1	50.0	42.9	NS
Post- total n	14					

#p<0.01 *p<0.05

NS = non-significant ND = no data

Appendix 3

Table A3.29 Mean GHQ-12 score

		Project										
		A	B	C	D	E	F	G	H	I	J	K
Total	Pre- total	N=307	N=86	N=235	N=265	N=430	N=635	N=739	N=221	N=255	N=250	N=67
	Post- total	N=441	N=50	N=173	N=187	N=284	N=266	N=386	N=282	N=124	N=171	N=15
	Pre-mean	1.0	1.9	1.6	1.7	1.8	2.3	1.2	1.7	2.2	1.8	1.1
	SD	1.7	2.7	2.3	2.6	2.7	2.7	2.3	2.6	2.8	2.7	2.2
	Post- mean	1.7	1.5	1.3	1.4	1.4	1.9	2.2	1.9	1.6	1.9	1.6
	SD	2.5	2.7	2.1	2.3	2.4	2.5	2.9	2.7	2.4	2.4	2.2
	Sig.	#	NS	NS	NS	NS	*	#	NS	*	NS	NS
	Pre- total	N=129	N=33	N=124	N=145	N=54	N=354	N=204	N=155	N=58	N=81	N=6
	Post- total	N=197	N=14	N=83	N=90	N=31	N=104	N=98	N=199	N=17	N=51	N=1
	Males	Pre-mean	0.7	1.4	1.3	1.6	1.9	2.2	1.2	1.8	1.7	1.6
SD		1.4	2.1	1.9	2.6	3.1	2.7	2.3	2.5	2.4	2.3	ND
Post- mean		1.3	1.5	1.2	1.4	1.1	2.2	1.9	2.0	0.7	1.7	0.0
SD		2.2	2.9	2.2	2.4	2.6	2.8	2.8	2.8	0.9	2.2	ND
Sig.		*	NS	NS	NS	NS	NS	#	NS	NS	NS	NS
Pre- total	N=178	N=52	N=111	N=120	N=375	N=264	N=525	N=64	N=194	N=169	N=61	
Post- total	N=244	N=36	N=90	N=97	N=253	N=165	N=288	N=83	N=107	N=120	N=14	
Females	Pre-mean	1.2	2.3	2.0	1.8	1.8	2.3	1.2	1.5	2.4	2.0	1.2
	SD	1.9	3.0	2.7	2.7	2.6	2.6	2.2	2.7	2.9	2.8	2.2
	Post- mean	2.1	1.5	1.5	1.5	1.4	1.7	2.2	1.7	1.8	1.9	1.7
	SD	2.7	2.7	2.0	2.3	2.4	2.3	2.9	2.5	2.5	2.5	2.3
	Sig.	#	NS	NS	NS	NS	#	#	NS	NS	NS	NS

#p<0.01 *p<0.05 NS = non-significant ND = no data

Appendix 3

Table A3.30 Quality of sleep (frequency sleeping \geq 7 hours)

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% sleeping \geq 7 hours per night most of the time or always	Pre-	63.6	80.2	66.4	64.9	69.2	54.6	55.6	53.3	63.9	63.2	60.4
	Post-	63.9	80.0	77.5	63.2	71.1	61.3	54.9	52.8	72.6	61.8	80.0
	Sig.	NS	NS	*	NS	NS	NS	NS	NS	NS	NS	NS
	Pre-n	305	86	235	262	428	635	432	199	255	250	53
	Post-n	441	50	173	185	284	266	384	282	124	170	15

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Table A3.31 Employee perceptions of project effects on general health

		Project										
		A	B	C	D	E	F	G	H	I	J	K
% agree/strongly agreed the project helped the responder to improve their health	%	41.7	51.1	64.2	36.3	36.4	36.4	54.6	30.7	44.8	37.3	92.3
	n	360	45	162	146	176	220	240	231	105	118	13
% agree/strongly agreed the project helped the responder to lose weight	%	20.6	27.9	56.3	28.1	28.3	18.4	43.0	25.9	14.9	23.4	45.5
	n	315	43	144	135	159	201	200	216	87	107	11
% agree/strongly agreed the project helped the responder to reduce stress	%	20.7	27.3	23.8	18.7	19.6	14.2	34.2	14.6	25.5	19.8	50.0
	n	334	44	143	134	158	204	219	219	98	111	12
% agree/strongly agreed the project changed the way the responder felt about their health	%	41.3	54.2	73.1	48.7	34.7	34.7	55.9	43.3	45.9	50.9	90.9
	n	368	48	160	152	173	219	247	238	98	114	11

Appendix 3.2

Workplace site assessment: Supplementary results

Appendix 3

Table A3.32 Baseline awareness and education environment

Project number	Organisation	Type	Project-specific notice board or display area	Posters on staff notice boards relating to lifestyle / health behaviours	Health promotion website	Project-specific website	Project newsletter or designated project section in organisation newsletter
A	1.1	CC	No	Yes	No	No	No
A	1.2	CC	No	No	No	No	No
A	1.3	CC	No	No	No	No	No
A	1.4	CC	No	Yes	No	No	No
A	1.5	CC	No	No	No	No	No
A	1.6	CC	No	No	No	No	No
A	1.7	CC	No	No	No	No	No
B	1	PS	No	No	No	No	No
C	1.1	PS	No	No	No	No	No
C	1.2	PS	No	No	No	No	No
C	1.3	PS	No	No	No	No	No
C	1.4	PS	No	Yes	No	No	No
D	1	HMP	No	Yes	No	No	No
E	1.1	PCT	No	No	No	No	No
E	1.2	PCT	No	Yes	No	No	No
E	1.3	PCT	No	No	No	No	No
E	1.4	PCT	No	Yes	No	No	No
E	1.5	PCT	No	Yes	No	No	No
E	1.6	PCT	No	No	No	No	No
E	1.7	PCT	No	No	No	No	No
F	1.1	FM	No	No	Yes	No	No
F	1.1	FM	No	No	Yes	No	No
G	1	GH	No	No	No	No	No
H	1	FM	No	No	No	No	No
I	1	VOL	No	No	No	No	No
I	2	VOL	No	No	No	No	No
I	3	VOL	No	No	No	No	No
I	4	VOL	No	No	No	No	No
I	5	VOL	No	Yes	No	No	No
I	6	VOL	No	No	No	No	No
I	7	VOL	No	Yes	No	No	No
I	8	VOL	No	Yes	No	No	No
I	9	VOL	No	Yes	No	No	No
I	10	VOL	No	Yes	No	No	No
I	11	VOL	No data	No data	No data	No data	No data
I	12	VOL	No	Yes	No	No	No
I	13.2	VOL	No	Yes	No	No	No
I	13.2	VOL	No	Yes	No	No	No
J	1	SME	No	Yes	No	No	No
J	2	SME	No	Yes	No	No	No
J	3/4	SME	No	Yes	No	No	No
J	5	SME	No	No	No	No	No
J	6	SME	No	No	No	No	No
J	7	SME	No	No	No	No	No
J	8	SME	No data	No	No data	No data	No data
J	9	SME	No	Yes	No	No	No
K	2	CH	No	No	No	No	No
K	2	CH	No	No	No	No	No
K	2	CH	No	No	No	No	No

Appendix 3

Table A3.33 Baseline physical activity environment

Project number	Organisation	Type	Changing rooms	Showers	Lockers	On-site gym / gym equipment	Other facilities / equipment
A	1.1	CC	Yes	Yes	Yes	No	Yes
A	1.2	CC	No	No	No	No	No
A	1.3	CC	No	No	No	No	No
A	1.4	CC	No	No	No	No	No
A	1.5	CC	Yes	Yes	Yes	No	No
A	1.6	CC	No	No	Yes	No	No
A	1.7	CC	No	No	Yes	No	No
B	1	PS	No	No	Yes	No	No
C	1.1	PS	No	No	Yes	No	No
C	1.2	PS	No	No	No	No	No
C	1.3	PS	No	No	No	No	No
C	1.4	PS	No	No	No	No	No
D	1	HMP	Yes	Yes	Yes	Yes	Yes
E	1.1	PCT	No	No	No	No	No
E	1.2	PCT	Yes	Yes	Yes	No	No
E	1.3	PCT	No	No	No	No	No
E	1.4	PCT	No	No	No	No	Yes
E	1.5	PCT	No	No	No	No	No
E	1.6	PCT	No	No	Yes	No	No
E	1.7	PCT	No	No	No	No	No
F	1.1	FM	Yes	Yes	Yes	No	Yes
F	1.1	FM	Yes	Yes	Yes	No	No
G	1	GH	No	No	No	Yes	No
H	1	FM	Yes	Yes	Yes	Yes	No
I	1	VOL	No	No	No	No	No
I	2	VOL	Yes	Yes	No	No	Yes
I	3	VOL	Yes	Yes	No	No	Yes
I	4	VOL	Yes	Yes	No	No	Yes
I	5	VOL	No	No	No	No	No
I	6	VOL	No	No	No	No	No
I	7	VOL	No	No	No	No	No
I	8	VOL	No	No	No	No	No
I	9	VOL	No	No	No	No	No
I	10	VOL	No	No	No	No	No
I	11	VOL	No data	No data	No data	No data	No data
I	12	VOL	No	No	No	No	No
I	13.2	VOL	Yes	No	Yes	No	No
I	13.2	VOL	Yes	No	No	No	No
J	1	SME	No	Yes	Yes	No	No
J	2	SME	Yes	No	Yes	No	No
J	3/4	SME	Yes	Yes	No	No	Yes
J	5	SME	Yes	Yes	Yes	No	No
J	6	SME	Yes	Yes	Yes	No	No
J	7	SME	Yes	Yes	No	No	No
J	8	SME	No data	No data	No data	No data	No data
J	9	SME	No	No	No	No	Yes
K	2	CH	No	No	Yes	No	No
K	2	CH	No	No	Yes	No	No
K	2	CH	No	No	Yes	No	No

Appendix 3

Table A3.34 Baseline physical activity environment

Project number	Organisation	Type	Bike storage facilities	Number of bike lockers (n)	Stairwell access and environment Score %	Stair visibility and signage promoting use Score %
A	1.1	CC	Yes	11-25	40.0	0.0
A	1.2	CC	No	0	NA	NA
A	1.3	CC	No	0	60.0	33.3
A	1.4	CC	No	0	40.0	0.0
A	1.5	CC	No	0	40.0	0.0
A	1.6	CC	No	0	50.0	33.3
A	1.7	CC	No	0	NA	NA
B	1	PS	Yes	<5	60.0	0.0
C	1.1	PS	No	0	40.0	0.0
C	1.2	PS	No	0	40.0	0.0
C	1.3	PS	No	0	40.0	0.0
C	1.4	PS	No	0	53.3	66.7
D	1	HMP	No	0	NA	NA
E	1.1	PCT	No	0	70.0	50.0
E	1.2	PCT	Yes	<5	60.0	0.0
E	1.3	PCT	No	0	NA	NA
E	1.4	PCT	No	0	NA	NA
E	1.5	PCT	Yes	5-10	60.0	0.0
E	1.6	PCT	No	0	40.0	0.0
E	1.7	PCT	No	0	70.0	50.0
F	1.1	FM	Yes	>25	50.0	0.0
F	1.1	FM	No	0	NA	NA
G	1	GH	Yes	>25	40.0	0.0
H	1	FM	Yes	>25	40.0	0.0
I	1	VOL	No	0	60.0	100.0
I	2	VOL	Yes	<5	80.0	0.0
I	3	VOL	Yes	<5	80.0	0.0
I	4	VOL	Yes	<5	80.0	0.0
I	5	VOL	Yes	<5	40.0	0.0
I	6	VOL	No	0	20.0	0.0
I	7	VOL	No	0	60.0	100.0
I	8	VOL	No	0	20.0	0.0
I	9	VOL	Yes	5-10	50.0	75.0
I	10	VOL	Yes	<5	40.0	0.0
I	11	VOL	No data	No data	No data	No data
I	12	VOL	Yes	<5	80.0	100.0
I	13.2	VOL	No	0	NA	NA
I	13.2	VOL	No	0	NA	NA
J	1	SME	No	0	80	100.0
J	2	SME	No	0	NA	NA
J	3/4	SME	Yes	5-10	100.0	50.0
J	5	SME	Yes	<5	80.0	100.0
J	6	SME	Yes	<5	80.0	100.0
J	7	SME	Yes	5-10	NA	NA
J	8	SME	No data	No data	No data	No data
J	9	SME	Yes	<5	40.0	50.0
K	2	CH	Yes	<5	50.0	0.0
K	2	CH	No	0	33.3	0.0
K	2	CH	No	0	60.0	25.0

Appendix 3

Table A3.35 Baseline nutrition environment

Project number	Organisation	Type	Lunch room(s) (n)	Canteen	Vending machines	Water availability	Alcohol on-site	Outdoor seating / eating areas
A	1.1	CC	1	No	5	Yes	No	No
A	1.2	CC	1	No	1	Yes	No	No
A	1.3	CC	1	Yes	0	Yes	No	No
A	1.4	CC	1	No	0	Yes	No	No
A	1.5	CC	1	No	1	Yes	No	No
A	1.6	CC	1	No	0	Yes	No	No
A	1.7	CC	1	No	0	Yes	No	No
B	1	PS	5	No	2	Yes	No	No
C	1.1	PS	0	No	6	Yes	No	No
C	1.2	PS	0	No	3	Yes	No	No
C	1.3	PS	1	No	5	Yes	No	No
C	1.4	PS	1	Yes	5	Yes	No	Yes
D	1	HMP	13	Yes	2	Yes	No	No
E	1.1	PCT	1	No	0	Yes	No	Yes
E	1.2	PCT	3	Yes	0	Yes	No	Yes
E	1.3	PCT	1	No	0	Yes	No	Yes
E	1.4	PCT	1	No	0	Yes	No	Yes
E	1.5	PCT	1	No	0	Yes	No	No
E	1.6	PCT	1	No	0	Yes	No	No
E	1.7	PCT	1	No	0	Yes	No	No
F	1.1	FM	9	Yes	26	Yes	No	Yes
F	1.1	FM	4	Yes	8	Yes	No	No
G	1	GH	0	Yes	6	Yes	Yes	Yes
H	1	FM	2	Yes	13	Yes	No	Yes
I	1	VOL	1	No	1	Yes	No	Yes
I	2	VOL	0	No	0	Yes	No	Yes
I	3	VOL	0	No	0	Yes	No	Yes
I	4	VOL	0	No	0	Yes	No	Yes
I	5	VOL	1	No	0	Yes	No	No
I	6	VOL	1	No	0	Yes	No	No
I	7	VOL	1	Yes	0	Yes	No	Yes
I	8	VOL	1	No	0	Yes	No	No
I	9	VOL	1	No	0	Yes	No	No
I	10	VOL	1	No	0	Yes	No	No data
I	11	VOL	No data	No data	No data	No data	No data	No data
I	12	VOL	1	No	0	Yes	No	Yes
I	13.2	VOL	1	Yes	0	Yes	No	Yes
I	13.2	VOL	1	Yes	0	Yes	No	No
J	1	SME	1	Yes	2	Yes	No	Yes
J	2	SME	1	No	1	Yes	No	No
J	3/4	SME	1	No	0	Yes	No	No
J	5	SME	1	No	1	Yes	No	Yes
J	6	SME	1	No	1	Yes	No	Yes
J	7	SME	1	No	0	Yes	No	No
J	8	SME	No data	No data	No data	No data	No data	No data
J	9	SME	1	No	0	Yes	No	Yes
K	2	CH	1	No	2	Yes	No	No
K	2	CH	2	Yes	1	Yes	No	Yes
K	2	CH	1	No	2	Yes	No	Yes

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Table A3.36 Baseline smoking environment

Project number	Organisation	Type	Smoking signs	Smoking areas	Ability to purchase cigarettes on-site
A	1.1	CC	Some	Smoking anywhere outside	No
A	1.2	CC	Some	Smoking anywhere outside	No
A	1.3	CC	Few	Smoking anywhere outside	No
A	1.4	CC	None	Smoking anywhere outside	No
A	1.5	CC	Few	Smoking anywhere outside	No
A	1.6	CC	None	Smoking anywhere outside	No
A	1.7	CC	Few	Smoking anywhere outside	No
B	1	PS	Few	Smoking in designated areas only	No
C	1.1	PS	None	Smoking anywhere outside	No
C	1.2	PS	None	Smoking anywhere outside	No
C	1.3	PS	No data	Smoking anywhere outside	No
C	1.4	PS	Some	Smoking in designated areas only	No
D	1	HMP	No data	Smoking in designated areas only	No
E	1.1	PCT	Few	No smoking anywhere	No
E	1.2	PCT	Few	No smoking anywhere	No
E	1.3	PCT	Few	No smoking anywhere	No
E	1.4	PCT	Few	No smoking anywhere	No
E	1.5	PCT	Few	No smoking anywhere	No
E	1.6	PCT	Few	No smoking anywhere	No
E	1.7	PCT	Few	No smoking anywhere	No
F	1.1	FM	Some	Smoking in designated areas only	No
F	1.1	FM	Some	Smoking in designated areas only	No
G	1	GH	Few	Smoking anywhere outside	No
H	1	FM	Some	Smoking in designated areas only	Yes
I	1	VOL	Few	Smoking anywhere outside	No
I	2	VOL	None	Smoking in designated areas only	No
I	3	VOL	None	Smoking in designated areas only	No
I	4	VOL	None	Smoking in designated areas only	No
I	5	VOL	No data	No smoking anywhere	No
I	6	VOL	None	Smoking anywhere outside	No
I	7	VOL	None	Smoking anywhere outside	No
I	8	VOL	Many	No smoking anywhere	No
I	9	VOL	Few	Smoking anywhere outside	No
I	10	VOL	None	No smoking anywhere	No
I	11	VOL	No data	No data	No data
I	12	VOL	Many	Smoking in designated areas only	No
I	13.2	VOL	Few	Smoking anywhere outside	No
I	13.2	VOL	Few	Smoking anywhere outside	No
J	1	SME	Few	No data	No
J	2	SME	Few	No smoking anywhere	No
J	3/4	SME	Few	Smoking anywhere outside	No
J	5	SME	None	Smoking in designated areas only	No
J	6	SME	None	Smoking in designated areas only	No
J	7	SME	No data	Smoking anywhere outside	No
J	8	SME	No data	No data	No data
J	9	SME	None	Smoking in designated areas only	No
K	2	CH	Some	Smoking in designated areas only	No
K	2	CH	Few	Smoking in designated areas only	No
K	2	CH	Few	Smoking in designated areas only	No

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Table A3.37 Baseline workplace assessment score

Project number	Organisation	Type	Awareness & Education %	Physical activity %	Nutrition %	Smoking %	Policy %	OVERALL SCORE %
A	1.1	CC	41.7	36.1	38.2	62.5	33.3	39.8
A	1.2	CC	0.0	0.0	43.8	66.7	33.3	23.5
A	1.3	CC	0.0	25.0	61.5	42.9	33.3	35.5
A	1.4	CC	25.0	14.3	71.4	14.3	33.3	31.6
A	1.5	CC	0.0	28.6	61.1	50.0	33.3	35.0
A	1.6	CC	0.0	25.9	64.3	33.3	33.3	30.6
A	1.7	CC	8.3	13.3	50.0	28.6	33.3	25.5
B	1	PS	0.0	25.0	50.7	33.3	33.3	38.9
C	1.1	PS	0.0	14.3	31.6	16.7	33.3	18.0
C	1.2	PS	0.0	9.5	36.4	16.7	33.3	15.1
C	1.3	PS	0.0	10.0	51.4	16.7	33.3	28.9
C	1.4	PS	25.0	23.5	61.4	37.5	33.3	41.6
D	1	HMP	8.3	33.3	48.3	33.3	33.3	43.2
E	1.1	PCT	8.3	26.9	76.5	50.0	33.3	39.1
E	1.2	PCT	16.7	33.3	79.2	50.0	33.3	57.9
E	1.3	PCT	0.0	0.0	64.7	50.0	33.3	28.8
E	1.4	PCT	16.7	40.0	94.1	66.7	33.3	53.4
E	1.5	PCT	8.3	20.0	92.9	66.7	33.3	41.8
E	1.6	PCT	0.0	14.3	64.3	66.7	33.3	30.4
E	1.7	PCT	0.0	26.9	85.7	66.7	33.3	39.3
F	1.1	FM	16.7	36.4	49.5	66.7	33.3	46.3
F	1.1	FM	8.3	21.4	43.4	66.7	33.3	38.1
G	1	GH	0.0	25.9	36.2	71.4	33.3	29.2
H	1	FM	0.0	42.9	37.8	50.0	33.3	36.6
I	1	VOL	0.0	15.0	63.6	33.3	33.3	31.7
I	2	VOL	0.0	36.4	100.0	16.7	33.3	32.2
I	3	VOL	0.0	36.4	100.0	16.7	33.3	32.2
I	4	VOL	0.0	36.4	100.0	16.7	33.3	32.2
I	5	VOL	8.3	13.6	42.9	28.6	33.3	22.4
I	6	VOL	0.0	4.8	71.4	14.3	33.3	22.8
I	7	VOL	41.7	15.0	48.3	16.7	33.3	34.3
I	8	VOL	25.0	5.0	78.6	100.0	33.3	40.0
I	9	VOL	33.3	27.5	57.1	50.0	33.3	36.4
I	10	VOL	50.0	15.0	57.1	33.3	33.3	36.4
I	11	VOL	No data	No data	No data	No data	No data	No data
I	12	VOL	75.0	20.0	82.4	83.3	33.3	56.9
I	13.2	VOL	50.0	14.3	51.7	50.0	33.3	42.2
I	13.2	VOL	33.3	7.1	53.8	50.0	33.3	37.7
J	1	SME	8.3	30.0	59.0	33.3	33.3	41.3
J	2	SME	8.3	13.3	50.0	71.4	33.3	32.1
J	3/4	SME	33.3	55.6	92.9	50.0	33.3	58.1
J	5	SME	0.0	40.0	73.1	16.7	33.3	43.3
J	6	SME	0.0	40.0	82.6	16.7	33.3	45.3
J	7	SME	0.0	21.4	64.3	16.7	33.3	28.6
J	8	SME	No data	No data	No data	No data	No data	No data
J	9	SME	16.7	23.1	88.2	16.7	33.3	39.1
K	2	CH	0.0	25.0	47.8	50.0	33.3	30.6
K	2	CH	0.0	18.8	17.8	33.3	33.3	17.3
K	2	CH	0.0	17.4	34.6	50.0	33.3	24.3

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Table A3.38 Baseline workplace local environment scores

Project number	Organisation	Type	Accessibility score		Walking environment score		Cycling environment score	
			%	Category	%	Category	%	Category
A	1.1	CC	71.4	High	22.2	Low	0.0	Low
A	1.2	CC	71.4	High	22.2	Low	0.0	Low
A	1.3	CC	71.4	High	55.6	Medium	33.3	Low
A	1.4	CC	28.6	Low	44.4	Medium	22.2	Low
A	1.5	CC	35.7	Medium	44.4	Medium	22.2	Low
A	1.6	CC	71.4	High	66.7	Medium	33.3	Low
A	1.7	CC	32.1	Low	44.4	Medium	22.2	Low
B	1	PS	42.9	Medium	44.4	Medium	66.7	Medium
C	1.1	PS	57.1	Medium	44.4	Medium	11.1	Low
C	1.2	PS	57.1	Medium	33.3	Low	11.1	Low
C	1.3	PS	57.1	Medium	33.3	Low	11.1	Low
C	1.4	PS	25.0	Low	44.4	Medium	33.3	Low
D	1	HMP	25.0	Low	44.4	Medium	22.2	Low
E	1.1	PCT	32.1	Low	55.6	Medium	22.2	Low
E	1.2	PCT	67.9	High	77.8	High	88.9	High
E	1.3	PCT	7.1	Low	66.7	Medium	66.7	Medium
E	1.4	PCT	42.9	Medium	88.9	High	77.8	High
E	1.5	PCT	53.6	Medium	77.8	High	77.8	High
E	1.6	PCT	28.6	Low	66.7	Medium	22.2	Low
E	1.7	PCT	32.1	Low	55.6	Medium	22.2	Low
F	1.1	FM	53.6	Medium	55.6	Medium	44.4	Medium
F	1.1	FM	53.6	Medium	55.6	Medium	44.4	Medium
G	1	GH	53.6	Medium	22.2	Low	33.3	Low
H	1	FM	42.9	Medium	44.4	Medium	11.1	Low
I	1	VOL	57.1	Medium	44.4	Medium	0.0	0
I	2	VOL	50.0	Medium	55.6	Medium	0.0	0
I	3	VOL	50.0	Medium	55.6	Medium	0.0	0
I	4	VOL	50.0	Medium	55.6	Medium	0.0	0
I	5	VOL	32.1	Low	55.6	Medium	11.1	Low
I	6	VOL	46.4	Medium	55.6	Medium	22.2	Low
I	7	VOL	42.9	Medium	44.4	Medium	11.1	Low
I	8	VOL	50.0	Medium	33.3	Low	0.0	0
I	9	VOL	42.9	Medium	22.2	Low	0.0	0
I	10	VOL	39.3	Medium	33.3	Low	22.2	Low
I	11	VOL	No data	No data	No data	No data	No data	No data
I	12	VOL	46.4	Medium	55.6	Medium	44.4	Medium
I	13.2	VOL	64.3	Medium	44.4	Medium	11.1	Low
I	13.2	VOL	50.0	Medium	55.6	Medium	33.3	Low
J	1	SME	35.7	Medium	11.1	Low	11.1	Low
J	2	SME	28.6	Low	33.3	Low	22.2	Low
J	3/4	SME	42.9	Medium	44.4	Medium	77.8	High
J	5	SME	57.1	Medium	66.7	Medium	22.2	Low
J	6	SME	57.1	Medium	66.7	Medium	22.2	Low
J	7	SME	No data	No data	No data	No data	No data	No data
J	8	SME	No data	No data	No data	No data	No data	No data
J	9	SME	50.0	Medium	77.8	High	33.3	Low
K	2	CH	57.1	Medium	44.4	Medium	11.1	Low
K	2	CH	53.6	Medium	66.7	Medium	22.2	Low
K	2	CH	35.7	Medium	66.7	Medium	33.3	Low