

WORKPLACE HEALTH PROMOTION: ASSESSING EMPLOYEES' HEALTH-RELATED NEEDS

By:

Janet L. Baker
Brenda L. Coleman
&
Shawna M. Sormin

December, 2002



elgin
st. thomas
health unit

99 Edward Street
St. Thomas, ON
N5P 1Y8

Tel: (519) 631-9900
Fax: (519) 633-0468
<http://www.elginhealth.on.ca>



This report was funded by:
the Southwest Region Health Information Partnership
and the Ontario Ministry of Health and Long-Term Care.

© Copyright 2002
Elgin-St. Thomas Health Unit

Suggested citation:

Baker, J.L., Coleman, B.L., & Sormin, S. (2002). *Workplace Health Promotion: Assessing Employees' Health-Related Needs*. St. Thomas, Ontario: Elgin-St. Thomas Health Unit.

For more information about this report, please contact:

Janet Baker
Workplace Health Coordinator
Elgin-St. Thomas Health Unit
(519) 631-3159 ext. 271
jbaker@elginhealth.on.ca

Table of Contents

Acknowledgements	iv
Executive Summary	v
Forward	vii
Workplace Health Promotion	1
History and Key Concepts	1
Global Trends	4
Canadian Trends	5
Canadian Workplace Health Issues	5
Gender Issues	6
Age	6
Size of Staff Complement	7
Shift Work	7
Public Health’s Involvement in Workplace Programs in Ontario	8
Considerations Prior to the Development of Workplace Programs	10
Assessment of Needs	12
Needs Assessment Tools	13
Health Risk Appraisals	13
Interest Surveys	14
Key Informant Interviews	14
Planning and Implementing a Workplace Health Promotion Program	15
Evaluation of a Workplace Health Promotion Program	16
Development of a Tool for Assessing the Needs of Employees in Elgin-St. Thomas	17
Conclusions	19
References	21
Appendix A: Internet Resources	27
Appendix B: Inventory of Workplace Needs Assessment Tools	29

Acknowledgements

The authors of this report would like to thank the many workplace health promotion contacts in health units, universities, and government agencies that shared their time and resources. The authors would also like to acknowledge the support of the management and staff of the Elgin-St. Thomas Health Unit. A special thanks to Dr. Iris Gutmanis and the Southwest Region Health Information Partnership (SRHIP) for providing the sponsorship for the student placement that began this project.

**This report was funded by the Southwest Region Health Information Partnership (SRHIP)
and the Elgin-St. Thomas Health Unit.**

Executive Summary

Health promotion programs designed for the workplace are distinct from programs designed for other target groups since the needs of the employees are determined by the nature of the work they perform, the workplace milieu, and the employees themselves. The nature of work is continuously undergoing changes as employers strive to remain competitive in an increasingly global economy. To be effective practitioners of health promotion, professionals consulting with workplaces must keep abreast of business cycles and changes in political and economical forces that impact business and the resulting changes in the health-related needs of employees.

The Elgin-St. Thomas Health Unit required a needs assessment tool specific to workplaces that would determine the perceived health-related needs and interests of employees. Findings would then be used to plan health promotion activities that would best meet those needs. A summer student collected and catalogued workplace needs assessment tools used by other Health Departments in Ontario in addition to those used by several federal agencies. The Elgin-St. Thomas Health Unit Epidemiologist and Workplace Health Coordinator then reviewed these tools to determine if they met the needs of the Elgin-St. Thomas Health Unit's Workplace Wellness committee.

This report documents the process of determining the direction the Elgin-St. Thomas Health Unit would take in adapting or developing a needs assessment tool. The report includes definitions for workplace health promotion, as well as information on the evolution of workplace health promotion, Canadian workplace health issues, public health's involvement in Ontario workplaces, and the program planning process with an emphasis on the assessment of needs in workplaces.

Many of the tools that were collected and reviewed were Health Risk Appraisal tools that measured the actual health status of the employee. Further, many of these tools required extensive interpretation and one-on-one consultation with the individual. Other tools were strictly interest questionnaires that did little to determine the level of need in the workplace. Thus, it was determined that a new tool was required to meet the expectations of the Workplace Wellness committee. The tool is under development at the time of this writing. The tool combines a population-level assessment of risk factors with a modular format that can be customized to the needs of the workplace, information about the stages of change of the individuals, and the level of interest in health-related activities. If every module were used, the tool would encompass all elements of a "healthy workplace".

FORWARD

Definitions Used in Workplace Health Promotion

In order to fully appreciate what is meant by the terms “healthy workplace”, one must first understand the vernacular used in workplace health promotion. While the term **health** has been defined in many ways over time and across cultures, the definition by the World Health Organization (WHO) has been adopted as a classic definition. In the WHO definition, health is characterized as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO, 1946). Health, in this characterization, is a resource with which humans respond to the demands placed on them by the environment.

A broad view of health and wellness is one that is socioecological in scope. The social world provides the context within which people interact with the environment. When health is defined from a social perspective, it acknowledges the social capital of the community. This means that health *and* people are valued in a climate of trust and mutual respect that extends to all facets of life (McMurray, 1999). The ecologist part of the definition draws the diverse social and environmental aspects together into a whole, to work towards achieving equilibrium and harmony, even when aspects of the personal, social, or physical environment are changing. At any point in time, health is therefore a balance between striving to reach the highest potential for wellness and the compromises demanded by the physical, psychological, cultural, social and political environment (McMurray).

Population health is an approach that focuses on improving the health status of the entire population, or sub-population, as opposed to focusing on the health of individuals. Population health approaches act upon a broad range of factors that affect health including: a) income and social status; b) social support networks; c) education; d) *employment and working conditions*; e) physical environment; f) biology and genetic endowment; g) personal health practices and coping skills; h) healthy child development; and i) health services. Population health depends on shared responsibility for health outcomes with a diverse range of groups that may have an impact on health (Health Canada, 2002). Workplaces are one such group.

The workplace, although a sector of the entire population, is in fact, a small community. The workplace itself, along with its health and safety initiatives, is the centre of a community’s socio-economic capability. A healthy workplace contributes to the health of the broader community with

healthy workers/residents, health-promoting attitudes and values, and healthy behaviours (McMurray, 1999).

According to McMurray (1999), **health promotion** may be thought of as all activities that enable and facilitate health within a primary health care framework. Further, “it involves helping the community to identify and thus overcome any barriers or impediments to sustaining health and preventing illness” (McMurray, p. 15). The role of the health promoter is to act as a “change agent” or an “advocate for health” in any setting be it a city, village, school, or organization. A health promoter works in partnership with members of the community in order to understand the community’s goals for health and its potential for achieving health (McMurray).

The **Ottawa Charter for Health Promotion** (1986) identified five major strategies for health promotion, namely a) building healthy public policy, b) creating supportive environments, c) strengthening community action, d) developing personal skills, and e) reorienting health services. These strategies can be used within workplaces to promote health and achieve healthy workplaces.

Workplace health promotion is defined as “those educational, organizational, or economic activities in the workplace that are designed to improve the health of workers and therefore the community at large. This type of health promotion involves workers and management participation on a voluntary basis in the implementation of jointly agreed programs which utilize the workplace as a setting for promoting better health” (Chu, as cited in McMurray, 1999, p. 185).

Need is a *measurable* health status deficit (e.g. proportion of population with diabetes mellitus) or a measurable opportunity to maintain or enhance health (e.g. percentage of the population with incomplete immunization). **Needs/impact-based planning** is defined as program planning based on the identified needs and the ability of a population to benefit from strategies to meet those needs. Completing a needs assessment is part of the process of needs-based planning (Needs/Impact-Based Planning Committee, 1996).

Goals describe the overall change you wish to bring about (e.g. to improve the health of newborns), while **objectives** are the intermediate, measurable steps you take to reach your goal (e.g. to reach 50% of the pregnant women in your area with information encouraging them to eat food that is more nutritious). Objectives should be a clear statement of what your project is going to do. They should be specific, reachable, measurable, listed in order of priority (Ministry of Health 1992).

WORKPLACE HEALTH PROMOTION

History and Key Concepts

Workplace health promotion refers to the systematic approach of designing programs to enhance the health of the company, and its most important asset, its employees. In order to achieve the greatest health improvement and cost containment potential, programs may include initiatives based at the worksite as well as in the employee's community, clinic, and home. These efforts may include awareness education, behaviour and lifestyle change, and/or the creation of supportive environments. The ultimate goal of worksite health promotion is to create a culture that values and meets both individual and organization needs for health maintenance or improvement (Centre for Substance Abuse Prevention [CSAP], 1998).

In the 1970's, workplace health promotion programs started to emerge as an adjunct to occupational health and safety initiatives. Workers were encouraged to participate in programs designed to encourage physical activity, healthy eating, and smoke-free living. The workplace was deemed to be an appropriate setting for delivering these behaviour change messages as it was a captive audience and because the programs were generally well accepted by both unions and employers (McMurray, 1999). In the early 1980's, workplace health promotion was offered by less than five percent of employers in the United States. By the early 1990's, over 80% of employers with 50 or more employees were offering some type of health promotion program (O'Donnell & Harris, 1994).

Astrid Van Den Broek (2002) reports that the first wave of healthy workplace programs focused on the basics of creating a safe and not *un*healthy workplace. Then there was the introduction of lifestyle programs: noon-hour "brown bag" lunch seminars, fitness centres, and having healthy foods available on-site. Next came the programs dealing with the effects of organizational stress on health, work-life balance, and morale issues. After two decades of experience with workplace health promotion programs, a new, comprehensive and integrated approach is being advocated for the workplace. The latest approach is one that encourages the consideration of health in every aspect of a workplace.

A healthy workplace is much more than just a company filled with employees that are physically healthy. A healthy workplace provides a safe working environment with procedures, policies, and safeguards that support the long-term safety of employees and consequently, the community. A healthy workplace also has a culture of wellness that includes positive patterns of communication

between employees, as well as between employees and employers. Further, the social environment of a healthy workplace encompasses a sense of respect, belonging, and fairness, as well as freedom from harassment and discrimination. A healthy workplace is one where health becomes an integrated part of daily practice and is incorporated into all procedures and policies.

Health Canada's Workplace Health Unit and the National Quality Institute (2001) advocate the use of a comprehensive and integrated approach to maintaining and improving workplace health. As summarized in *Guidelines on the Elements of a Healthy Workplace*, the key elements of a healthy workplace include a) the physical environment of the workplace, b) the health practices of the employees, and c) the social environment of the workplace and personal resources (National Quality Institute, 1998).

The *Workplace Health System*, developed by Health Canada (1991), refers to the process that organizations can follow to develop and implement a comprehensive health program that helps employees maintain or improve their health. The *Workplace Health System* targets three groups:

- a) corporate businesses, with one or more sites and over 100 employees (Health Canada, 1991);
- b) small businesses with 100 or fewer employees, represented by a coordinating agency and a small business health committee (Health Canada, 1999); and
- c) farm business represented by a rural/farm health committee (Health Canada, 1993).

The *Workplace Health System* includes the following five guiding principles:

- 1) meeting the needs of all employees regardless of their current level of health;
- 2) recognizing the needs, preferences, and attitudes of different groups of participants;
- 3) recognizing that an individual's lifestyle is made up of an interdependent set of health habits;
- 4) adapting to the special features of each workplace; and
- 5) supporting the development of a strong overall health policy in the workplace (Health Canada, 1991).

Knowledge of the trends in workplace promotion can assist in the marketing of workplace wellness programming to organizations, company executives, union representatives, health and safety professionals, and human resource managers. There are many examples of the benefits of workplace health promotion programs in the published literature. These include, but are not limited to, increased job satisfaction and morale, reduced absenteeism, reduced staff turnover, increased creativity, improved quality and customer service, reduced injuries and incidents, reduced benefits costs,

potential for lower site/personnel insurance costs, maximizing compliance with recognized quality management standards, healthier and happier employees, and an enhanced corporate image (Bayley-Grant & Brisbin, 1992; Canadian Centre for Occupational Health and Safety, 2002; Health Canada, 1999; National Quality Institute, 2001).

To achieve these results management must understand and support the concept of healthy workplaces and the health promotion program being initiated. If management participates in the program along with their employees, results are better than if the programs are mandated by management.

Management needs to market the program to employees and include them in the planning and implementation of the program. This is one area where employee empowerment and creativity can play an integral role in increasing participation by meeting the intellectual, emotional, and social needs of the employees.

Currently, many employers are offering workplace health promotion programs in hope of maintaining or improving the health of their employees for both humanitarian and business reasons. The corporate mission of the organization and whether or not the organization is a private sector business or a publicly-funded service may influence the reasons health promotion programs are offered. If the workplace has a culture of health and safety, with a joint health and safety committee and/or dedicated health and safety professionals working in the organization, it is more likely that health promotions initiatives will be supported.

Health promotion programs designed for workplaces must bear in mind that employee needs are determined by the nature of work, the workplace, and the workforce itself (Sparks, Faragher, & Cooper, 2001). In the last 40 years, the workplace has undergone many changes. Some of these include the increased use of information technology at work, globalization, organizational restructuring, downsizing, rightsizing, outsourcing, mergers, strategic alliances, and increasing levels of privatization. These changes may, in turn, lead to job insecurity, changes in work hours and work settings, a decreased sense of control/influence over work, and the need for changes in managerial style to accommodate changes in the workplace and the accompanying change in employee needs.

Many companies have not yet moved from doing single-track one-time health promotion programming to the comprehensive model. It is important to learn about and use the comprehensive model of workplace health. However, it is acceptable to start with one-time programs and build into

larger, more comprehensive models as the wellness committee, management, and employees become comfortable with the concept of a healthy workplace and the benefits that are derived from it.

Individual health promotion programs work best in an organization that is already healthy. Individual health programs place all responsibility for health enhancement and risk reduction with the individual, independent of the health norms within the organization. This strategy is not designed for maximum success. For instance, a smoking cessation program in an organization that allows smoking throughout the workplace is less likely to be successful than one that includes both the cessation program and a smoke-free workplace policy.

Global Trends

In an effort to globalize its well-being processes and resources, IBM consolidated its occupational medicine, safety, ergonomics, and industrial hygiene committees into a united organization called the Global Occupational Health Services (GOHS). In 1998 and 1999, the company conducted employee surveys in locations throughout Latin America, Europe, the Middle East, Africa, and East Asia. Results indicate that adequate care for dependants, including elder relatives, is a global need for IBM employees. Also, a growing issue of concern among employees is that of stress arising from the combination of job demands and personal demands (IBM, 2000).

IBM is one of the first companies to provide work-life surveys as an ongoing tool to its employees and is a globally-recognized leader in helping employees manage their personal and work lives. The company offers a number of work-life programs that, depending on the requirements of each job, may include flexible work hours, the option to work from home, as well as leaves of absence for parenting, elder care, and other responsibilities. Stress reduction/stress management alternatives are offered to IBM employees that vary depending on the location of the worksite (IBM, 2000).

In the United States, workplace health promotion programs include, among other things, hypertension screening, newsletters, programs that focus on healthy life-styles, smoking cessation, weight loss, and cancer screening, health club discounts, onsite health clubs, and prenatal screening (CSAP, 1998). Several American governmental and non-governmental organizations are also involved in the delivery of health promotion at the workplace. The National Institute for Occupational Safety and Health (NIOSH) focuses on education and research regarding the health of the workers of America (Rogers, 1993). *Healthy People 2010* (<http://www.healthypeople.gov/>) has put the emphasis on the prevention of disease and disability. A partner in the *Healthy People 2010* campaign is a non-profit

organization entitled the *Partnership for Prevention* (http://www.prevent.org/phw_home.htm) that is dedicated to partnering with workplaces to promote a healthy workforce.

In recent years, many European countries have embraced an increasing number of workplace health promotion programs. European countries have embraced workplace health promotion programs as an integral part of modern occupational health and safety (Breucker & Schroer, 2000). Due to the incorporation of the European Union framework directive on occupational health and safety into national legislation, the concept of workplace health promotion is becoming an integral part of modern occupational health and safety.

Canadian Trends

The Canadian Consortium for Health Promotion Research recently conducted a nation-wide study to obtain research perspectives on workplace health promotion of individuals and organizations in the field (Wilson, Plotnikoff, & Shore, 2000). The majority of respondents felt that the term “workplace wellness” is receiving greater recognition, although research still predominantly focuses on individual lifestyle behaviours such as fitness, weight control, smoking cessation, etc. Current trends in workplace health promotion include the creation a better balance between work and home, as well as programs that focus on both mental and physical health including stress management and injury prevention. In addition, the majority of respondents felt the need for more information on evidence-based best practices as well as a conceptual framework to help guide practice. Other common responses regarding gaps in knowledge, practice, and policy included: understanding work and families, alternate work arrangements, stress management, non-traditional workers (i.e. contract), and changing workforce issues.

Canadian Workplace Health Issues

In Canada, approximately 67% of adults (15 years and older) spend 60% of their waking hours at work (Health Canada, 1999). Thus, workplaces provide a captive audience and an ideal setting for the prevention of illness and injury (McMurray, 1999). Canadian workplaces have a variety of risk factors and different levels of interest and commitment to health promotion. Each workplace also has a unique compliment of employees with individual health-related needs, interests, and risk factors. Thus, the needs of each workplace must be assessed in order to deliver programs that will be effective for that site, at that time.

Gender Issues

Women make up more than 40% of the labour force and are responsible for 70% of all part-time work (Dooner, 1990). Women have special needs regarding health promotion including reproductive health issues (preconception, pregnancy, and peri-menopausal health); breast and cervical cancer prevention and screening; social and cultural influences (expectations regarding child care, elder care, and work in the home); violence and aggression in the workplace or home (McMurray, 1999); inequity and/or sexism; single parenting; lack of retirement plans and/or health benefits; and other issues. Women working in male-dominated workplaces or professions may easily be over-looked when doing health promotion planning. The unique demands on working women need to be addressed to improve the health of almost half of the Canadian workforce.

Men make up 60% of the labour force, and like women, have numerous risks to health. Deaths due to heart disease, lung and other cancers, respiratory diseases, accidental death, suicide and other forms of violent death, and AIDS are higher for males than for females of the same age. Males have higher rates of alcohol and tobacco consumption, motor vehicle crashes, drug-taking, and high-risk sexual behaviours (McMurray, 1999). Parenting and relationship issues and financial planning, in light of increasing divorce rates, are important for a large proportion of males in the workforce. In addition, the health-seeking behaviours of males are different than that for females. Thus, males have special needs regarding health promotion with messages that target their learning and behaviour styles.

Age

When planning health promotion efforts in the workplace, the age of the employee also needs to be considered. In 1998, 14.3% of Ontario's employees were young workers (15 to 24 years old) and yet this group had 15.6% of the lost-time workplace injury claims (Ontario Ministry of Labour, 2000). Young workers are at increased risk for on-the-job injuries and health problems because of their lack of training and experience. Special considerations need to be given to young workers, who are often part-time and summer employees with a different set of needs for health promotion information (e.g. sexual health, eating disorders, recreational drug and alcohol use, mental health issues), different priorities, and different learning styles.

Older workers, too, have specific health-related learning needs and wants. According to a report by Human Resources Development Canada (2002), 42% of women and 61% of men between the ages of 55 and 64 years participate in the workforce. The average age of retirement in Canada in 1999 was 61.0 years. It is also important to note that many people work beyond their 65th birthday. In 2001,

12% of people between the age of 65 and 69 years were working for pay. The aging workforce has a different set of needs regarding health promotion. They are likely to be more interested in personal health problems, declining energy levels and/or physical capabilities, and stress related to changes in technology and family care issues.

Size of Staff Complement

Over 33% of the labour force in Canada is employed in companies with fewer than 50 employees (Statistics Canada, 1993, as cited in Eakin & MacEachen, 1998). Such businesses may include restaurants, retail stores, manufacturing, health care employers, construction, printing, offices, self-employment, homework, and subcontracting. It is very challenging to meet the health promotion needs in a small workplace because smaller workplaces have a perceived lack of resources to deal with health-related needs and fewer mechanisms for communicating with employees such as the lack of unions or trade association membership (Eakin & Weir, 1995). And yet, employees at small businesses need health promotion just as much as employees from larger organizations. Eakin and Weir (1995) found that smaller organizations have several factors impeding effectiveness of workplace health promotion including:

- a) lack of money and resources (provider and business);
- b) lack of time (provider and business); and
- c) health and safety not a priority for owners/managers.

Shift Work

Statistics Canada (2002) reports that 30% of employed Canadians worked shift work in 2000-2001. Shift workers report a number of health problems ranging from sleep disruption to relationship troubles. In 1994-1995, various sorts of work stress were found to be common shift workers. These included job strain (high psychological demands coupled with low decision-making power) for those who worked evening and rotating shifts, and job insecurity for those working rotating or irregular shifts. The majority of shift workers had no choice regardless of whether they worked an evening, rotating, or irregular shift.

PUBLIC HEALTH'S INVOLVEMENT IN WORKPLACE PROGRAMS IN ONTARIO

The Ontario Ministry of Health and Long-Term Care's Mandatory Health Programs and Services Guidelines (1997) identified working with workplace personnel and local trade and business associations regarding specific Public Health promotion programming as a priority in Ontario. Public Health Units in Ontario are mandated to:

- 1) work with workplace personnel, and local trade and business associations to improve awareness, skills, and the work environment to:
 - i) reduce the risk of chronic disease and
 - ii) prevent alcohol and other substance abuse;
- 2) assist workplaces and workplace personnel in supporting healthy pregnancies; and
- 3) advocate for and assist in the development of policies to:
 - i) support breastfeeding, and
 - ii) reduce smoking in the workplace.

Health promotion in the workplace is not new to Public Health. Over the years, Public Health has supported all sectors and sizes of workplaces with resource materials, displays, presentations, workshops, and referrals.

Most of these initiatives have been one-time events focusing on lifestyle change. Recently, some Public Health Units have started working with the comprehensive approach to increase workplace health promotion efforts. Table 1 gives a few examples of how workplace health promotion efforts can be aligned with the Ottawa Charter of Health (1986), described in the forward of this report.

Many Public Health Units in Ontario have also developed, or are currently developing, workplace resources that support the comprehensive approach to health promotion. For example, the Brant County Health Unit has written a booklet, *A Guide For Building A Healthy Workplace* (2001), to assist local workplaces in health promotion activities. This booklet, which is adapted from Health Canada's Workplace Health System (1991), identifies eight strategic components including 1) organizational commitment, 2) identification of a wellness vision, 3) marketing workplace wellness, 4) creation of a wellness committee, 5) information collection, 6) wellness plan, 7) action plan, and 8) follow-up.

The York Region Health Services Department has also prepared a booklet for workplaces, called *Healthy Policy = Healthy Profits: A Guide to Implementing Wellness Policies in Your Workplace* (2001). This booklet provides the rationale and goals of wellness policies and provides ideas about getting started. A sample policy that could be applied to a number of topics such as shift work, alcohol and substance use prevention, and physical activity is also included. Also, in the Appendix of this booklet, is an Assessment Tool to measure the current status of wellness in the workplace.

Table 1: The Ottawa Charter of Health Promotion And the Comprehensive Workplace Model:

Examples of Health Promotion Activities for the Workplace

Health Promotion Actions	Occupational Health & Safety	Voluntary Health Practices	Organizational Changes
Building healthy public policy	Program to prevent back injuries for all new employees	Policy to allow flex time for employees to exercise during lunch break	Subsidized physical activity membership
Creating supportive environments	Provision of personal protective equipment appropriate to the task	Organization of a walking club	Provision of showers in the workplace
Strengthening community actions	On-site injury prevention through warm-up stretches before shift	Organization of workplace sports team (baseball)	Sponsorship of tournament of workplace teams
Developing personal skills	Raise awareness of risks of ergonomic factors involved in repetitive strain injury	Raise awareness of benefits of changes of tasks to prevent repetitive strain injuries	Support work breaks (changes of activity) to prevent repetitive strain injury
Reorienting health services	Liaise with local health care providers re: identified health hazards in workplace	Work with public health unit workplace programs re: healthy lifestyle changes	Support workplace wellness committee

CONSIDERATIONS PRIOR TO THE DEVELOPMENT OF WORKPLACE PROGRAMS

Bayley-Grant and Brisbin (1992) state there are three phases to a comprehensive workplace wellness program. Phase one is a needs and interest assessment. Phase two is the implementation of the specific programs designed to address the needs as assessed in phase one. Finally, phase three is the on-going evaluation of the program.

To make a business case that a workplace health promotion program is financially valuable to the company, it is important that baseline data be gathered accurately on:

- a) current lifestyle habits of the employees,
- b) employee interest in wellness,
- c) current overall employee productivity,
- d) current Workers' Compensation costs and claims frequency,
- e) current health care insurance costs and claims frequency,
- f) current employee absenteeism, increasing, or decreasing relative to three-year period and
- g) current health risk and fitness levels of the employee population

(Bayley-Grant & Brisbin, 1992).

Before a health promotion program is initiated, the feasibility of offering it in a workplace should be investigated. This occurs when there is interest in the concept of a program but the health promoter and/or organization are not certain it will be accepted in that particular workplace. After the feasibility study is complete, or if the health promoter and organization are committed to the concept of workplace health promotion at that site, a needs assessment should be conducted to determine the needs particular to the workplace (O'Donnell & Harris, 1994).

It is important to secure buy-in from all stakeholders. A workplace health and safety committee is often responsible for workplace health promotion. However, a separate workplace wellness committee may be developed and should include representatives from management, the unionized employee sector, non-unionized employees, and the occupational health nurse/workplace health promotion coordinator. This committee should identify the information that is required to create a realistic wellness program taking into consideration budgets, and available resources. The management representative(s) must share with the committee the issues management is prepared to address and/or what initiatives will be supported for the wellness program. This is important in maintaining a good employee-employer relationship, which will in turn, contributes to a healthy work

environment. This also reinforces the idea that workplace wellness is a shared responsibility amongst all members of a company.

To support people in their journey of change, it is important to know what stage those people are in at the time and to know what stages they need to progress through. Prochaska, Norcross, & DiClemente (1994) contend that knowing the challenges in each stage of change will help to maximize the person's problem-solving efforts. People who initiate change proceed from: a) contemplation to b) preparation to c) action and finally to d) maintenance. Most people relapse at some point in the process returning to an earlier stage before starting again. For instance, most who quit smoking have tried several times before succeeding (Prochaska, Norcross, & DiClemente). Knowing these stages of change can be very helpful with the structuring of resources and events to support the employees in whatever stage of change they may be.

ASSESSMENT OF NEEDS

“Since no two businesses are alike, it’s impossible to provide a “one-method-fits-all” process for assessing employee needs” (Health Canada, 1999, p. 7). In addition, as with all types of health promotion programs, it is very important to assess the employees’ needs to help build employee buy-in, build awareness, direct program planning, and assist with program evaluation.

A needs assessment helps identify an issue or several issues that are of concern to this individual workplace. The information gathered is then used to target the programs or services offered. As Posavac and Carey (1997) state: “the importance of assessing needs before beginning to plan programs cannot be overstated” (p.119).

Once needs are clear, planning may begin. Planning has the best chance of success if the conceptual basis of the program is developed and used to set the outcome and intermediate goals (Posavac & Carey, 1997). A workplace wellness committee must plan their program carefully and methodically. Planning begins with a clear description of measurable and achievable goals and objectives. As Posavac and Carey (1997) state “there really is no reason to begin to plan if no one can describe goals...” (p. 48). Evaluation, which is based on the stated goals, is an integral part of the planning process and must be determined in the beginning stages of the program. The needs assessment, which occurs in the very beginning of a program, is often used as the baseline from which changes can be measured. Once needs are clear, the planning of the program can begin (Posavac & Carey).

When evaluators and program staff talk about assessments of need, they usually refer to measuring gaps between what “is” and what “could be”. Roth (1990) pointed out that there are at least five discrepancies or gaps that people could have in mind when they speak of needs. There might be a discrepancy between an actual state of health and a) an ideal, b) a norm, c) a minimum, d) a desired state, or e) an expected state (Posavac & Carey, 1997). The identification of the discrepancy helps determine what programs or services should be offered in the workplace.

Christine Dickie, Coordinator of the Workplace Certification Program at Centennial College (personal communication, April 13, 2002), states that a needs assessment is a process designed to identify the health needs and concerns that exist in any given group of people (i.e., a workforce). It gives a snapshot of the health needs and risks of a target population. It gathers data on such things as health practices and personal resources of employees, and the work environment of an organization.

Information on needs can be collected from a variety of sources. For example, community surveys and census data may provide considerable sociodemographic and risk-factor information.

Once the needs assessment is completed, it is very important to share the results with both the planning committee and all staff. This assists with employee buy-in and ownership of their program. To maintain confidentiality, any responses of less than five (5) should be withheld regardless of the size of the organization.

Needs Assessment Tools

There are many methods of assessing health-related needs. These include health risk appraisal questionnaires, interest surveys, and key informant interviews. Health-related needs can also be assessed through focus groups, semi-structured interviews and telephone surveys. The choice of tool depends on the several factors including the resources available, the size of the workplace, the existence of other sources of information and forms of communication within the workplace (e.g. newsletter inserts, intranet, general meetings, and union notices). It is also important to consider how the information is to be used and how staff privacy/confidentiality will be preserved.

There are several excellent resources available on needs assessments, surveys, and evaluation including the Centre for Health Promotion (<http://www.utoronto.ca/chp>). Involving the Health Unit Epidemiologist or program evaluator from the beginning of the process is strongly advised.

Health Risk Appraisals

A health risk appraisal (HRA) is a tool that analyzes a person's health history and current lifestyle to determine his or her risk for preventable death or chronic illness. Many workplace health promotion initiatives use Health Risk Appraisal tools in order to determine appropriate behavioural change initiatives. In addition to collecting physiological data, such as weight, cholesterol levels, and blood pressure, a typical Health Risk Appraisal asks questions about health-related behaviours such as smoking, diet, and exercise. Each respondent's risk-level is then determined. Some key Health Risk Appraisal resources are presented in Appendix A.

There are many vendors in the community that can provide Health Risk Appraisal services. Some also compile the information and deliver to the organization a corporate health picture. O'Donnell and Harris (1994) state that descriptions of the health of the organization's workforce can be helpful in program planning when combined with other sources of information.

However, research on Health Risk Appraisals indicates that they may have limited reliability and validity (Ontario Public Health Research, Education, and Development Program, 2000) and typically have high costs associated with their administration (Rogers, 1994). Also, Health Risk Appraisals alone have not been shown to produce long-term changes in individual behaviour (Ontario Public Health Research, Education, and Development Program). They must be combined with integrated health promotion efforts to provide long-term change in the health of the organization.

Interest Surveys

Assessing and understanding employees' preferences is an essential part of the needs assessment process. If a workplace health promotion program is going to be successful, it has to reflect what employees themselves consider important. There is no point arranging for a speaker on stress management, for instance, if employees aren't interested and won't attend (Health Canada, 1999). Thus, health promotion efforts must be tailored to the wants and needs of the workforce.

One way of assessing employee preferences is an interest survey. An interest survey does not assess actual employee health risks. Instead, it addresses the *perceived* health needs and interests of employees (National Quality Institute, 1998). Interest surveys provide information on interests and perceived needs and may be more anonymous than a Health Risk Appraisal. Information from interest surveys can also be used to evaluate wellness programs, to recruit employees to the wellness committee or as in-house trainers, and to promote employee buy-in and involvement (Brant County Health Unit, 2001).

Key Informant Interviews

Key informants are people who know a community well and could be expected to know what community needs are not being met (Posavac & Carey, 1997). They are a useful source of information because they often give an indication of the breadth and depth of an issue in a community. The information from key informant interviews often helps direct a more focused survey of needs and interests.

Key informants are often brought together for a needs assessment focus group. Focus groups are group interviews where a moderator raises questions on a topic or range of topics. They are a valuable source of information to identify problems and assess a program's effectiveness since they can elicit a depth of information that is difficult to gather on a written questionnaire.

PLANNING AND IMPLEMENTING A WORKPLACE HEALTH PROMOTION PROGRAM

Collection of information is just the first step in the development of a workplace health promotion program. The information gained from the needs assessment can be used by the workplace wellness committee to plan a comprehensive workplace wellness program or to plan a specific initiative that meets the identified needs of the workplace employees.

If needs assessment results are surprising to the workplace wellness committee, results may be validated through a feedback session or a focus group. This will also help gain greater detail on issues, determine barriers and incentives, and elicit employee suggestions and imaginative ideas. It can also help build employee interest and buy-in.

When planning a program, the target group, their sex, age, education level, occupation, ethnic background, and family makeup are all a part of the equation. Participation levels will be affected by many factors. Thus, it is important to consider the best days and times for holding programs for the target group and type of program, including whether the program will be held during or after normal working hours. Also, consideration of where the program can be held (on-site or off-site, size of room and resources required, etc.), the cost of the program and who will pay for it, the length of the program and each session, the frequency best suited to the program and those participating in it, and who will be responsible for the actual program delivery is very important (Health Canada, 1991).

In addition, it is important to include adult learning principles in health promotion programming. According to Knowles, principles of adult education focus on four areas, a) independent learning, b) usefulness of past experiences, c) readiness to learn, and d) problem-orientated learning (Rogers, 1994). Programs that will meet the learning needs of the employees are more likely to be successful.

EVALUATION OF A WORKPLACE HEALTH PROMOTION PROGRAM

The needs assessment provides a baseline measure from which progress, or lack there-of, can be determined. Evaluation does not need be a daunting task, but it is vitally important to determining if the health promotion program is successful. Evaluation gathers information about whether a) the initiative is meeting its objectives, b) what parts of the program are working and what parts are not working, and c) what improvements may be needed to make it work better (Health Canada, 1999).

To reduce respondent burden and maximize response rates, keep the forms short, clear, concise, and relevant. It is imperative to act on the information participants have provided in the feedback forms. If feedback is not considered, future respondents may be less likely to complete evaluation forms and participation in programs will suffer.

Evaluations should relate specifically to the goals and objectives of the program. Consultation with a program evaluator or Epidemiologist is advised for people new to or less familiar with the evaluation process.

DEVELOPMENT OF A TOOL FOR ASSESSING THE NEEDS OF EMPLOYEES IN ELGIN-ST. THOMAS

Elgin-St. Thomas Health Unit Workplace Wellness Program

In 2001, the Elgin-St. Thomas Health Unit (<http://www.elginhealth.on.ca>) initiated workplace wellness programming for Elgin County. The job of the Workplace Health Coordinator is to oversee the promotion of healthy lifestyle messages to all workplaces and workplace associations in the City of St. Thomas and the County of Elgin. The coordinator directs incoming requests from workplaces, consults with local workplaces regarding health promotion programming, assists with the development of messages consistent with workplace trends and sectors, co-ordinates events, helps Health Unit staff access the appropriate personnel in the workplace, reviews workplace literature, and networks with area workplace professionals. Through on-going marketing, the workplaces are becoming familiar with the Elgin-St. Thomas Health Unit's *Wellness Works* concept and program.

By January 2002, a *Workplace Wellness* committee was established within the Health Unit. The committee is comprised of representatives from all stakeholders in the organization including management and employees. This committee was established for three reasons: 1) to bring a comprehensive workplace health focus to our own workplace, 2) to model the comprehensive program being promoted to local workplaces, and 3) to provide a focus testing forum to pilot strategies relating to workplace wellness. The committee decided that an in-depth employee health needs assessment should be conducted to gather information on the perceived health-related needs and interests of the employees of the Elgin-St. Thomas Health Unit. An assessment of this sort would enable the committee to customize wellness program planning and to increase buy-in and employee participation.

The Development of a Workplace Wellness Needs Assessment for the Elgin-St. Thomas Health Unit

The Elgin-St. Thomas Health Unit Training and Wellness committee asked the Workplace Health Coordinator and Epidemiologist to create and administer a needs assessment questionnaire (either paper or electronic) to determine the direction the committee should take to meet the perceived needs and interests of the employees. The questionnaire would be pilot tested with the employees of the Elgin-St. Thomas Health Unit. After the pilot test, it could be made available through the Workplace

Health Co-ordinator as one of the many needs assessment tools that could be shared with the various companies and businesses in Elgin County.

In cooperation with Southwest Region Health Information Partnership (<http://www.srhip.on.ca>), the Health Unit was able to fund a summer student position to do a literature review and collect existing needs assessment tools from Public Health Departments/Units in Southwestern and Central Ontario. Other Health Units and organizations in Ontario that were known to have workplace health promotion programs were contacted as well.

A variety of workplace needs assessment and interest survey tools used in Ontario were collected and reviewed with plans to adopt or adapt an existing questionnaire for use in Elgin-St. Thomas. An inventory of the tools that were collected is included in this report as Appendix B, the Inventory of Workplace Health Promotion Tools. Some of the tools collected were Health Risk Assessments, some were interest surveys, and others were a combination of the two. The individual tools are not included as they are the property of the specific organizations and so can only be disseminated by that organization. However, the Inventory provides the name of the contact person for each agency and gives a short description of each tool.

It was determined that the goals of Public Health in Ontario, as mandated by the Ministry of Health and Long-Term Care, required assessment of the health of the workplace at the population level rather than solely at the individual level, which is typical of Health Risk Assessments. The Elgin-St. Thomas Health Unit concluded that a combined employee behaviour/interest survey would match the goals and objectives of workplace health promotion and what Public Health is mandated to offer participating workplaces.

The Elgin-St. Thomas Health Unit is in the process of developing an employee behaviour/interest survey based on the transtheoretical model of change (Prochaska, Norcross, & DiClemente, 1994) and the Canadian Healthy Workplace Guidelines on the elements of a healthy workplace that include a healthy physical environment, individual health practices, and supportive social environments and personal resources (National Quality Institute, 1998). The employee behaviour/interest survey will be produced in modules so the workplace committee can select topics that management is willing to address and support. Also, the modules may be used following any health promotion activities to determine if the programs have had an impact on behaviour.

Conclusions

There are considerable benefits to workplace health promotion. Yet, understanding the vernacular used by experts in the field as well as the processes used in the development and evaluation of such programs can be challenging. It is hoped that this report will help those employed in workplace health promotion understand the complex issues associated with the development of a workplace needs assessment as well as some of the issues involved with the implementation and evaluation of workplace wellness programs.

REFERENCES

- Addley, K. (1999). Developing programs to achieve a healthy society: Creating healthy workplaces in Northern Ireland. *Occupational Medicine* 49(5), 325-330.
- Bayley-Grant, C. B., & Brisbin, R. E. (1992). *Workplace Wellness: A Key to Higher Productivity and Lower Health Costs*. New York: Van Nostrand Reinhold.
- Beaton, R., & Murphy, S. (2002). Psychosocial responses to biological and chemical terrorist threats and events: Implications for the workplace. *American Association of Occupational Health Nurses* 50(4), 182-189.
- Bero, L. A., Montini, T., Bryan-Jones, K., & Mangurian, C. (2001). Science in regulatory policy making: Case studies in the development of workplace smoking restrictions. *Tobacco Control* 10, 329-336.
- Bertera, R. L. (1990). Planning and implementing health promotion in the workplace: A case study of the Du Pont Company experience. *Health Education Quarterly* 17(3), 307-327.
- Brant County Health Unit. (2001). *Wellness Works: A Guide for Building a Healthy Workplace*. Brantford, Ontario: author.
- Brooks, L., Merkel, S. F., Glowatz, M., Comstock, M. L., & Shoner, L. G. (1994). A comprehensive reproductive health program in the workplace. *American Industrial Hygiene Association Journal* 55, 352-357.
- Breucker, G. & Schroer, A. (2000). Settings 1. In *The Evidence of Health Promotion Effectiveness: Shaping Public Health in a New Europe, Part Two*. Paris, France: Jouve Composition & Impression.
- Canadian Centre for Occupational Health and Safety. (2002). *Wellness in the Workplace: First Edition*. Hamilton, Ontario: CCOHS.
- Center for Substance Abuse Prevention. (1998) *Workplace Health Promotion/Wellness. Factsheet*. Substance Abuse and Mental Health Services Administration. Available on-line at: <http://www.samhsa.gov/centers/csap/csap.html>
- Coughlin, S. S., Caplan, L. S., Lawson, H. W. (2002). Cervical cancer screening in the workplace. *American Association of Occupational Health Nurses* 50(1), 32-39.
- D'Arcy, C., Holman, J., Corti, B., Donovan, R. J., & Jalleh, G. (1998). Association of the health-promoting workplace with trade unionism and other industrial factors. *American Journal of Health Promotion* 12(5), 325-334.
- Dickie, C. (2002, April 13). Personal communication. *Workplace Wellness: Make it Work for You: 3rd Annual Spring Workshop*.
- Dooner, B. (1990). Achieving a healthier workplace: Organizational action for individual health. *Health Promotion*, 2-6.

Eakin, J. M. & MacEachen, E. (1998). Health and the social relations of work: a study of the health-related experiences of employees in small workplaces. *Sociology of Health & Illness* 20(6), 896-914.

Eakin, J. M. & Weir, N. (1995). Canadian approaches to the promotion of health in small workplaces. *Canadian Journal of Public Health* 86(2), 109-113.

IBM. (2000). *Employee Well-Being*. On-line article available at: <http://www.ibm.com/ibm/environment/annual2000/wellbe.shtml>. Downloaded August 2002.

Employer health plans declining in U. K. (2002, June 24). *Business Insurance* 36(25) p. 17.

Ervin, N.E. (2002). *Advanced Community Health Nursing Practice: Population-Focused Care*. New Jersey: Prentice Hall.

Gates, D. M. (2001). Stress and coping: A model for the workplace. *American Association of Occupational Health Nurses* 49(8), 390-398.

Health Canada. (2002). Shift work and health. *The Daily*, July 13, 2002, pp. 4-5.

Health Canada. (1999). *HealthWorks: A "How-to" for Health and Business Success*. Ottawa, ON: author.

Health Canada (1998). *Health in the Workplace Employee Questionnaire: Version H49*. Ottawa, ON: author.

Health Canada. (1993). *The Farm Business Health Model: A Guide to Developing and Implementing the Workplace Health System for Farm Business*. Ottawa, ON: author.

Health Canada. (1991). *Corporate Health Model: A Guide to Developing and Implementing the Workplace Health System in Medium and Large Businesses*. Ottawa, ON: author.

Healy, M. (2001), Management strategies for an aging work force. *American Association of Occupational Health Nurses* 49(11), 523-531.

Heerwagen, J. H., Heubach, J. G., Montgomery J., & Weimer, W. C. (1995). Environmental design, work, and well-being. *American Association of Occupational Health Nurses* 43(9), 458-467.

Helge, D. (2001), Positively channeling workplace anger and anxiety: Part I. *American Association of Occupational Health Nurses* 49(9), 445-454.

Helge, D. (2001). Positively channeling workplace anger and anxiety: Part II. *American Association of Occupational Health Nurses* 49(10), 482-491.

Hersch, R. K., Cook, R. F., Deitz, D. K., & Trudeau, J. V. (2000). Methodological issues in the workplace substance abuse prevention research. *The Journal of Behavioral Health Services & Research* 27(2), 144-151.

Hugentobler, M. K., Isreal, B. A., & Schurman, S. J. (1992). An action research approach to workplace health: Integrating Methods. *Health Education Quarterly* 19(1), 55-76.

Human Resources Development Canada. (2002). *Challenges of an Aging Workforce: An Overview of the Issue*. Ottawa, ON: HRDC.

Hunt, M. K., Stoddard, A. M., Peterson, K., Sorensen, G., Hebert, J. R., & Cohen, N. (1998). Comparison of dietary assessment measures in the Treatwell 5-a-day worksite study. *Journal of the American Dietetic Association* 98(9), 1021-1023.

Hurrell, J. J., Nelson, D. L., & Simmons, B. L. (1998). Measuring job stressors and strains: Where we have been, where we are, and where we need to go. *Journal of Occupational Health Psychology* 3(4), 368-389.

International Union for Health Promotion and Education. (2000). *The Evidence of Health Promotion Effectiveness: Shaping Public Health in a New Europe. Part One*. Paris, France: Jouve Composition & Impression.

Jinks, A. M. & Daniels, R. (1999). Workplace health concerns: A focus group study. *Journal of Management in Medicine* 13(2), 95-102.

Jones, D. (2001, July 16). What if you held a survey and no one came? *Canadian HR Reporter*.

Kauppinen, T. & Toikkanen, J. (1999). Health and hazard surveillance –needs and perspectives. *Scandinavian Journal of Work Environment and Health* 25(Suppl. 4), 61-67.

Klesges, R. C., Brown, K., Pascale, R. W., Murphy, M., Williams, E., & Cigrang, J. A. *Health Psychology* 7(6), 575-589.

Kramish Campbell, M., Tessaro, I., DeVellis, B., Benedict, S., Kelsey, K., Belton, L., & Henriquez-Roldan, C. (1999). Tailoring and targeting a worksite health promotion program to address multiple health behaviors among blue-collar women. *American Journal of Health Promotion* 14(5), 306-313.

Krueger, P., Brazil, K., Lohfeld, L., Edward, H.G., Lewis, D., & Tjam, E. (2002). Organization specific predictors of job satisfaction: findings from a Canadian multi-site quality of work life cross-sectional survey. *BioMed Central Health Services Research* 2, <http://www.biomedcentral.com/1472-6963/2/6>

Marshall, V.W. (2001). *Canadian Research on Older Workers*. Paper prepared for a symposium, "Problems of Older Workers", at the International Association on Gerontology conference, Vancouver, B.C.

Matano, R. A., Futa, K. T., Wanat, S. F., Mussman, L. M., & Leung, C. W. (2000). The employees stress and alcohol project: The development of a computer-based alcohol abuse prevention program for employees. *The Journal of Behavioral Health Services & Research* 27(2), 152-165.

McMurray, A. (1999). *Community Health and Wellness: A Socioecological Approach*. Artarmon, NSW: Mosby.

Morris, W. R., Conrad, K. M., Marcantonio, R. J., Marks, B. A., & Ribisl, K. M. (1999). Do blue-collar workers perceive the worksite health climate differently than white-collar workers? *American Journal of Health Promotion* 13(6), 319-324.

National Quality Institute. (2001). *Investing in Comprehensive Workplace Health Promotion*. Toronto, ON: National Quality Institute.

National Quality Institute. (1998). *Canadian Healthy Workplace Criteria*. Toronto, ON: National Quality Institute.

Needs/Impact-based Planning Committee (1996). *A Guide to Needs/Impact-based Planning*. Toronto, ON: Ministry of Health.

Niknian, M., Linnan, L. A., Lasater, T. M., & Carleton, R. A. (1991). Use of population-based data to assess risk factor profiles of blue and white collar workers. *Journal of Occupational Medicine* 33(1), 29-36.

O'Donnell, M.P. & Harris, J.S. (1994). *Health Promotion in the Workplace*, 2nd Ed., Albany, New York: Delmar Publishers Inc.

Oldenburg, B., Sallis, J. F., Harris, D., & Owen, N. (2002). Checklist of health promotion environments at worksites (CHEW): Development and measurement characteristics. *American Journal of Health Promotion* 16(5), 288-295.

Ontario Ministry of Health (1992). *Social Marketing in Health Promotion: A Communications Guide*. Toronto, ON: author.

Ontario Ministry of Labour (2000). *Health and Safety on the Job for Ontario's Young Workers*. Available on-line at: <http://www.gov.on.ca/lab/ann/00-42b3e.htm>

Ontario Public Health Research, Education, & Development Program (2000). Summary statement for practitioners/managers: The effectiveness of workplace-based health risk appraisal in improving knowledge, attitudes, or behaviours. Sudbury, ON: Sudbury and District Health Unit.

Pelletier, K. R. (2001). A review and analysis of the clinical- and cost-effectiveness studies of comprehensive health promotion and disease management programs at the worksite: 1998-2000 update. *American Journal of Health Promotion* 16(2), 107-116.

Perko, M. & Eddy, J. (2001). Power to the people. *Business and Health* 19(5) 49-50.

Peterson, M. & Dunnagan, T. (1998). Analysis of a worksite health promotion programs' impact on job satisfaction. *Journal of Occupational and Environmental Medicine* 40(11), 973-979.

Prochaska, J.O., Norcross, J.C., & DiClemente, C.C. (1994). *Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward*. New York: Avon Books.

Quick, J. C. (1992). Occupational mental health promotion: A prevention agenda based on education and treatment. The American Psychological Association/National Institute for

Occupational Safety and Health, Health Promotion Panel, 1990 Work and Well-Being Conference. *American Journal of Health Promotion* 7(1), 37-44.

Richmond, R., Wodak, A., Bourne, S., & Heather, N. (1998). Screening for unhealthy lifestyle factors in the workplace. *Australian and New Zealand Journal of Public Health* 22(3), 324-331.

Rogers, B. (1994). *Occupational Health Nursing: Concepts and Practice*. Toronto: W.B. Saunders Company.

Sorensen, G., Stoddard, A., Hunt, M., Hebert, J. R., Ockene, J. K., Spitz Avrunin, J., Himmelstein, J., & Hammond, S. K. (1998). The effects of a health promotion-health protection intervention on behavior change: The Wellworks study. *American Journal of Public Health* 88(11), 1685-1690.

Sparks, K., Faragher, B., & Cooper, C.L. (2001). Well-being and occupational health in the 21st century workplace. *Journal of Occupational and Organizational Psychology*, 74: 489-509.

Stewart, W. F. & Stewart, P. A. (1994), Occupational case-control studies: I. Collecting information on work histories and work-related exposures. *American Journal of Industrial Medicine* 26, 297-312.

Tempe, R. (2001). PMS in the workplace: An occupational health nurse's guide to premenstrual syndrome. *American Association of Occupational Health Nurses* 49(2), 72-78.

Thompson, B., Bowen, D. J., Croyle, R. T., Hopp, H. P., & Fries, E. (1991). Maximizing worksite survey response rates through community organization strategies and multiple contacts. *American Journal of Health Promotion* 6(2), 130-137.

Vagg, P. R., & Spielberger, C. D. (1998). Occupational stress: Measuring job pressure and organizational support in the workplace. *Journal of Occupational Health Psychology* 3(4), 294-305.

Van Den Broek, A. (2002). Healthy, Wealthy and Wise. *O.H.S. Canada*, pp. 32-38.

Walsh, D. C., Jennings, S. E., Mangione, T., & Merrigan, D. M. (1991). Health promotion versus health protection? Employees' perceptions and concerns. *Journal of Public Health Policy*, 12(2), 148-164.

Wilson, M.G., DeJoy, D. M., Jorgensen, C. M., & Crump, C. J. (1999). Health promotion programs in small worksites: Results of a national survey. *American Journal of Health Promotion* 13(6), 358-364.

Wilson, D., Plotnikoff, P., & Shore, C. (2000). Research perspectives on workplace health promotion. For the Working Group on Workplace Health Promotion of the Canadian Consortium of Health Promotion Research.

World Health Organization. (1946). Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

Appendix A: Internet Resources

Canadian companies that do Health Risk Appraisals include:

Infotech: <http://www.wellnesscheckpoint.com/>

Global Medic: <http://www.globalmedic.com/L2/index.jsp>

A list of key journals that deal with occupational health and safety can be found at:

<http://info.med.yale.edu/eph/library/phjournals/occhealth.html>

This list was developed with input from The Canadian Centre for Occupational Health and Safety: <http://www.ccohs.ca/> . Canadian internet workplace wellness resources can be found at <http://www.ccohs.ca/resources/canada.html> and email discussion groups are listed at <http://www.ccohs.ca/resources/communications/> .

The Institute of Work and Health (<http://www.iwh.on.ca/>) has developed an internet-accessible employee stress survey and has a good list of links that may be of interest to those involved with workplace wellness <http://www.iwh.on.ca/Pages/Links/links.htm> .

The Ontario Workplace Safety and Insurance Board website provides considerable information on current research <http://www.wsib.on.ca/wsib/wsbsite.nsf/public/homepage>.

Appendix B: Inventory of Workplace Needs Assessment Tools

Contact Agency	Name of Tool
American Psychological Association	Is Where You Work Healthy?
At Work Health Solutions	Magna Health Survey
Brant County Health Unit	Employee Health Survey Maroondah Health & Well Being Survey Workplace Wellness Assessment
Brock University Work Place Health Unit	©Health Map™, ©Health Evidence™
City of Ottawa Health Department	Employee Interest Survey For Health Promotion Activities Your Heart Health
Community Health Services Department of the County of Lambton	Back Care Questionnaire Eating Habit Analysis Employee Assistance Program Heart Health Check Lambton Heart Health...At Work: Contract Lambton Heart Health...At Work: Employee Interest Survey Worksite Health & Safety Inspection
Durham Region Health Department	Health At Work: Workplace Survey
Georgian College	Employee Information Request
Grey Bruce Health Unit	Wellness Needs Assessment
Health Canada, Workplace Health Bureau	Health in the Workplace: Employee Questionnaire
Haldimand-Norfolk Health Unit	Workplace Questionnaire
Huron County Health Unit	Workplace Health: Employee Questionnaire Workplace Health: Employer Questionnaire
McMaster University, Dept. of Family Medicine	Fantastic Lifestyle Checklist
Middlesex London Health Unit	Good Hearted Living: Employee Interest Survey Good Hearted Living: Organizational Background Information Healthy Workplace Program: Employee Interest Survey
Municipality of Chatham Kent	Workplace Wellness Wish List

National Institute for Occupational Safety and Health	Checklist of Work-Related Psychosocial Conditions
National Quality Institute	Progressive Excellence Program (PEP): Organization Self-Assessment Tool The Stress Satisfaction Offset Score
Region of Peel Health Department	Heart Health Check Workplace Health Interest Survey
Regional Niagara Public Health Department	Employee Wellness Interest Survey Heart Works Health Survey Heart Works/Niagara Heart Health Wish List Workplace Environment Scan Workplace Wellness in Niagara: Topic Interest Survey
Sudbury & District Health Unit	Shift Work Like Clockwork Assessment Work-to-Family Spillover Checklist Workplace Wellness: Employee Interest Survey Workplace Wellness: Small Business Employee Questionnaire
Toronto Public Health	Wellness Scarborough Health Risk Assessment
Wellington-Dufferin-Guelph Health Unit	Employee Needs Assessment Survey
Windsor-Essex County Health Unit	List of On-Line Health Risk Appraisals
York Region Health Services Department	Workplace Wellness Workplace Wellness: Wellness Check

Contact Agency: American Psychological Association

Name of Tool: Is Where You Work Healthy?

Hard Copy: Yes

Electronic Copy: Yes

Notes:

- one-page questionnaire
- five-point rating scale
- addresses workplace practices and culture

Contact Information:

American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

Tel: (202) 336-5500 or 800-374-5500

<http://helpingapa.org/work/healthy.html>

Contact Agency: At Work Health Solutions

Name of Tool: Magna Health Survey (Magna Health Management)

Hard Copy: Yes

Electronic Copy: No

Notes:

- checklist of employee health interests and concerns
- checklist of health topics for employees
- elicits employee opinions about who should lead programs and whether employee family members would participate in programs.
- checklist of method(s) of receiving wellness information

Contact Information:

Michael Kennedy

At Work Health

180 Confederation Parkway

Concorde, Ontario

L4K 4T8

Tel: 905-738-5757

Fax: 905-738-5776

Email: mike@atworkhealth.on.ca

Internet: <http://www.atworkhealth.ca/>

Contact Agency: Brant County Health Unit

Name of Tool: Employee Health Survey (Victorian Health Promotion Foundation, 1999)

Hard Copy: Yes

Electronic Copy: No

Notes:

- checklist of health activities and topics
- employees can choose most convenient times
- willingness to share cost of programming
- frequency of work-life balance difficulty

Contact Information:

Richard Hesch

Brant County Health Unit

194 Terrace Hill Street

Brantford, Ontario

N3R 1G7

Tel: (519) 753-4937

Fax: (519) 753-2140/(519) 753-5942

Internet: www.bchu.org

Contact Agency: Brant County Health Unit

Name of Tool: Maroondah Health & Well-Being Survey (Health and Well-being Consultative Group)

Hard Copy: Yes

Electronic Copy: No

Notes:

- assesses employees' perceptions of commitment to health and well-being by the organization and themselves.
- addresses work-life balance, barriers to change
- checklist of health and well-being priorities
- addresses willingness to participate in wellness programming
- employees indicate most convenient times for programs
- checklist of preferred method(s) of communication for health and wellness information.

Contact Information:

Richard Hesch

Brant County Health Unit

194 Terrace Hill Street

Brantford, Ontario

N3R 1G7

Tel: (519) 753-4937

Fax: (519) 753-2140/(519) 753-5942

Internet: www.bchu.org

Contact Agency: Brant County Health Unit

Name of Tool: Workplace Wellness Assessment

Hard Copy: Yes

Electronic Copy: No

Notes:

- adapted from Haldimand-Norfolk Health Unit's needs assessment questionnaire
- addresses employee health behaviors and barriers to change in several key health areas including nutrition, physical activity, smoking, social work environment, "my health and my job" and physical work environment
- addresses knowledge of actual workplace interventions
- addresses desire for potential workplace interventions

Contact Information:

Richard Hesch

Brant County Health Unit

194 Terrace Hill Street

Brantford, Ontario

N3R 1G7

Tel: (519) 753-4937

Fax: (519) 753-2140/(519) 753-5942

Internet: www.bchu.org

Contact Agency: Brock University, Workplace Health Unit

Name of Tool: ©Health Map™, ©Health Evidence™

Hard Copy: Yes

Electronic Copy: No

Notes:

- can be completed on-line
- paper-and-pencil responses can be scanned in for scoring
- ©Health Map™ assesses three major aspects of organizational health: healthy workplace culture, workplace health management systems and workplace health promotion
- cost involved.

Contact Information:

Workplace Health Unit

Brock University

43 Church Street, Suite 401

St. Catharines, ON L2R 7E

Phone: (905) 641-7578

Fax: (905) 641-7538

Long Distance 1-800-726-4082

Email: wellness@brocku.ca

Internet: www.brocku.ca/buwi/tools/healthmap

Contact Agency: City of Ottawa Health Department

Name of Tool: Employee Interest Survey For Health Promotion Activities

Hard Copy: Yes

Electronic Copy: No

Notes:

- checklist of health topics associated with existing programs in the Health Unit
- can be used to yield a snapshot of employee interests
- updated in 2001
- both English and French versions

Contact Information:

Patricia Fairbairn

City of Ottawa Health Department

495 Richmond Road

Ottawa, Ontario

K2A 4A4

Tel: (613) 722-2328

Fax: (613) 724-4191

Internet: http://city.ottawa.on.ca/city_services/yourhealth/28_0_en.shtml

Contact Agency: City of Ottawa Health Department

Name of Tool: Your Heart Health

Hard Copy: Yes

Electronic Copy: No

Notes:

- originally part of the “Heartbeat” program (1984-1996); later changed to the “Worker Health” program
- addresses employee health behaviors including physical activity, food choices, and smoking.

Contact Information:

Patricia Fairbairn

City of Ottawa Health Department

495 Richmond Road

Ottawa, Ontario

K2A 4A4

Tel: (613) 722-2328

Fax: (613) 724-4191

Internet: http://city.ottawa.on.ca/city_services/yourhealth/28_0_en.shtml

Contact Agency: Community Health Services Department of the County of Lambton

Name of Tool: Back Care Questionnaire

Hard Copy: Yes

Electronic Copy: No

Notes:

- Can be used prior to and following a program designed to provide employees with new back care skills

Contact Information:

Laura Metcalfe

Community Health Services Department

County of Lambton

160 Exmouth Street

Point Edward, Ontario

N7T 4Z6

Tel: (519) 383-8331 ext. 749

Fax: (519) 383-7092

Email: laura.metcalf@county-lambton.on.ca

Internet: www.lambtonhealth.on.ca

Contact Agency: Community Health Services Department of the County of Lambton

Name of Tool: Eating Habit Analysis

Hard Copy: Yes

Electronic Copy: No

Notes:

- can be used prior to and following a program designed to provide employees with new eating skills

Contact Information:

Laura Metcalfe

Community Health Services Department

County of Lambton

160 Exmouth Street

Point Edward, Ontario

N7T 4Z6

Tel: (519) 383-8331 ext. 749

Fax: (519) 383-7092

Email: laura.metcalf@county-lambton.on.ca

Internet: www.lambtonhealth.on.ca

Contact Agency: Community Health Services Department of the County of Lambton

Name of Tool: Employee Assistance Program Survey

Hard Copy: Yes

Electronic Copy: No

Notes:

- targeted to employee use of, opinions of, and responses to Employee Assistance Programs (EAPs) in the workplace
- a convenient guide when creating a questionnaire to be tailored to a Workplace Health and Safety Committee's specific information needs

Contact Information:

Laura Metcalfe

Community Health Services Department

County of Lambton

160 Exmouth Street

Point Edward, Ontario

N7T 4Z6

Tel: (519) 383-8331 ext. 749

Fax: (519) 383-7092

Email: laura.metcalf@county-lambton.on.ca

Internet: www.lambtonhealth.on.ca

Contact Agency: Community Health Services Department of the County of Lambton

Name of Tool: Heart Health Check (Innovative Health System, Inc., 1994)

Hard Copy: Yes

Electronic Copy: No

Notes:

- targets family history, healthy eating, active living, alcohol use, tobacco use, managing stress and planned healthful changes

Contact Information:

Laura Metcalfe

Community Health Services Department

County of Lambton

160 Exmouth Street

Point Edward, Ontario

N7T 4Z6

Tel: (519) 383-8331 ext. 749

Fax: (519) 383-7092

Email: laura.metcalf@county-lambton.on.ca

Internet: www.lambtonhealth.on.ca; www.lambtonhealth.on.ca/heart/hh_work.asp

Contact Agency: Community Health Services Department of the County of Lambton

Name of Tool: Lambton Heart Health...At Work: Contract

Hard Copy: Yes

Electronic Copy: No

Notes:

- checklist of short- and long-term workplace interventions targeted towards physical activity, nutrition, tobacco use prevention, and general heart health

Contact Information:

Laura Metcalfe

Community Health Services Department

County of Lambton

160 Exmouth Street

Point Edward, Ontario

N7T 4Z6

Tel: (519) 383-8331 ext. 749

Fax: (519) 383-7092

Email: laura.metcalf@county-lambton.on.ca

Internet: www.lambtonhealth.on.ca; www.lambtonhealth.on.ca/heart/hh_work.asp

Contact Agency: Community Health Services Department of the County of Lambton

Name of Tool: Lambton Heart Health...At Work: Employee Interest Survey

Hard Copy: Yes

Electronic Copy: No

Notes:

- assesses employee interests in topics and/or activities related to active living, nutrition, tobacco, and general heart health
- addresses various participation preferences (e.g., time of day, length of session, length of program, location, cost, etc.).

Contact Information:

Laura Metcalfe

Community Health Services Department

County of Lambton

160 Exmouth Street

Point Edward, Ontario

N7T 4Z6

Tel: (519) 383-8331 ext. 749

Fax: (519) 383-7092

Email: laura.metcalf@county-lambton.on.ca

Internet: www.lambtonhealth.on.ca; www.lambtonhealth.on.ca/heart/hh_work.asp

Contact Agency: Community Health Services Department of the County of Lambton

Name of Tool: Worksite Health & Safety Inspection

Hard Copy: Yes

Electronic Copy: No

Notes:

- a checklist for worksite health and safety issues
- can be used to assess a worksite prior to and following the implementation of a worksite health and safety program
- a convenient guide when creating an inspection form to be tailored to a Workplace Health & Safety Committee's specific information needs

Contact Information:

Laura Metcalfe

Community Health Services Department

County of Lambton

160 Exmouth Street

Point Edward, Ontario

N7T 4Z6

Tel: (519) 383-8331 ext. 749

Fax: (519) 383-7092

Email: laura.metcalf@county-lambton.on.ca

Internet: www.lambtonhealth.on.ca

Contact Agency: Durham Region Health Department

Name of Tool: Health at Work: Workplace Survey

Hard Copy: Yes

Electronic Copy: No

Notes:

- a checklist of health topics associated with existing Health Unit programs
- a checklist indicating interest about workplace policies on each of the health topics
- a checklist on the preferred method(s) of information delivery

Contact Information:

Carol Heholt

Durham Region Health Department

1615 Dundas Street East, Suite 210

Whitby, Ontario

L1N 2L1

Tel: (905) 723-8521

Fax: (905) 723-5338

Internet: www.region.durham.on.ca

Contact Agency: Georgian College

Name of Tool: Employee Information Request

Hard Copy: Yes

Electronic Copy: No

Notes:

- a checklist divided into two parts: Employer Wellness Initiatives and Personal Wellness Initiatives.
- Employer Wellness Initiatives:
 - potential employer-wellness initiatives that employees would find helpful if provided
 - addresses whether or not employees feel that wellness is an individual concern and, consequently, if they don't want employer assistance in this area
 - checklists of workplace concerns including work-related causes of excess stress
- Personal Wellness Initiatives:
 - checklist of non-work-related causes of excess stress, choices of individual initiatives that improve wellness and reduce stress, and individual barriers to change

Contact Information:

Georgian College

One Georgian Drive,

Barrie, ON L4M 3X9

Phone (705) 728-1968

Fax (705) 722-5123

Internet: <http://www.georgianc.on.ca/>

Contact Agency: Grey Bruce Health Unit

Name of Tool: Wellness Needs Assessment

Hard Copy: Yes

Electronic Copy: No

Notes:

- adapted from Niagara Heart Health “Heart Works Risk Assessment” and Huron County Health Unit “Employee Survey”.
- addresses awareness of actual workplace health support programs/activities
- addresses desire for potential workplace health support programs/activities
- addresses health risk behaviors in a number of health areas including nutrition, physical activity, smoking and air quality, stress, family, and alcohol
- open-ended item at the end for employee suggestions and comments

Contact Information:

Linda Bumstead

Grey Bruce Health Unit

920 First Avenue West

Owen Sound, Ontario

N4K 4K5

Tel: (519) 376-9420

Fax: (519) 376-7782

Internet: www.publichealthgreybruce.on.ca/

Contact Agency: Health Canada, Workplace Health Bureau

Name of Tool: Health in the Workplace: Employee Questionnaire

Hard Copy: Yes

Electronic Copy: No

Notes:

- revised in 2002 to include workplace culture
- cost involved
- corporate profile available

Contact Information:

Workplace Health Bureau

Jeanne Mance Building, PL 1903

Health Canada

Ottawa, Ontario

Canada K1A 0K9

(613) 954-8665

Email: whb-smt@hc-sc.gc.ca or jacinta_aungier@hs-sc.gc.ca or judy_niles@hs-sc.gc.ca or melissa_follen@hc-sc.gc.ca

Internet: <http://www.hc-sc.gc.ca/hecs-sesc/workplace/index.htm>

Contact Agency: Haldimand-Norfolk Health Unit

Name of Tool: Workplace Questionnaire

Hard Copy: Yes

Electronic Copy: No

Notes:

- a comprehensive tool that addresses employee health behaviors, barriers to change, knowledge of actual workplace interventions, desire for potential workplace interventions
- covers a number of areas including nutrition, physical activity, smoking, social work environment, “my health and my job”, and physical work environment
- includes an employee interest page with a list of health topics that are addressed at the health unit and a checklist of method(s) of receiving that information

Contact Information:

Mohammad Khan

Haldimand-Norfolk Health Unit

12 Gilbertson Drive

P.O. Box 247

Simcoe, Ontario

N3Y 4L1

Tel: (519) 426-6170 ext. 238

Fax: (519) 426-9974

Internet: www.haldimand-norfolk.org

Contact Agency: Huron County Health Unit

Name of Tool: Workplace Health: Employee Questionnaire (Bradley & Allen, 1996)

Hard Copy: Yes

Electronic Copy: No

Notes:

- developed by the Brisbane South Public Health Unit, Queensland Health in 1996
- open-ended questions address workplace health concerns, non-workplace health concerns (e.g., family), what issues employees would like to see addressed in a workplace health promotion program, choice of methods, and the processes that would assist employees in becoming involved in wellness programming activities

Contact Information:

Kim Ross

Huron County Health Unit

Health & Library Complex

R.R. #5

Clinton, Ontario

NOM 1L0

Tel: (519) 482-5119 ext. 250

Fax: (519) 482-7820

Internet: <http://www.srhip.on.ca/hchu/index.html>

Contact Agency: Huron County Health Unit

Name of Tool: Workplace Health: Employer Questionnaire (Bradley & Allen, 1996)

Hard Copy: Yes

Electronic Copy: No

Notes:

- developed by the Brisbane South Public Health Unit, Queensland Health in 1996
- open-ended questions that ask employers:
 - perceptions of workplace health concerns,
 - issues they would like to see addressed in a workplace health promotion program,
 - current policies targeted at organizational or individual well-being,
 - barriers to the successful implementation of a workplace health promotion program, and
 - supports that are needed to implement a workplace health promotion program

Contact Information:

Kim Ross

Huron County Health Unit

Health & Library Complex

R.R. #5

Clinton, Ontario

N0M 1L0

Tel: (519) 482-5119 ext. 250

Fax: (519) 482-7820

Internet: <http://www.srhip.on.ca/hchu/index.html>

Contact Agency: McMaster University, Department of Family Medicine

Name of Tool: Fantastic Lifestyle Checklist (Wilson, 1985)

Hard Copy: Yes

Electronic Copy: No

Notes:

- adapted from the “Fantastic Lifestyle Assessment” (Wilson, 1985)
- assesses frequency of several health influencing factors in the past month related to physical activity, nutrition, tobacco and other toxins, alcohol, sleep, seatbelts, stress, sex, as well as interpersonal support (family/friends), “type of behavior”, insight, and career satisfaction
- score can be calculated to indicate level of lifestyle health and which aspects can be improved

Contact Information:

Dr. Douglas Wilson
McMaster University,
Department of Family Medicine
Faculty of Health Sciences
McMaster University
1200 Main Street West, HSC-2V9
Hamilton, Ontario
L8N 3Z5
Phone: 521-2100x76206
Email: dwilson@mcmaster.ca
Internet: <http://67.69.12.117:8080/fammed/contact.htm>

Contact Agency: Middlesex-London Health Unit

Name of Tool: Good Hearted Living: Employee Interest Survey

Hard Copy: Yes

Electronic Copy: No

Notes:

- checklist of health-related issues including general heart health, physical activity, smoking cessation, healthy eating, and stress reduction
- checklist identifying best time for programming (e.g. before work, evenings, etc.)
- checklist for method(s) of delivery of health information
- an open-ended item for additional comments/suggestions/areas of interest

Contact Information:

Bernie McCall

Middlesex-London Health Unit

30 King Street

London, Ontario

N6A 5L7

Tel: (519) 663-5317

Fax: (519) 663-9581

Internet: www.healthunit.com; www.healthunit.com/heart/

Contact Agency: Middlesex-London Health Unit

Name of Tool: Good Hearted Living: Organizational Background Information

Hard Copy: Yes

Electronic Copy: No

Notes:

- developed by the Good Hearted Living program in conjunction with the Health Hamilton-Wentworth program
- provides a picture of the existing workplace health policies/supports while highlighting areas that need improvement
- geared for employers or Workplace Health Promotion committees

Contact Information:

Bernie McCall

Middlesex-London Health Unit

30 King Street

London, Ontario

N6A 5L7

Tel: (519) 663-5317

Fax: (519) 663-9581

Internet: www.healthunit.com; www.healthunit.com/heart/

Contact Agency: Middlesex-London Health Unit

Name of Tool: Healthy Workplace Program: Employee Interest Survey

Hard Copy: Yes

Electronic Copy: Yes

Notes:

- a checklist of health topics associated with existing Health Unit programs, organized under broad health topics such as healthy lifestyle, family health, sexual health, environmental health, and immunization and infectious diseases
- can be used to yield a snapshot of employee needs/interests

Contact Information:

Bernie McCall

Middlesex-London Health Unit

30 King Street

London, Ontario

N6A 5L7

Tel: (519) 663-5317

Fax: (519) 663-9581

Internet: www.healthunit.com; www.healthunit.com/heart/

Contact Agency: Municipality of Chatham-Kent, Public Health Division

Name of Tool: Workplace Wellness Wish List

Hard Copy: Yes

Electronic Copy: Yes

Notes:

- a checklist of health topics associated with existing programs in the Health Unit
- employees can choose their preferred method of program delivery for each topic
- can be used to yield a snapshot of employee needs/interests

Contact Information:

Tricia England

Municipality of Chatham-Kent, Public Health Division

435 Grand Avenue West

Chatham, Ontario

N7M 5L8

Tel: (519) 352-7270

Fax: (519) 352-2166

Internet: www.city.chatham-kent.on.ca/healthunit

Contact Agency: National Institute for Occupational Safety and Health

Name of Tool: Checklist of Work-Related Psychosocial Conditions (1995)

Hard Copy: Yes

Electronic Copy: No

Notes:

- checklist for evaluating work-related psychosocial conditions in a variety of workplaces
- measures job demands, organizational factors, and physical conditions
- can be used as one component of a comprehensive evaluation of workplace health hazard

Contact Information:

National Institute for Occupational Safety & Health

Phone: 513-533-8328

Internet: www.cdc.gov/niosh/homepage.html

Contact Agency: National Quality Institute

Name of Tool: Progressive Excellence Program (PEP): Organization Self-Assessment Tool.

Hard Copy: Yes

Electronic Copy: unknown

Notes:

- for organizations
- costs involved

Contact Information:

Ms. Kathryn Cestnick

National Quality Institute

2275 Lake Shore Blvd., West, Suite 307

Toronto, ON M8V 3Y3

Tel: (416) 251-7600 Ext. 240 or 1-800-263-9648 (outside of the GTA)

Fax: (416) 251-9131

Email: pep@nqi.ca

Internet: www.nqi.ca/english/pep_hw.htm

Contact Agency: National Quality Institute and Centre for Addiction and Mental Health

Name of Tool: The Stress Satisfaction Offset Score (Shain, 1999)

Hard Copy: Yes

Electronic Copy: No

Notes:

- a one-page, easy-to-score checklist that assesses employees' perceptions of control, reward, demand, and effort in the workplace
- can be used with employees or employers
- instructions for scoring included

Contact Information:

Dr. Martin Shain

Senior Scientist

Centre for Addiction and Mental Health

Email: Martin_Shain@camh.net

Internet: www.nqi.ca; www.camh.net

Agency: Region of Peel Health Department

Name of Tool: Heart Health Check

Hard Copy: Yes

Electronic Copy: No

Notes:

- designed to raise employee awareness of risk for heart disease by determining family history, personal health behaviors such as healthy eating, active living, alcohol consumption and tobacco use, and stress management
- employees can indicate which lifestyle areas they would like to improve
- can be used in conjunction with the Regional of Peel Health Department's Workplace Health Interest Survey and Shain's (1999) "Stress Satisfaction Offset Score" for a more comprehensive needs assessment.

Contact Information:

Dolores Smith

Region of Peel Health Department

44 Peel Centre Drive, Suite 102

Brampton, Ontario

L6T 4B5

Tel: (905) 791-7800 ext. 2648

Fax: (905) 789-1604

Internet: <http://www.region.peel.on.ca/health/>

Contact Agency: Region of Peel Health Department

Name of Tool: Workplace Health Interest Survey (Innovative Health Systems, Inc., 1999)

Hard Copy: Yes

Electronic Copy: Yes

Notes:

- identifies health priorities, barriers to change, time preferences for participation, length of activity preference, cost sharing, interest in leadership and various methods of contribution to the workplace wellness program, employee perceptions of workplace culture, and workplace food choice preferences
- a checklist of potential programs, preferred method(s) of delivery, and what employers can conceivably do to help employees improve their health
- can be used in conjunction with the Heart Mobile and Shain's (1999) "Stress Satisfaction Offset Score" for a more comprehensive needs assessment

Contact Information:

Dolores Smith

Region of Peel Health Department

44 Peel Centre Drive, Suite 102

Brampton, Ontario

L6T 4B5

Tel: (905) 791-7800 ext. 2648

Fax: (905) 789-1604

Internet: <http://www.region.peel.on.ca/health/>

Contact Agency: Regional Niagara Public Health Department

Name of Tool: Employee Wellness Interest Survey

Hard Copy: Yes

Electronic Copy: No

Note:

- a checklist of health areas/topics of interest and a list of method(s) of receiving this information
- addresses barriers to change and organizational climate
- used to address the health needs and interests of employees of Regional Niagara Public Health Department in 2001

Contact Information:

Regional Niagara Public Health Department

573 Glenridge Avenue

St. Catherines, Ontario

L2T 4C2

Tel: (905) 688-3762

Fax: (905) 682-3901

Internet: www.regional.niagara.on.ca/health/index.shtml

Contact Agency: Regional Niagara Public Health Department

Name of Tool: Heart Works Health Survey

Hard Copy: Yes

Electronic Copy: No

Notes:

- addresses nutrition, stress, smoking, and physical activity as well as knowledge of actual workplace programs in these health areas and the desire for potential workplace programs

Contact Information:

Regional Niagara Public Health Department

573 Glenridge Avenue

St. Catharines, Ontario

L2T 4C2

Tel: (905) 688-3762

Fax: (905) 682-3901

Internet: www.regional.niagara.on.ca/health/index.shtml

Contact Agency: Regional Niagara Public Health Department

Name of Tool: HeartWorks/Niagara Heart Health Wish List

Hard Copy: Yes

Electronic Copy: Yes

Notes:

- open-ended questions asking for programming suggestions in the areas of physical activity, nutrition, stress, and smoking
- checklist for desired method(s) of receiving information

Contact Information:

Regional Niagara Public Health Department

573 Glenridge Avenue

St. Catherines, Ontario

L2T 4C2

Tel: (905) 688-3762

Fax: (905) 682-3901

Internet: www.regional.niagara.on.ca/health/index.shtml

Contact Agency: Regional Niagara Public Health Department

Name of Tool: Workplace Environment Scan

Hard Copy: Yes

Electronic Copy: Yes

Notes:

- gauges how well equipped a workplace is with respect to health-related supports such as smoke-free living, healthy food choices, physical activity, alcohol and drug abuse, sun safety, breast and cervical health, pregnancies, parenting, infectious disease, mental health, sexual health, dental and oral health, and personal and social issues (e.g. Employee Assistance Program)
- geared for employers or Workplace Health Promotion committees

Contact Information:

Regional Niagara Public Health Department

573 Glenridge Avenue

St. Catherines, Ontario

L2T 4C2

Tel: (905) 688-3762

Fax: (905) 682-3901

Internet: www.regional.niagara.on.ca/health/index.shtml

Contact Agency: Regional Niagara Public Health Department

Name of Tool: Workplace Wellness in Niagara: Topic Interest Survey

Hard Copy: Yes

Electronic Copy: Yes

Notes:

- a checklist of health-related topics
- used internally with employees of the Regional Niagara Public Health Department.

Contact Information:

Regional Niagara Public Health Department

573 Glenridge Avenue

St. Catherines, Ontario

L2T 4C2

Tel: (905) 688-3762

Fax: (905) 682-3901

Internet: www.regional.niagara.on.ca/health/index.shtml

Contact Agency: Sudbury & District Health Unit

Name of Tool: Shiftwork Like Clockwork Assessment

Hard Copy: Yes

Electronic Copy: No

Notes:

- addresses how shift work affects employee health in areas such as sleep, family life, nutrition, and stress

Contact Information:

Bev Pitfield

Sudbury & District Health Unit

1300 Paris Street

Sudbury, Ontario

P3E 3A3

Tel: (705) 522-9200

Fax: (705) 522-5182

Internet: www.sdhu.com

Contact Agency: Sudbury & District Health Unit

Name of Tool: Work-To-Family Spillover Checklist (Dr. Stephen Duncan, Associate Professor, Department of Health and Human Development , Montana State University)

Hard Copy: Yes

Electronic Copy: Yes

Notes:

- can be given to employees and their spouses to look at how work life influences one's family
- addresses issues in areas such as marriage, relationships with children, leisure, and home management

Contact Information:

Bev Pitfield

Sudbury & District Health Unit

1300 Paris Street

Sudbury, Ontario

P3E 3A3

Tel: (705) 522-9200

Fax: (705) 522-5182

Internet: www.sdhu.com

Contact Agency: Sudbury & District Health Unit

Name of Tool: Workplace Wellness: Employee Interest Survey

Hard Copy: Yes

Electronic Copy: Yes

Notes:

- addresses health topics such as healthy eating habits, physical activity, tobacco use prevention, substance use/abuse, cardiovascular disease and cancer prevention, stress management, and workplace concerns
- addresses preferred method(s) of delivery of information
- open-ended item for employee suggestions
- employee self-rated health
- checklist of personal wellness initiatives

Contact Information:

Bev Pitfield

Sudbury & District Health Unit

1300 Paris Street

Sudbury, Ontario

P3E 3A3

Tel: (705) 522-9200

Fax: (705) 522-5182

Internet: www.sdhu.com

Contact Agency: Sudbury & District Health Unit

Name of Tool: Workplace Wellness: Small Business Employee Questionnaire

Hard Copy: Yes

Electronic Copy: Yes

Notes:

- modular
- used with small businesses employees
- addresses employee needs/interests in such areas as general health, nutrition, physical activity, sleep, smoking, alcohol/medication other drugs, stress, sun safety, immunization, and sexual health
- a checklist of health topics of interest under broad health areas including healthy eating habits, physical activity, tobacco use prevention, substance use/abuse, cardiovascular disease and cancer prevention, stress management, and workplace safety concerns
- addresses preferred method(s) of delivery of information
- open-ended item for employee suggestions for other strategies to improve health at work

Contact Information:

Bev Pitfield

Sudbury & District Health Unit

1300 Paris Street

Sudbury, Ontario

P3E 3A3

Tel: (705) 522-9200

Fax: (705) 522-5182

Internet: www.sdhu.com

Contact Agency: Toronto Public Health

Name of Tool: Wellness Scarborough Health Risk Assessment

Hard Copy: Yes

Electronic Copy: Yes

Notes:

- designed to raise awareness of employee health risks by addressing family health history, and employee health behaviors such as healthy eating, active living, alcohol and tobacco use, stress management, immunization, sun safety, and cancer screenings
- features items pertaining to planned health changes

Contact Information:

Toronto Public Health, East Region

160 Borough Drive

Scarborough, ON M1P 4N8

Tel: (416) 338-7454

Fax: (416) 395-5150

Internet: www.city.toronto.on.ca/health/index.htm

Contact Agency: Wellington-Dufferin-Guelph Health Unit; The University of Guelph, Centre for Families, Work, and Well-Being

Name of Tool: Employee Needs Assessment Survey

Hard Copy: No

Electronic Copy: No

Notes:

- Wellington-Dufferin-Guelph Health Unit worked with Peter Hansdorf at the University of Guelph's Centre for Families, Work, and Well-Being in the development of this tool.
- Survey copyright belongs to the University of Guelph
- focus on perceived quality of work-life for employees
- addresses employee perceptions of how supportive the workplace is towards both work- and life-stressors
- provides individual and corporate feedback
- associated cost
- currently being revised

Contact Information:

Karen Armstrong
Wellington-Dufferin-Guelph Health Unit
51 Zina Street
Orangeville, Ontario
L9W 1E5
Tel: (519) 941-0760
Fax: (519) 941-1600
Internet: www.wdghu.org

Peter Hansdorf
University of Guelph
Centre for Families, Work, and Well-being
(519) 824-4120 ext. 3829
email: phausdor@uoguelph.ca
Internet: http://www.uoguelph.ca/calendar_archives/undergrad/1999-00/sec_1695.htm

Contact Agency: Windsor-Essex County Health Unit

Name of Tool: List of On-line Health Risk Appraisals

Hard Copy: Yes

Electronic Copy: No

Notes:

- One page from a handbook on Health Risk Appraisal Tools

Contact Information:

Thelma Maxwell

Windsor-Essex County Health Unit

215 Talbot Street

East Leamington, Ontario

N8H 3X5

Tel: (519) 326-5716

Fax: (519) 326-4642

Internet: www.wechealthunit.org

Contact Agency: York Region Health Services Department

Name of Tool: Workplace Wellness

Hard Copy: Yes

Electronic Copy: Yes

Notes:

- a checklist of workplace wellness programs offered in the Health Unit
- can be used to yield a snapshot of employee needs/interests

Contact Information:

Catherine Edl

York Region Health Services Department

17250 Yonge Street

Box 147

Newmarket, Ontario

L3Y 6Z1

Tel: (905) 762-1282 ext. 4827

Fax: (905) 895-3166

Internet: www.region.york.on.ca

Contact Agency: York Region Health Services Department

Name of Tool: Workplace Wellness: Wellness Check

Hard Copy: Yes

Electronic Copy: Yes

Notes:

- a checklist that assesses existing workplace support programs
- instructions for easy scoring
- allows an employer/committee to rate the current health of their workplace while highlighting areas that could be improved
- can be used to yield a snapshot of workplace needs

Contact Information:

Catherine Edl

York Region Health Services Department

17250 Yonge Street

Box 147

Newmarket, Ontario

L3Y 6Z1

Tel: (905) 762-1282 ext. 4827

Fax: (905) 895-3166

Internet: www.region.york.on.ca