



WALK FOR WELLNESS CHALLENGE

WORKPLACE PROGRAM *EVALUATION TOOLS*

THE HOW-TO GUIDE FOR ORGANIZING
A WORKPLACE WALKING CHALLENGE FOR EMPLOYEES

Challenge Evaluation Tools

The Physical Activity Advisors program encourages Niagara residents of all ages, abilities and incomes to make healthier lifestyle and active living choices by providing accurate and consistent education about physical activity and its benefits through the use of a trained and supported volunteer base.

Physical Activity Advisors provide accurate and consistent information about physical activities and its benefits to communities through presentations and displays in variety of settings including workplaces, community centres and community organizations.

The Physical Activity Advisor program would like to provide a special thanks to Winnipeg *in motion* for the ability to reference these materials. For additional information on Winnipeg *in motion*, please visit www.winnipeginmotion.ca.

Manual Overview

We welcome suggestions on how to improve the challenge or its resources. Please send your comments and suggestions to nrphvolunteers@niagararegion.ca.

The Evaluation Tool Kit includes helpful information and tools to evaluate in the **Walk for Wellness Challenge**. This guide also provides resources to assist in motivating team members on the importance of physical activity and healthy eating.

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Evaluation is an important step in the implementation of workplace health programs. It is the opportunity to thank employees and management for engaging and supporting the program. Physical activity programs, such as the **Walk for Wellness Challenge**, should be evaluated to reflect on employee progress, identify baseline levels of employee's prior to the beginning of the program and at the conclusion of the program, share what was learned with colleagues, provide background information for a comprehensive workplace health promotion program and improve the program.

The **Walk for Wellness Challenge** evaluation can provide valuable information about employee physical activity and healthy eating. It will provide management and employee health groups an overview of the current awareness of physical activity and healthy eating and determines if there is a need for future programming. It is important to determine if employees felt the challenge had a positive impact on their health.

Please be sure to allow time to evaluate the **Walk for Wellness Challenge** within your workplace.

What Is Evaluation?

Evaluation for the Walk for Wellness Challenge is designed to examine and assess the features of the Challenge and its effects on employees. These results will be used by stakeholders to produce information for those individuals that have an interest in the improvement of employee health and the effectiveness of the Challenge.

The Walk for Wellness Challenge evaluation is designed to learn more about the effect of the program on employee behaviour and how to better improve the program. Further the evaluation is:

- Promoted by the Challenge Coordinator.
- Designed to yield results on the usefulness and change of behaviour by participants rather than focus on internal and external validity.
- Assessing merit, worth, and importance as indicated by employees.
- Quantitative and qualitative to capture the beliefs of the employees on what is important to them for future health programming should it later be considered.
- Evaluation is limited to a specific timeframe prior to the challenge beginning and at the conclusion of the challenge.
- Judgments from evaluation are based on specifically stated values of the participant based on the Challenge rather than being value-free.
- Used to assist the workplace improve employee health initiatives as well as build capacity or improve a program.

Prior to the start of the **Walk for Wellness Challenge** it is important to establish an initial (pre-challenge) level of your workplace's current situation by asking employees to complete the pre-challenge survey. The pre-challenge survey (page X) can provide the Challenge Co-ordinator with baseline information that may assist in tailoring the challenge to meet the needs of employees and the workplace.

At the completion of the **Walk for Wellness Challenge** a post-challenge survey will assess any changes of behaviour as a result of the challenge when compared to the pre-challenge survey levels. Although some physical changes may not be noticeable on employees, it is important to note that even small changes in activity levels and improved diet can have an impact on the health and productivity of your colleagues/employees.

In the Appendix section of the Walk for Wellness Challenge Evaluation Tools Manual, a sample Pre and Post Challenge Survey is available for use and can be modified to meet the needs of an individual workplace. However, when modifying the survey, be sure to consider the following:

It is beneficial to consider the following when implementing a staff survey:

- **Confidentiality-** allow staff an opportunity to complete survey anonymously and increase staff participation in the completion of the survey. The survey information should also remain anonymous by participants and not violate any privacy laws.
- **Incentives-** increase the likelihood of staff completing and returning the survey with a chance to receive a 'reward'. Incentives can be based on budget for the Challenge.
- **Results-** ensure staff receives an overview of the results. Staff will be eager to see overall number of steps and whether their progress was on target with others. Management will be interested in learning if there is a desire for future programming and whether investing in the Challenge yielded some change in behaviour.
- **Distribution-** consider how the survey be administered. In larger workplaces more resources may be required. Electronic forms, online submissions, paper surveys or phone surveys are all effective.

Finally, the Workplace Health program would like to hear back about the lessons learned from the **Walk for Wellness Challenge** at your worksite. Your feedback and practical experiences may be featured in an upcoming Workplace Health e-newsletter and may help other workplaces get involved in physical activity programming. Your feedback will also help to improve the challenge and develop additional resources to support workplaces in the future. Please take a moment at the end of the challenge to fill out the "We Ran the Challenge – Fax Back Form" that is included on page XX.

Things to Consider if Creating Your Own Survey

Questionnaire development: The questionnaire should be accompanied by a cover letter or, at minimum, a verbal explanation describing why the survey is being conducted and how the results will be used. Here are some more tips for constructing your questionnaire.

Keep survey as short and simple as possible. Think about how you'll use the information from each question and only include those questions that will be really helpful. Include as few skips as possible and avoid the use of jargon or abbreviations. Shorter surveys = better response rates.

Use response scales rather than yes/no questions. Response scales such as 1 to 5 or 1 to 10 provide a lot more options for analysis. Sometimes the response is not always as easy as yes or no.

Make sure the question matches the response scale. If you ask "Do you like the Lakers?," you should provide your respondents with the option of choosing yes or no, not excellent, good, fair, or poor.

Avoid leading questions. Use neutral language in your questions for the truest answer as possible. What's a leading question? "Wouldn't you agree that the Cardinals are a good baseball team?" is a perfect example.

Limit the use of open-ended questions. In most cases, only closed-ended questions (i.e., those with several pre-established response options) will provide quantifiable results that can be generalized to the entire population. However, a small number of open-ended questions that allow the respondents to write in an answer in their own words can be included to provide more detailed feedback.

Keep open-ended questions specific. General open-ended questions such as "Any other comments" will produce general comments. More specific open-ended questions such as "Suggestions for improvement" will produce more useful comments.

Use "N/A" and "don't know" responses appropriately. If there is a chance the respondent will not be able to answer the question, offer N/A (not applicable) or "don't know" as a response option. If you do not want to force an opinion or a guess when the respondent could truly be undecided or unaware, offer an appropriate response option.

Pre-Challenge Survey for Employees

Work can affect your health and your health can affect your work. Workplace health programs such as the **Walk for Wellness Challenge** are being developed to assist employees in making some positive changes to their work environment that will help improve overall health and wellness.

The following survey should not take more than a few minutes. It will help the Challenge Coordinator to get a better understanding of your perceived health and how to make healthy active choices the easier choice. The questions do not require you to share any personally identifiable information and your answers will be held in strict confidence. If at any time there is a question you are not comfortable answering, you are not required to do so.

Please answer all of the following questions to the best of your ability. Upon completing the survey, please place it in a sealed envelope and forward to the **Team Captain** or **Challenge Coordinator**. Once the actual **Walk for Wellness Challenge** has been complete, we will ask you to complete this short survey again. To assist the Challenge Coordinator with getting a better overview on the outcomes associated with the Challenge, it is important to match up the pre-challenge and post-challenge surveys. To do this we request that you provide your worksite location a 5 digit number (that is unique to you and you will remember but not sequential) in the space provided below. Your input is appreciated and will provide us with invaluable information for preparing future workplace wellness initiatives.

Workplace location: _____ 5 Digit Number: ____-____-____-____-____

Questions 1-15: Please circle the number that best represents your opinion.

1. In your opinion, how would you rate your overall health?

Poor
1 2 3 4 5
Excellent

2. In your opinion, how active are you at work?

Inactive
1 2 3 4 5
Very Active

3. In your opinion, how physically active are you at home?

Inactive
1 2 3 4 5
Very Active

4. In your opinion, how important do you feel physical activity is for health?

Not important
1 2 3 4 5
Very important

5. In your opinion, how knowledgeable are you about the benefits of physical activity?

Very little
1 2 3 4 5
Great deal

6. In your opinion, how knowledgeable are you about the risks of being inactive or sedentary?

Very little
1 2 3 4 5
Great deal

7. In your opinion, how knowledgeable are you on how to exercise properly?

Very little
1 2 3 4 5
Great deal

8. In your opinion, are there opportunities to become physically active in your workplace?

No opportunities
1 2 3 4 5
Many opportunities

9. In your opinion, how motivated are you to be more physically active?

Not motivated
1 2 3 4 5
Highly motivated

10. In your opinion, how much resource support is available to assist you in making improvements in your activity level at your workplace?

No resources/support
1 2 3 4 5
Great deal resources/support

11. In your opinion, how confident do you feel that you will be able to make long-lasting improvements in your physical activity choices?

Not confident
1 2 3 4 5
Very confident

12. In your opinion, how urgent do you believe it is for you to make improvements in your physical activity choices?

Not urgent
1 2 3 4 5
Very urgent

13. In your opinion, does exercise or diet have a greater impact on overall health?

Mostly diet Both Equally Mostly exercise
1 2 3 4 5

14. How many days in the past week did you incorporate at least 30 minutes of moderate activity (e.g. brisk walk)?

1 2 3 4 5 6 7

15. How many days in the past week did you walk or cycle to work?

1 2 3 4 5 6 7

16. How many days in the past week did you carpool or take the bus to work?

1 2 3 4 5 6 7

Please check the box that best represents your answer.

17. Have you changed anything to improve or maintain your health in the last 6 months?

YES NO

18. If yes, which changes have you made (please check all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Drink less coffee, tea or pop | <input type="checkbox"/> Lose Weight |
| <input type="checkbox"/> Eat Better | <input type="checkbox"/> Gain Weight |
| <input type="checkbox"/> Exercise more | <input type="checkbox"/> Reduce stress |
| <input type="checkbox"/> Change jobs | <input type="checkbox"/> Change home situation |
| <input type="checkbox"/> Quit smoking or smoke less | <input type="checkbox"/> Drink less alcohol |
| <input type="checkbox"/> Cut down on medications | <input type="checkbox"/> Quit or cut down on non-medication drug use |
| <input type="checkbox"/> Have blood pressure checked | <input type="checkbox"/> Get medical treatment |

Other: _____

19. Which of the following have prevented you from being more physically active (please check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Not enough time | <input type="checkbox"/> Not enough energy |
| <input type="checkbox"/> Not enough money | <input type="checkbox"/> Too depressed |
| <input type="checkbox"/> Don't know how | <input type="checkbox"/> Not motivated |
| <input type="checkbox"/> No support from family | <input type="checkbox"/> No support from friends |
| <input type="checkbox"/> It is too hard | <input type="checkbox"/> Lack coordination/skill |
| <input type="checkbox"/> Don't want to change my ways | <input type="checkbox"/> Don't know what is stopping me |
| <input type="checkbox"/> Too stressed | <input type="checkbox"/> It won't make a difference |

Other: _____

20. Rank the top 3 barriers to physical activity participation from those that you checked in question #.

1. _____
2. _____
3. _____

For classification purposes only, please tell us a little more about you.

21. What is your gender?

- Female Male Prefer not to answer

22. What age category do you fall into?

- Under 20 years
 20- 29 years
 30-39 years
 40- 49 years
 50- 59 years
 60-69 years
 70 years and older

23. What is the highest level of education that you have completed?

- Some high school
 High school
 College
 Technical Diploma
 Some University
 University
 Graduate Degree
 Prefer not to answer

Post- Challenge Survey

Congratulations on completing the **Walk for Wellness Challenge!**

Please answer all of the following questions to the best of your ability. Like the Pre-Challenge survey, you are asked to place completed survey in a sealed envelope and forward to your **Team Captain** or **Challenge Coordinator**. To help with statistics it is important that we are able to match up the pre-challenge and post-challenge surveys. To do this we request that you provide your worksite location and the same 5 digit number that you provided in your pre-challenge survey in the space provide below. Your input is appreciated and will provide us with invaluable information for preparing future workplace wellness initiatives.

Workplace location: _____ 5 Digit Number: ____-____-____-____-____

1. In your opinion, did the challenge have any positive effect on your health?

No effect Much improved
1 2 3 4 5

2. In your opinion, how effective was the challenge at increasing your physical activity at work?

Ineffective Very effective
1 2 3 4 5

3. In your opinion, since the challenge, are you more physically active at home?

Much less active Much more active
1 2 3 4 5

4. In your opinion, did the challenge change your opinion on the importance of regular physical activity participation?

Not important Very important
1 2 3 4 5

5. In your opinion, how effective was the challenge in teaching you about the benefits of regular physical activity?

Not effective Very effective
1 2 3 4 5

6. In your opinion, did you learn much about the risks of being inactive or sedentary?

Very little Great deal
1 2 3 4 5

7. In your opinion, are you more knowledgeable about how to exercise properly?

Very little
1 2 3 4 5
Great deal

8. In your opinion, was the challenge effective in teaching you new ways to add physical activity to your daily work routine?

Not effective
1 2 3 4 5
Very effective

9. In your opinion, how effective was the challenge in motivating you to make positive behaviour changes?

Not effective
1 2 3 4 5
Very effective

10. In your opinion, how confident do you feel that you will be able to make more improvements to your routine and physical activity choices?

Confident
1 2 3 4 5
Very confident

11. In your opinion, how confident do you feel that you will be able to maintain the positive behaviour changes that you have incorporated into your life during this challenge?

Confident
1 2 3 4 5
Very confident

12. In your opinion, does exercise or diet have a greater impact on overall health?

Mostly diet both diet & exercise Mostly exercise
1 2 3 4 5

13. How many days in the past week did you incorporate at least 30 minutes of moderate activity (e.g. brisk walk)?

1 2 3 4 5 6 7

14. How many days in the past week did you walk, or cycle to work?

1 2 3 4 5 6 7

15. How many days in the past week did you carpool or take the bus to work?

1 2 3 4 5 6 7

16. Has the challenge motivated you to change any habits and thus improve your health?

YES NO

17. If yes, which changes have you made during the challenge (please check all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Drink less coffee, tea or pop | <input type="checkbox"/> Lose Weight |
| <input type="checkbox"/> Eat Better | <input type="checkbox"/> Gain Weight |
| <input type="checkbox"/> Exercise more | <input type="checkbox"/> Reduce stress |
| <input type="checkbox"/> Change jobs | <input type="checkbox"/> Change home situation |
| <input type="checkbox"/> Quit smoking or smoke less | <input type="checkbox"/> Drink less alcohol |
| <input type="checkbox"/> Cut down on medications | <input type="checkbox"/> Quit or cut down on non-medication drug use |
| <input type="checkbox"/> Have blood pressure checked | <input type="checkbox"/> Get medical treatment |

Other: _____

18. During the challenge which of the following has prevented you from being more physically active (please check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Not enough time | <input type="checkbox"/> Not enough energy |
| <input type="checkbox"/> Not enough money | <input type="checkbox"/> Too depressed |
| <input type="checkbox"/> Don't know how | <input type="checkbox"/> Not motivated |
| <input type="checkbox"/> No support from family | <input type="checkbox"/> No support from friends |
| <input type="checkbox"/> It is too hard | <input type="checkbox"/> Lack coordination/skill |
| <input type="checkbox"/> Don't want to change | <input type="checkbox"/> Don't know what is stopping me |
| <input type="checkbox"/> Too stressed | <input type="checkbox"/> It won't make a difference |

Other: _____

19. List 3 barriers (if any) that the challenge resources and tools helped you to overcome.

1. _____
2. _____
3. _____

20. What changes would you make that would make future challenges/initiatives more effective in adopting positive behaviour changes in your life?

We Ran the Walk for Wellness Challenge!

Once you have completed running the **Walk for Wellness Challenge** in your workplace, we would love to hear from you. Your feedback on the resources, templates and other tools provided in the Coordinator's Manual is important as we move forward to improve this manual and develop others. Please fax back this form to the Workplace Health program at 905.688.7024.

Name of Challenge Coordinator: _____

Workplace/Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Challenge Start date: _____

Challenge End date: _____

Number of participants: _____

Did you find the Coordinator's Manual useful? Yes No

Which resources were most useful?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Manuals | <input type="checkbox"/> Sample emails |
| <input type="checkbox"/> Poster | <input type="checkbox"/> Forms |
| <input type="checkbox"/> Log sheets | <input type="checkbox"/> Evaluation Tool |
| <input type="checkbox"/> Other: _____ | |

Which resources were least useful?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Manuals | <input type="checkbox"/> Sample emails |
| <input type="checkbox"/> Poster | <input type="checkbox"/> Forms |
| <input type="checkbox"/> Log sheets | <input type="checkbox"/> Evaluation Tool |
| <input type="checkbox"/> Other: _____ | |

What additional resources would you like to see?

Do you have any other ideas for workplace challenges?

