Advancing Your Employee Wellbeing Program: Strategies and Tools for Evaluation

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The Richards Group

*This workshop adapted from a 3-day “Evaluating your Prevention Program” series, created in 2012 by:
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Stephen Morabito
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Learning Objectives

By the end of the workshop, participants will have:

• Described the purpose and process of wellbeing program evaluation

• Drafted two evaluation questions and data collections methods for your program

• Identified one way to communicate findings and recommendations to decision makers
Wellbeing: The Five Elements

**Physical**: Having good health and enough energy to get things done.

**Purpose**: Liking what you do each day and being motivated to achieve goals.

**Community**: Liking where you live, feeling safe, and having pride in your community.

**Social**: Having supportive relationships in your life.

**Financial**: Managing your economic life to reduce stress and increase security.

ROI
• Reduced direct costs
  • Medical
  • Pharmacy
  • Workers’ Compensation

VOI
• Improvement across multiple measures:
  • Employee value of wellness benefit
  • Employee pride in organization
  • Positive community reputation
  • Attraction and retention of employees
  • Sick days
  • Presenteeism
  • Productivity, accuracy, effectiveness
…A Magic 8-ball?! This is your definitive evaluation strategy...?
What is Evaluation?

- **Select** a partner.
- Together, **read** through the definitions of evaluation.
- **Identify** the components (i.e. words and phrases) that you feel are most important to your work.
- **Describe**, in writing or drawing, evaluation as it applies to your work.
Wellbeing Program Cycle

- Vision
- Needs Assessment
- Monitoring & Evaluation
- Strategies & Measures
- Implementation
- Wellbeing Committee

SMART Objectives
Evaluation Cycle

Design Program

Create Evaluation Plan

Collect, Analyze, Interpret Data

Report Findings

Create Evaluation Plan
Design Program

Inputs
• What you invest and dedicate to your work

Strategies
• What you do, what you produce

Outcomes
• What you expect to happen, the results you want
MacGregor Inc’s Garden Program

Program SMART objectives:

1. By December 2017, MacGregor Inc will reduce costs by 10% for produce served in cafeteria.

2. By December 2017, 70% of employees will report that they eat 5 or more servings of fruit and vegetables per day (up from 60% in 2016).

3. By December 2017, 75% of employees will report improved social relationships in the workplace (up from 68% in 2016).
# MacGregor Inc’s Garden Program

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<td>• Select and prepare garden plots</td>
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Three Characteristics of Strong Evaluation Questions

1. Relevant data can be collected

2. More than one answer is possible

3. Answers produce information that decision-makers want and can use
ANSWERS
I HAVE
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<td>• Which MacGregor employee team had the most productive garden?</td>
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<td>• Harvest and quantify crops</td>
<td>• What made them successful?</td>
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PRACTICE
If I'd known they wanted me to use all this info - I would never have asked for it!
Data Collection Methods

- Document/Existing Data Review
- Focus Groups
- Interviews
- Observations
- Questionnaires
Now, it’s your turn!
Data Analysis: Make Meaning

• What stories do the data tell you?

• Have evaluation questions been answered?

• What is the significance of the results?
Analyze the Data for...

Themes

Patterns

Relationships

Recommendations for Program Improvement
Data Analysis Pitfalls to Avoid

• Fail to match analysis with stakeholder interests

• Fail to match analysis with evaluation question(s)

• Treat all the results equally

• Get lost in complex analysis

• Fail to protect confidentiality
Tips for Recommendations

• Ask for recommendations from a variety of stakeholders
• Draw directly on evaluation findings
• Identify changes for:
  – Program
  – Organization
  – Employee subpopulations
  – Funders
  – Other stakeholders
• Offer creative and feasible solutions
• Explain how the recommendation will improve the program
Communicating with Stakeholders
Methods of Communication

- Annual Reports
- Data briefs
- Individual or small group success stories
- Project photo stories

Smoking and Oral Health in Dentine Adults aged 18–64

Barbara Bloom, M.P.A.; Patricia F. Adams; Robert A. Oehm, Ph.D., and Catherine Simile, Ph.D.

Key findings

Data from the National Health Interview Survey, 2008

- Current smokers (10%) were twice as likely as former smokers (8%) and four times as likely as never smokers (9%) to have poor oral health.
- Current smokers (55%) were two to three times as likely as former smokers (25%) and more than five times as likely as never smokers (18%) to have bad or moderate or severe oral health problems.
- Current smokers (19%) were twice as likely as former smokers (9%) and never smokers (10%) to have had a dental visit in the past year, never smokers (10%) to have had a dental visit in the past 5 years, or have not had one.
- Cost was the reason that most adults with an oral health problem did not see a dentist in the past 6 months, 56% of current smokers, 40% of former smokers, and 35% of never smokers could not afford treatment or did not have insurance.

Smoking and Oral Health in Dentine Adults aged 18–64

- Among dentate adults aged 18–64, the percentages of adults with very good and good oral health status are higher for never smokers than for former smokers, and higher for former smokers than for current smokers, while the reverse is true for oral health status at any given time.

Figure 1: Prevalence of oral health status among adults aged 18–64, by smoking status: United States, 2008.

Evaluation Cycle

Report Findings
Design Program
Create Evaluation Plan
Collect, Analyze, Interpret Data
Free Tools

RiseVT: Business Scorecard

WELCOA: Well Workplace Checklist

HERO: Health & Well-being Best Practices Scorecard

CDC: Worksite Health Scorecard
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Reflections