Healthy Active Workplace Initiative
An Evaluation of the Resources

A Report for the Department of Sport and Recreation WA
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Executive Summary

In January 2007 the Department of Sport and Recreation (DSR), in partnership with the Premier’s Physical Activity Taskforce, commenced the Healthy Active Workplaces initiative. Healthy Active Workplaces is aimed at facilitating the uptake of health and wellbeing programs in Western Australian workplaces and has been enabled by the development of resources and training; the creation of supportive policy; and the gathering and consolidation of evidence.

In 2011 the Centre for Sport and Recreation Research (CSRR), with research partner the WA Centre for Health Promotion Research (WACHPR) Curtin University, was requested to undertake a project aimed at evaluating the effectiveness of the resources, specifically the:

- Workplace Physical Activity Kit in assisting organisations in planning, implementing and evaluating a health and wellbeing Program.
- Online health and wellbeing survey in helping workplaces to plan and evaluate a workplace health and wellbeing program.
- Workplace information sessions in introducing people to the concept of workplace health and highlighting the resources available to implement a program.

Contacts from 316 organisations were invited to participate in an online survey - the contacts were listed on a DSR Healthy Active Workplace database and all correspondence was undertaken through DSR. Requirement for inclusion in the evaluation process was that contacts had been sent a copy of DSR Healthy Active Workplace resources which included: a) the workplace Resource Kit; and/or b) employee survey; and/or c) attended a training session on the resources. Additionally, a reference group comprising six purposefully selected members was established to assist in the development and refinement of the online survey instrument and research procedure.

The overall feedback on the Resource Kit was very positive, with all respondents reporting the resource to be ‘somewhat or extremely useful’ for designing, implementing and managing a health and wellbeing program for employees. The majority had used the Kit to assist them to design, implement, manage or evaluate a workplace health and well-being program.

All those respondents reporting to use the health survey (n=10) found it to be ‘very or somewhat useful’ in identifying health issues, helping to define health issues and evaluating programs. Respondents used the employee surveys as a ‘health awareness raising tool’ and ‘to identify priority health issues. The main health issues identified were nutrition, physical activity and hydration.

Those respondents who participated in the DSR training/information sessions found them ‘very useful or somewhat useful’ for highlighting available resources, introducing concepts of workplace health promotion and networking. The face-to-face connection with DSR personnel would seem to be the most effective way of engaging with workplace contacts.

A number of aspects arising from the both process and data are worthy of further consideration, including:
i) The process of issuing invitations highlighted a significant future opportunity to initiate and implement robust database processes. Capturing detailed profiles of contacts and organisations will enable the development of more targeted strategies.

ii) The survey was completed by 66 respondents (a response rate of 21%; 66/316) mainly from the industry categories of ‘health and community services’ and ‘government, administration and defence’. This response likely reflected the overall predominance of these same workplace activity categories assigned to the total 316 organisations (a combined 62%; 196/316) and may, for a variety of reasons, indicate that many industry categories are not currently being reached.

iii) The organisation contacts described themselves using a range of titles. The absence of a specific title for those responsible for the management of workplace health and wellbeing programs makes the targeting of information and support for workplace programs challenging for DSR. Consideration needs to be given to promoting the establishment of a title for the person responsible for liaison with DSR.

The overall conclusion of this study was that given the investment to date in the development of the combined resources, rather than any specific modification, content can be refreshed via training sessions and regular web updates. This highlights the importance of maintaining an up-to-date database, containing information collected on the organisation and corresponding contact personnel. Such information would enable existing resources to be targeted, as well as enabling the identification of workplaces that need to be targeted. The exception would be the online survey, which would benefit from a separate investigation into its adaptation to user needs.

Given the low response rate for the study, the results should be viewed with caution. However, it is considered that the implications reached provide a sound basis for action.

The research implications are summarised under four main themes for suggested action.

Records/database of organisations
- Support DSR staff to maintain a comprehensive and up-to-date database of contact organisations. For example: data set to include organisation demographic data; position and experience of contact; programme profile and status.
- Consider establishing systems to regularly engage with database contacts.
- Conduct regular process evaluation to determine the organisations being reached and not reached by DSR.

DSR resources and initiatives

Developing resources
- Establish a standardised formative evaluation process when developing new resources with the target group.
- Work with management and employees when developing resources.
- Continue to provide quality resources that support the development/implementation/evaluation of workplace programs.
- Establish level of experience and rationale for requesting resources.

Employee surveys
- Consider incorporating alcohol into a general health and wellbeing survey.
• Suggest that organisations adapt the employee survey to suit their individual needs.

**Information/Training sessions**
• Continue to provide and promote the sessions through DSR.
• Consider methods to make sessions more practical and hands on.
• Research limitations for small businesses.

**DSR support**
• DSR to continue to support organisations to conduct health promotion programs in the workplace.
• Continue to promote resources through a range of avenues.

**Engaging workplaces**
• Consider alternative ways of engaging with workplaces and making them more aware of resources.
• Consider ways of gaining the support of management for workplace programs.
• Raise awareness of the social responsibility of workplaces to implement health and wellbeing programs.
• Approach and engage management when promoting resources and programs.
• Establish a specific role/title for the workplace contact person.
• Encourage more broad based general health and wellbeing programs, which can incorporate active transport and alcohol.

**Other considerations**
• Consider ways of getting alcohol on workplace agendas and approaches to make it a less confronting issue for employees.
1.0 Introduction

The Healthy Active Workplaces initiative has been developed by the Department of Sport and Recreation WA (DSR). It aimed to increase the capacity of workplaces in Western Australia to implement workplace health programs. The initiative commenced in August 2009 and was promoted online through the DSR website and through Local Government. This research aimed to collect both qualitative and quantitative data to inform the development of future workplace health and wellbeing programs.

The project aimed:

1. To evaluate the effectiveness of the Workplace Physical Activity Kit in assisting organisations in planning, implementing and evaluating a health and wellbeing Program.
2. To evaluate the effectiveness of the online health and wellbeing survey in helping workplaces to plan and evaluate a workplace health and wellbeing program.
3. To evaluate the effectiveness of the workplace information sessions in introducing people to the concept of workplace health and highlighting the resources available to implement a program.

The Healthy Active Workplaces initiative comprised:

a) A Workplace Physical Activity Resource Kit - designed to assist organisations to implement health and wellbeing programs in the workplace. The resource provided information for small and large businesses/organisations. (Over 600 resource kits have been disseminated to workplaces across Western Australia and inter-state.)

b) A short online employee survey (5 minutes to complete) - aimed at capturing eating, physical activity, alcohol consumption, smoking and stress details. This survey may be used to generate a report on the health and wellbeing of the employees for the employer organisation. (2660 employees from 68 organisations completed the online health and wellbeing survey)

c) Training / information sessions - aimed to introduce organisations to the Resource Kit and online questionnaire and provide them with an opportunity to network with others in a similar situation. The sessions were promoted through the Healthy Active Workplaces network group, Physical Activity Task force (PATF), Heart Foundation (WA Branch), Local Government, and the Chamber of Commerce and Industry in the regional areas. (Over 400 attendees at metropolitan (n=3) and regional sessions (n=9) - Bunbury, Geraldton, Mandurah, Northam, Karratha, South Hedland, Kalgoorlie, Esperance, Albany).

2.0 Background information

Chronic diseases are associated with a significant financial burden in Australia (1). There is clear evidence that an unhealthy diet and physical inactivity are related to the development of chronic diseases such as cardiovascular disease, type 2 diabetes, some cancers, and overweight and obesity (2-4). Additionally overweight and obesity is a risk factor for several other conditions including
osteoporosis, hypertension, stroke and mental health problems (5). Many of these diseases can be prevented or delayed by addressing lifestyle factors such as unhealthy diet, insufficient physical activity and work life stress through the promotion and support of health enhancing behaviours (1).

The increased sedentary nature of paid work, long hours, work related stress, along with a reduction in active transport have all contributed to the decline in levels of physical activity and healthy eating (1). Paid employment now predominantly comprises physically inactive duties (6-7).

The worksite is an ideal setting to reach a large number of people from a variety of backgrounds to encourage and support the adoption of health enhancing behaviours (7-8). A healthy work force not only benefits individuals but is also beneficial for employers and the wider community (9). Studies have shown that worksite health promotion initiatives can decrease health care costs, improve employee productivity, improve job satisfaction, reduce absenteeism, promote a sense of community and improve health behaviours and long term health (10-11).

The literature highlights the importance of managerial support for successful environmental and organisational health promotion initiatives (12). Management commitment, supervisory support and supportive organisational structures assist with maintaining policy efforts over time (12). This structural support and commitment increases the likelihood of success and creating sustainable health promoting changes (13).

A number of key factors identified among successful programs include:

- Organisational and managerial support
- Targeting multiple levels of influence and participants in social context
- Addressing both social and physical workplace environment
- Encouraging employee participation
- Responding to employees day to day work experiences
- Addressing multiple behaviours and tailoring programs to individual factors

(2, 12-13)

Due to the varying nature of workplaces a ‘one size fits all’ approach is difficult to apply and not recommended (13). It is therefore important to understand the target group’s specific needs taking into account policies, culture, size, geographical area and workforce characteristics to design a tailored intervention (13).

In particular, process evaluation is essential to investigate the manner in which the program was delivered, by whom and with what level of commitment (7). Process evaluation assists in determining appropriate strategies and insight into reasons for program successes and failures (7). Aspects of the project that can be measured to determine this include number of participants, program delivery in comparison to what was intended and an assessment of whether environmental changes were implemented at the worksite (7) and requires accurate record keeping.
2.0 Methodology

This research comprised a cross sectional study of organisations with worksites predominantly in metropolitan and regional Western Australia as identified by the DSR. Data were collected from background data sets provided by DSR and through an online survey.

Participants

The pool of participants comprised the Healthy Active Workplace initiative co-ordinators (600 contacts) from the 316 organisation worksites listed on the DSR database. The requirement for inclusion in the database was that these potential participants had been sent a copy of DSR Healthy Active Workplace resources. This may have been: a) the workplace Resource Kit; and/or b) employee survey; and/or c) attended a training/information session on the resources. The sample population represented government; non-government; educational and private organisations. They ranged in size and type of industry.

Procedure

To ensure confidentiality relating to database access, all communication was generated and managed by DSR. In preparation for the online survey and to test the currency of contact details, an initial email invitation was sent to each of the 600 workplace contacts. The email explained that in the next 48 hours they would receive a request for their involvement in an online survey seeking their opinions on the Health Active Workplace initiative resources (see Appendix A).

On release of the initial email requesting involvement in the research, 110 emails bounced resulting in 490 emails being released to potential participants. The database was updated to exclude the 110. However, closer review of the database content revealed many of the contacts were listed more than once. It is thought organisations may have made multiple requests for resources or attended more-than-one information session. Some of the responding organisations also reported having more than one worksite, with locations in regional and metropolitan WA, interstate and overseas. For the purpose of this study, these were considered as separate workplaces which resulted in a final database of contacts for 316 organisation worksites across Australia.

The follow-up email, containing the link to the online questionnaire, was subsequently sent to 316 contacts. This email explained the purpose of the study, assured anonymity, and explained the research procedure. A final reminder email was sent one week later to elicit an increased response.

Whilst communication with contacts was managed by DSR for reasons of confidentiality, the survey link was established by CSRR to a site external to DSR and accessible only by CSRR research personnel.

Development of Online survey

The development of the online survey and protocol was guided by: a research instrument developed in Tasmania for a similar resource developed by the Premier’s Physical Activity Council, Tasmania (14); a reference group; and supporting literature. The survey collected data on respondents’ opinions of the resource kit, resource online survey and training/information sessions. Individual and demographic data was also collected.
A reference group comprising six purposefully selected members was established through invitation (see Appendix B). The reference group members: a) represented a range of organisations (non-government and government); and b) were involved in all three components of the Healthy Active Workplace initiative (Workplace Physical Activity Kit, the on-line health and wellbeing survey and the training sessions). The group assisted in the development and refinement of the online survey instrument and procedures for the study.

A discussion guide for the reference group was developed to support the objectives (see Appendix C). The group was led by a trained interviewer and a protocol was prepared to introduce and explain the process to participants. Informed consent was obtained from each participant prior to the commencement of the discussion. The group discussion was conducted over 90 minutes. The discussions were recorded and food and beverages were provided. Additional feedback on the questionnaire was obtained from the reference group via email.

Reference Group Results

The majority of Reference Group participants:

- Supported a more succinct introduction for the questionnaire, incorporating the dot points to highlight major points so as to reduce reading time.
- Agreed that the layout, font size and length were appropriate, with the questionnaire taking 20 to 25 minutes to complete.
- Discussed a number of terminologies and suggested changes, such as substituting the word ‘information’ for ‘training’ sessions and including the categories of ‘networking’ and ‘DSR staff’ as methods for finding out about the resources.
- Requested the depersonalising of questions, so that participants were made to feel less ‘pressured’.
- Believed it would be useful to collect data on the respondents’ level of experience (related expertise) in conducting workplace health and wellbeing programmes.
- Indicated that the employee survey was not always appropriate for organisations, as many of the questions were too confronting. For example, completion of the alcohol survey would reveal that members of their workforce would be drinking at levels considered ‘hazardous’.

The Reference Group was a valuable method for: assessing readability and comprehension of the questions; identifying the appropriateness of the questions; considering how the questions might be interpreted; and for identifying questions that required rewording. This final survey instrument was then reviewed by experts for face and content validity. It was piloted with the target group and modified as required. The instrument collected both quantitative and qualitative data (see Appendix D). Survey respondents, could provide their name and contact details to go in a drawer for a set of pedometers for their workplace.

Ethics

The project has Curtin University Human Research Ethics Committee approval, number SPH-07_2011.
Limitation

A limitation of this study was that, given the pre-determined composition of the database and the commitment to anonymity for respondents it was not possible to determine whether, in the instance of organisations having multiple worksites, more than one contact responded to the survey. However, as the purpose was to assess the effectiveness of the resources from the user’s perspective, this was not considered an impediment to the study.

3.0 Distribution of DSR resources

As background, this section of the report presents an overview of the numbers, types and locations of organisations approached by the DSR and provided with the DSR’s Resource Kit for Physical Activity and Health in the Workplace. Figures on the numbers of Resource Kits, questionnaires and training provided to organisations are also reported.

3.1 Information about workplaces

3.1.1 Type of organisations

Commencing in 2009 a total of 316 organisations were approached and provided with the DSR’s Resource Kit for Physical Activity and Health in the Workplace. As shown in Figure 1, the largest proportion of organisations operated as private businesses (42.4%; n=134) and about a third as State/Federal Government agencies (29.4%; n=93). Local Government (n=35), not for profit (n=28) agencies and educational institutions (n=26) represented approximately 10 percent each.

Figure 1: Type of Organisation
3.1.2 Workplace activity

The predominant workplace activities conducted across the approached organisations included health and community services (42.7%; n=135). This was followed by government administration and defence related activities (19.3%; n=61), property and business (7.9%; n=25) and education related services (7.9%; n=25) (Figure 2).

![Figure 2: Workplace Activity](image)

3.1.3 Location of sites/offices

Figure 3 shows that overall, over half of the sites or offices of organisations approached were located in metropolitan areas within Australia (51.9%; n=164). A large proportion of organisations (36.7%; n=116) had representative sites or offices in regional areas and about 10 percent (n=32) of organisations were represented in both metropolitan and regional areas. The site/office location was unidentifiable for four organisations.

![Figure 3: Location of Sites/Offices](image)
As shown in Table 1, the majority of organisations were based in WA (71.5%; n=226), while 86 (27.2%) were located interstate. Within WA, organisations approached were distributed similarly across metropolitan (35.8%; n=113) and regional areas (30.1%; n=95), whereas a larger number of organisations with sites/offices interstate were based in metropolitan regions. Four were unidentifiable.

Table 1: Location of Organisation

<table>
<thead>
<tr>
<th>Location</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total WA</td>
<td>226</td>
<td>71.5</td>
</tr>
<tr>
<td>WA - Regional</td>
<td>95</td>
<td>30.1</td>
</tr>
<tr>
<td>WA - Metro</td>
<td>113</td>
<td>35.8</td>
</tr>
<tr>
<td>WA Metro/Regional</td>
<td>18</td>
<td>5.7</td>
</tr>
<tr>
<td>Total Interstate</td>
<td>86</td>
<td>27.2</td>
</tr>
<tr>
<td>Interstate - Regional</td>
<td>18</td>
<td>5.7</td>
</tr>
<tr>
<td>Interstate - Metro</td>
<td>51</td>
<td>16.1</td>
</tr>
<tr>
<td>Interstate - Metro/Regional</td>
<td>17</td>
<td>5.4</td>
</tr>
<tr>
<td>Unknown</td>
<td>4</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>316</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

### 3.2 Information on distributed resources

Organisations were provided with the DSR’s Resource Kit for Physical Activity and Health in the Workplace, online employee survey and/or an information/training session, or a combination of all three of these. All organisations received a Resource Kit (n=316), while 25 (7.9%) organisations received the employee survey and 164 (51.9%) organisations received the DSR training/information session (Figure 4).

Figure 4: Types and Numbers of DSR Resources Distributed to Organisations
A total of 474 Resource Kits were distributed across organisations. The majority of organisations (n=233) received a single copy of the Resource Kit while the remaining organisations received multiple kits, ranging between two and 10 resource kits per organisation (Figure 5).

Figure 5: Distribution of Resource Kits per Organisation

4.0 Survey results

This section of the report presents the results collected by the DSR Workplace Resources Survey (see Appendix D) with the aim of evaluating the DSR’s Resource Kit for Physical Activity and Health in the Workplace. The Workplace Resources Survey was completed by 66 respondents. This represents a response rate of 21% (66/316). In the following section, unless otherwise stated, percentages presented are based on survey participants (n=66) not on the total number of organisations approached (n=316).

4.1 Information about workplaces

4.1.1 Type of organisations

Information on the type of workplace was provided by 61 (92%) of survey participants. Over half (52.5%; n=32) of the organisations responding to the survey were State or Federal Government agencies. Almost 20% of workplaces represented not for profit organisations followed by 13% from both local government and private businesses, while there was only one respondent from an educational institution (1.6%). Five participants did not respond to this question. Figure 6 provides an overview of the type of organisations which participated in the survey compared to those provided with the DSR resources.
Figure 6: Type of Organisations

Approximately half of respondents reported health and community services as their organisation’s predominant workplace activity (52.5%; n=32). Government administration and defence activities were the second most commonly reported activity type (21.3%; n=13), while other workplace activities were reported to varying degrees. No responses were received in the categories ‘electricity, gas and water supply’, ‘construction’, ‘wholesale trade’, ‘communication services’, ‘property and business services’, and ‘personal and other services’. Figure 7 provides a comparison of the workplace activities of organisations approached by the DSR and those that participated in the online survey. Five participants did not respond to this question.

Note: Missing responses (n=5)
4.1.3 Number of sites/offices per organisation

The majority of participants reported their organisation had between two and 10 sites or offices (41%). A similar number of organisations had either more than 20 (23%) or only one (21.3%) site or office (Figure 8 over page). Five participants did not respond to this question.

Note: Missing responses (n=5)
4.1.4 Location of sites/offices

Organisations’ sites or offices were most commonly reported to be located in WA (36.1%; n=22), while about 10% (n=6) of organisations had representative offices located interstate and 5% (n=3) overseas. Figure 9 shows that within WA, organisations were reported to be most frequently located across the metropolitan area (57.4%; n=35). Five participants did not respond to this question.

Figure 9: Location of Sites/Offices

Note: Missing responses (n=5)

4.1.5 Number of employees

The number of employees per organisation as reported by respondents ranged from less than 50 to over 1000 employees per organisation. As Figure 10 shows, respondents most commonly reported their organisation had over 1000 employees (31.1%), or less than 50 employees (23.0%). Five participants did not respond to this question.

Figure 10: Number of Employees per Organisation

Note: Missing responses (n=5)
4.1.6 Employment condition

The estimated proportion of employees working full time, part time, casual or from home varied. Over half of respondents estimated that 50-80% (30%; n=18) and over 80% (26.7%; n=16) of staff were employed on a full-time basis. Approximately a third of respondents (29.8%; n=17) estimated part time employed staff constituted between 20-50% of all employees; while about half of respondents indicated that casual (48.9%; n=23) and working from home (40.9%; n=18) were the least common employment type (Figure 11 over page). Six participants did not respond to this question.

4.2 Participant characteristics

4.2.1 Length of employment

The largest proportion of respondents reported being employed by their organisation between one and four years (45.9%; n=28). Over a quarter (27.9%; n=17) indicated to have been with their organisation for five to 10 years, and equally 13% (n=8) had been employed for less than a year or for over 10 years (Figure 12 over page). Five participants did not respond to this question.

4.2.2 Time in current role

The majority of participants reported they had been carrying out their current role for one to four years (57.4%; n=35), and 25% reported that they had been in their role for less than a year (n=15). Thirteen percent (n=8) of respondents had been in their role for five to 10 years and five percent (n=3) for more than 10 years. Five participants did not provide an answer to this question. Figure 12
provides an overview of participants’ length of employment and length of time spent in their current role.

Figure 12: Length of Employment and Time in Current Role

![Bar chart showing length of employment and time in current role](chart)

Note: Missing responses (n=5)

4.2.3 Role description

Figure 13 shows that almost a quarter of participants described their role as health and wellbeing coordinator (23%; n=14), followed by 11 (18%) participants describing their role as OSH/HR/Office manager. Health promotion officers and senior management roles were represented to a lesser extent, with 8 (13.1%) and 4 (6.6%) responses, respectively. Almost 40% (n=24) of respondents reported their role as other than the response options listed; however, the open responses provided revealed that over half (n=15) of these could be grouped under the OSH/HR/Office manager role. Five participants did not respond to this question.

Figure 13: Role Description

![Pie chart showing role description](chart)

Note: Missing responses (n=5)
4.3 Workplace health and wellbeing programs

4.3.1 Experience related to workplace health and wellbeing programs

The largest proportion of respondents described their level of experience in designing, implementing and evaluating workplace health and wellbeing programs as ‘somewhat experienced’ (47.5%; n=29), while an almost equal number of participants saw themselves as ‘inexperienced’ (39.3%; n=24), and five (13.1%) respondents indicated they were ‘experienced’ (Figure 14). Five participants did not respond to this question.

![Experience Related to Workplace Health and Wellbeing Programs](image)

*Note: Missing responses (n=5)*

4.3.2 Current workplace health and wellbeing program practices

Almost 70% (n=42) of respondents reported they currently had a health and wellbeing program in their workplace, while the remaining 31% (n=19) reported they were not implementing a program at present, and 5 did not respond to the question. Of those respondents who reported their organisation did not have a current workplace health and wellbeing program in place, the main reasons given were lack of time (61.1%; n=11), no key champion to drive the program (55.6%; n=10), and lack of financial support (38.9%; n=7), and not knowing where to start to develop a program (27.8%; n=5). Figure 15 provides an overview of the various reasons provided by respondents. One participant did not respond to this question.
Figure 15: Reasons for Absence of Workplace Health and Wellbeing Programs

Note: Missing responses (n=1)

4.3.3 Type of current workplace health and wellbeing programs

As shown in Figure 16, most respondents whose organisation had an existing health and wellbeing program reported to have multiple program types in place. The most commonly reported type of programs were physical activity programs (76.2%; n=32), with an almost equal number of organisations offering flu vaccination programs (73.8%; n=31), closely followed by healthy eating programs (66.7%; 28) and general wellbeing programs (61.9%; n=26). Skin cancer screening was another program reported by participants.
As Figure 17 demonstrates, the reported length of time for programs implemented ranged between one to five years across in more than half of the organisations currently implementing workplace health and wellbeing programs (57.1%; n=24).

Among participants whose organisations offered any type of workplace health and wellbeing program, just over a third of respondents indicated that they had been responsible for establishing the current program (38.1%; n=16), compared to 62% (n=26) who reported that they had not been responsible.

4.3.4 Access of the Resource Kit

The majority of participants (63.6%; n=42) reported they had received the DSR’s Workplace Resource Kit, compared to over 25 percent of survey participants (n=17) who reportedly did not receive the Kit. Seven participants did not respond to the question. As shown in Figure 18, of those respondents who had received the Resource Kit, the most common ways of finding out about the resource were via a DSR training/information session (34.1%; n=14), via DSR staff (29.3%; n=12) or the DSR website (26.8%; n=11). One participant did not respond to this question.
4.3.5 Reason for requesting or accessing Resource Kit

Figure 19 shows that the main reason respondents reported why their organisation requested or accessed the Resource Kit was to refine or update a current workplace health and wellbeing program (41.5%; n=17) or because they were contemplating developing a new program (31.7%; n=13). One participant did not respond to this question.

![Diagram showing reasons for requesting or accessing Resource Kit]

Note: Missing responses (n=1)

4.4 Evaluation of the DSR Resource Kit

4.4.1 General evaluation of the Resource Kit

Participants' general perception of the DSR Resource Kit was assessed via a number of positive statements indicating their agreement on a 5-point Likert scale ranging from 'strongly agree' to 'strongly disagree'. As shown in Figure 20, the majority of participants consistently agreed or strongly agreed with all statements. Only the length of the Resource Kit was commented on with less favourable remarks, with three (7.3%) out of 41 respondents stating their disagreement. One participant did not respond to this question.
4.4.2 Current use of the Resource Kit

A large proportion of participants who reported being aware of the Resource Kit also reported they had used or were currently using the Resource Kit to assist them in designing, implementing or evaluating their workplace health and wellbeing program (70.7%; n=29).

The main reasons for not currently using the Kit (29.3%; n=12) were ‘already have existing program’, ‘experience in setting up and running programs’, and ‘using alternative workplace resources or references’. Additional reasons provided included, ‘program still in the contemplation phase’, ‘lack of time’, and ‘no authority to implement a program’. One respondent reported using ‘other workplace resource/references’, which were obtained via DSR health and wellbeing initiatives, Health Department of WA and from other workshops.

In response to being asked about their opinion of the usefulness/relevance of the information in the Resource Kit in relation to their personal expertise and prior experience in designing and implementing health and wellbeing programs, sixty percent (n=15) of respondents considered themselves ‘somewhat experienced’, while 20 percent thought of themselves ‘inexperienced’ and an equal proportion considered themselves ‘very experienced’.

4.4.3 Designing and implementing programs

Participants who had accessed the Resource Kit were asked to rate each of the five sections (or chapters) of the Resource Kit according to their usefulness when designing a workplace health and wellbeing program. As shown in Figure 21, the results demonstrate that the majority of respondents...
perceived the different sections as either ‘very useful’ or ‘somewhat useful’. In particular the sections ‘Your Simple Guide’, ‘Your Detailed Guide’ and ‘Resources’ were reported as being ‘very useful’ by a large number of participants (72%; n=18). No section were reported to be ‘not at all useful’.

Figure 21: Evaluation of Resource Kit for Designing a Program

![Evaluation of Resource Kit for Designing a Program](image)

<table>
<thead>
<tr>
<th>Section</th>
<th>Very useful</th>
<th>Somewhat useful</th>
<th>Not really useful</th>
<th>Not at all useful</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Simple Guide</td>
<td>18</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Your Bottom Line</td>
<td>16</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Your Detailed Guide</td>
<td>18</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Resources</td>
<td>18</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Case Studies</td>
<td>14</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

*Note: Missing responses (n=4)*

When asked their opinions on the usefulness of the Resource Kit’s five sections when implementing a program, the various sections were similarly perceived as either very useful or somewhat useful by the majority of respondents, with the ‘Resources’ section receiving the highest rating (80%; n=20). No sections were reported to be ‘not at all useful’ (Figure 22).
The ‘Resources’ section contained in the Resource Kit outlines a number of tools to assist in the designing and/or implementing a health and wellbeing program in the workplace. When asked for their opinions on the usefulness of these tools for designing and/or implementing programs, most participants reported they perceived all tools as either very useful or somewhat useful.

The tools included health fact sheets, a sample health and wellbeing mission statement and a sample health and wellbeing policy, a list of simple initiatives to get started, an employee health and wellbeing survey, and a workplace audit tool. The sample health and wellbeing mission statement received the lowest score, with 16% (n=4) of respondents rating this tool as ‘not really useful’. The sample health and wellbeing policy and the list of simple initiatives to get started was also rated as ‘not really useful’ by two participants, however, it was perceived as ‘very useful’ by over half of the respondents. No sections were reported as ‘not at all useful’ (Figure 23).
Participants were also asked to rate the usefulness of the Resource Kit for providing information about designing and/or implementing a health and wellbeing program when completing the following tasks:

- Identifying a person in the organisation (key champion) to drive the program forward
- Ensuring a commitment to the program from management
- Establishing a commitment for the program from staff
- Seeking input from staff about health and wellbeing issues that might be addressed in the program
- Identifying factors in the workplace that might impact on the suitability of certain initiatives (e.g. presence of stairs or showers; policy issues such as flexible work time; policy)
- Establishing a committee responsible for program design and implementation
- Promoting the benefits of the program to employees
- Providing a mix of education strategies and action-based initiatives.

As shown in Figure 24, the majority of respondents reported the Resource Kit to be a very useful or somewhat useful resource to assist with these tasks. The main areas where the Resource Kit was reported as not really useful or not very useful at all included assisting in identifying a key champion, establishing a committee responsible for program design and implementation, and identifying factors in the workplace that might impact on the suitability of certain initiatives.
4.4.4 Managing and evaluating programs

Participants were asked to rate each of the five sections (or chapters) of the Resource Kit according to their usefulness when managing and evaluating a workplace health and wellbeing program. Figure 25 shows that all sections were generally found to be very useful or somewhat useful with the ‘Resources’ section receiving the highest score (65.2%; n=15). None of the sections were reported to be not at all useful. Similar opinions were reported when asked about the usefulness of the Resource Kit for evaluation purposes only (Figure 26). Two participants did respond to these questions.

Note: Missing responses (n=4)

Note: Missing responses (n=6)
Participants were also asked to rate the usefulness of the Resource Kit for providing information about the management and evaluation of a health and wellbeing program when completing the following tasks:

- Identifying a person/group responsible for program management and coordination
- Establishing a record-keeping system of prior and/or proposed health and wellbeing initiatives
- Establishing program benchmarks to allow for ongoing measurements of progress/improvements
- Seeking regular feedback from employees on existing initiatives and proposed initiatives
- Establishing a program that meets the needs of as many employees as possible.

Over half of the respondents reported they found the Resource Kit very useful for performing all of these tasks, ranging between 56.5% and 65.2%, with the remaining respondents rating the Resource Kit as somewhat useful. No sections were reported as being be not at all useful (Figure 27).

![Figure 26: Evaluation of Resource Kit for Evaluating a Program](image)

Note: Missing responses (n=6)
4.4.5 Current evaluation practices

Participants were asked about the methods they currently employed to measure the impact of their health and wellbeing program. Figure 28 shows that the most frequently reported methods included monitoring the implementation of health and wellbeing initiatives (65.2%; n=15), followed by the employee health and wellbeing survey and monitoring employee satisfaction (56.5%; n=13).

Note: Missing responses (n=6)
4.4.6 Overall usefulness of the Resource Kit

Overall, the Resource Kit was described as being very useful or somewhat useful across all areas assessed. The highest scores received were for designing a health and wellbeing program for employees (very useful: 78.3%; n=18) and for implementing a program (very useful: 73.9%; n=17). Sixty-five percent of respondents evaluated the Resource Kit as very useful for evaluating and ongoing management of a program, and 56.5% reported they found it very useful for managing a health and wellbeing program for employees (Figure 29). No respondents rated the Resource Kit as not useful.

Almost 75% (n=17) of participants who used the Resource Kit reported it had assisted them in learning something new in relation to designing, implementing, managing and evaluating a workplace health and wellbeing program. Less than half of the Kit users commented that the Resource Kit could be improved. Suggested improvement included requests for a broader variety of case studies containing sample program and evaluation plans, availability of electronic versions of all documentation, statistics from longitudinal studies, more online assessment tools, and continued updates.

As Figure 30 demonstrates, the main areas supported by the Kit were the continuous refinement and upgrading of workplace health and wellbeing program (82.6%; n=19), followed by program evaluation (69.6%; n=16) and implementing program (60.9%; n=14).
Figure 30: Main Areas of Support Provided by Resource Kit

<table>
<thead>
<tr>
<th>Area of Support</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuously refine program</td>
<td>19</td>
</tr>
<tr>
<td>Evaluate program</td>
<td>16</td>
</tr>
<tr>
<td>Implement program</td>
<td>14</td>
</tr>
<tr>
<td>Plan program</td>
<td>13</td>
</tr>
<tr>
<td>Consider developing program</td>
<td>7</td>
</tr>
</tbody>
</table>

*Note: Missing responses (n=6)*

5.0 DSR online Employee Survey

Over half of respondents (58.0%; n=29) reported they were aware of the DSR online Employee Survey, compared to 21 participants (42.0%) who had not heard of the survey. This question was omitted by 16 participants. As demonstrated in Figure 31, a large number of the 29 participants who were aware of the survey reported finding out about it via DSR staff (41.4%; n=12).

Figure 31: Means of Finding out about DSR Employee Survey

<table>
<thead>
<tr>
<th>Source</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSR staff</td>
<td>12</td>
</tr>
<tr>
<td>DSR training/information session</td>
<td>8</td>
</tr>
<tr>
<td>DSR website</td>
<td>8</td>
</tr>
<tr>
<td>Colleague</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
<tr>
<td>Chamber of Commerce &amp; Industry</td>
<td>0</td>
</tr>
<tr>
<td>Local Government Authority</td>
<td>0</td>
</tr>
</tbody>
</table>

Overall, only 10 (15.2%) survey participants reported that their organisation had used the DSR Employee Survey. Of those who reported not implementing the survey (n=19), the main reason was lack of employee interest (n=2). Other reasons for not using the survey were that it was too confronting for employees or inappropriate for the workplace, or that management was not
interested. Fourteen respondents reported other reasons for not using the survey, with the majority of responses revealing that the organisation was already implementing their own tool.

As shown in Figure 32, the main reasons for using the survey were to raise health awareness among employees (n=9), to identify priority health program areas within the organisation (n=9), and using the survey as an information tool for management (n=8).

Figure 32: Reasons for Using DSR Employee Survey

The key health issues identified by organisations that implemented the online Employee Survey included nutrition (n=8), physical activity (n=6) and hydration (n=4). As a result of the survey, seventy percent of these organisations targeted both nutrition and physical activity related issues. A comparison of identified and consequently targeted health issues is provided in Figure 33.

Figure 33: Identified and Targeted Health Issues

The key health issues identified by organisations that implemented the online Employee Survey included nutrition (n=8), physical activity (n=6) and hydration (n=4). As a result of the survey, seventy percent of these organisations targeted both nutrition and physical activity related issues. A comparison of identified and consequently targeted health issues is provided in Figure 33.
Overall, the information provided by the Employee Survey was consistently perceived as very useful (n=9) and somewhat useful (n=1) for identifying health issues for workplace health and wellbeing program, and helping to design and evaluate such programs.

6.0 DSR Training/Information Session

A total of 19 (28.8%) survey participants reported they had attended the training/information sessions conducted by the DSR on the workplace Resource Kit. Thirty-one participants reported they did not attend the training/information sessions and 16 participants did not provide an answer. As shown in Figure 34, participants who had attended the training sessions found out about the training/information sessions via DSR staff (57.9%; n=11) or via a colleague (n=36.8%; n=7).

![Figure 34: Means of Finding out about DSR Training/Information Sessions](chart)

The overall usefulness of the training/information sessions was rated very highly by most respondents across the three areas of interest: introduction to the concept of workplace health, highlighting the available resources, as well as for networking (Figure 35). One participant rated the training/information session as not at all useful for introducing the concept of workplace health. Suggested improvement included inviting guest speakers, offering the sessions more frequently and on a regular basis (e.g. every 2-3 months or at least once per year), longer duration of the session with more practical hands on activities as opposed to too many brochures and documents.
7.0 DSR networking opportunities

The networking opportunities offered by the DSR were reported to be used overall by 11 (16.7%) respondents. Figure 36 shows that the most useful aspect of the networking was receiving information on workplace health related events and activities (n=11) and finding out what other workplaces are doing (n=8).

Note: Missing responses (n=45)
8.0 Overall rating of DSR resources and initiatives

Participants were asked to rate the DSR resources and initiatives for implementing workplace health and wellbeing programs on a likert type scale of one to 10, with one representing ‘not useful at all’ and 10 being ‘extremely useful’. As displayed in Figure 37, the survey results revealed a positive result, with a large proportion of participants rating the resources and initiatives as eight (22%; n=11), followed by nine and 10 with 16% (n=8).

Figure 37: Overall Rating of DSR Resources and Initiatives

9.0 Currently planned or implemented programs

As demonstrated in Figure 38, participants reported they were planning or implementing general wellbeing programs (60%; n=30), healthy eating programs (54%; n=27) and physical activity programs (52%; n=26). Additional programs participants reported they would like to implement general wellbeing programs (48%; n=24). Sixteen participants did not respond to two questions.

Figure 38: Planned/Implemented and Additionally Desired Programs

Note: Missing responses (n=16)
10.0 Discussion

Organisation contacts and respondents

Observation 1

To comply with ethics approval, DSR undertook responsibility for all contact with potential participants in the survey. The DSR database initially used for this research indicated 600 potential survey participants, comprising the Healthy Active Workplace initiative co-ordinators listed as contacts by their organisation. The contacts had been entered into the database once they had been sent a DSR Resource Kit, and/or used the employee survey and/or attended a DSR training session on the resources.

On release of the initial email by DSR, requesting involvement in the research, 110 emails bounced resulting in 490 emails being released to potential respondents. The database was updated to exclude the 110. However, on closer review of the database content, it was found that many of the contacts were listed more than once. It was assumed some larger organisations may have made multiple requests for resources or been represented at more than one information session. Some of the responding organisations also reported having more than one worksite, with locations in regional and metropolitan WA, interstate and overseas. For the purpose of this study, these were considered as separate workplaces which resulted in a final database comprising 316 organisation worksites and their contacts across Australia (see Table 3).

The exercise highlighted the need to initiate the establishment of rigorous database management processes and the development of rich data sets.

Observation 2

The organisations listed in the database were mainly from the ABS work categories of ‘health and community services’ (contacted n=137; 43%: responded n=32; 53.5%), Government, administration and defence (contacted n=61; 19.1%: responded n=13; 21.3%), education (contacted n=26; 8.1%: responded n=1; 1.6%) and property and business services (contacted n=25; 7.83%: responded n=0), with many other workplace categories types not represented (see Table 4).

The above may indicate many industry categories are not being reached and highlights the need for improved strategies to ensure that contact with these organisations occurs in the future.

Process evaluation may assist in addressing this issue. Process evaluation assesses program implementation, with one of the roles being confirmation of target groups being reached, and determining if programs are implemented as planned. Process evaluation provides insight into the internal operations of the program and without this evaluation method delivery cannot be determined (15).

Implications

- Support DSR staff to maintain a comprehensive and up-to-date database of contact organisations. For example, data set to include organisation demographics, position and experience of contact, program profile and status.
• Consider establishing systems to regularly engage with database contacts.
• Conduct regular process evaluation to determine the organisations being reached and not reached by DSR.

Organisational respondents

Observation 3

The vast majority of representative respondents from the organisations had been in their current role for four years or less (see Figure 12). They described themselves by a range of titles (see Figure 13), with Health and Wellbeing Coordinator being the most common (23%).

The absence of a specific title for those who are responsible for the management of workplace health and wellbeing programs makes the targeting of information and support for workplace programs quite challenging for DSR. Therefore, due consideration needs to be given to this when promoting resources or programs to workplaces and perhaps the establishment of a title for the person within the organisation who is responsible for dealing with DSR. This may mean firstly approaching management in order to determine the most appropriate contact - this would also have the added benefit of raising management’s awareness of workplace programs and possibly securing their support. Management support, organisational commitment and the linking to business and organisational policy, are seen as essential for any successful ongoing health promoting initiative (16).

Observation 4

Only 13% or respondents described themselves as experienced (see Figure 14), which may indicate the ongoing need for resources and support by DSR within workplaces. An indication of level of experience would be a valuable asset to assist in both designing and communicating with contacts.

Observation 5

Figure 19 shows that the main reason respondents reported why their organisation requested or accessed the Resource Kit was to refine or update a current workplace health and wellbeing program (41.5%; n=17) or because they were contemplating to develop a new program (31.7%; n=13). An insight into the rationale for requesting resources would be a valuable addition to a data set.

Implications

• Approach and engage management when promoting resources and programs.
• Establish a specific role/title for the workplace contact person.
• Continue to provide resources that support the development/implementation/evaluation of workplace programs.
• Establish level of experience and rationale for requesting resources.
**Characteristics of the employees**

Observation 6

Most respondent organisations reported that employees are employed in a full-time capacity (see Figure 11). The ABS (17) reports that full-time time employees are more likely to be overweight/obese (63%) when compared to part time workers (51%), with increasing numbers of workers spending half of their waking hours at work in sedentary behaviours (4). Increasing work hours and stress load gives modern workplaces the social responsibility to implement health promotion programs. Workplaces provide an efficient way of reaching a large number of adults from a variety of socioeconomic and ethnic backgrounds (18).

**Implications**

- Raise awareness of the social responsibility of workplaces to implement health and wellbeing programs.
- DSR to continue to support organisations to conduct health promotion programs in the workplace.

**DSR resources**

Observation 7

The database indicated that 316 organisations were sent some 600 Resource Kits and 30 employee surveys and 270 participants attended the DSR training sessions. The majority of contacts requested one copy of the Resource Kit (n=233) with many requesting between two and 10 copies (see Figure 5). This means that the reach of DSR’s resources and activities is more limited than expected, with a database of contact organisations eventually reduced from the expected n= 600 to n=316.

Observation 8

The database recorded that all the contact organisations were sent a Resource Kit, but only 71% (n=42) of the respondent organisations indicated that they had received one. This perhaps indicates a need for more precise recording of organisational contact details and ongoing communication with the organisations requesting DSR resources. A more systematic and comprehensive database management approach may support an improved method for the collection and storage of organisations being serviced by DSR (e.g. type, size, location, number of sites). This would enable DSR to better understand the target that they are reaching and servicing, and in turn who they need to reach.

Observation 9

As stated earlier, although the DSR database indicated that all organisation had been sent a Resource Kit, only 42 (71.2%) of the respondent organisations indicated that they had received/accessed the Kit. This Kit is available in hard copy or on the DSR website, so accessibility is not restricted. Most of the organisations stated that they became aware of the Kit from DSR sources.
that included information sessions (34.1%; n=14), staff (29.3%; n=12) or the website (26.8%; n=11) (see Figure 18). DSR may consider additional methods for promoting and disseminating resources, so that distribution networks are broadened, but face-to-face contact with DSR personnel appears to be important and to be encouraged.

**Resource kit**

The main reason respondents requested or accessed the Resource Kit was to refine or update a current workplace health and wellbeing program (41.5%; n=17) or because they were contemplating developing a new program (31.7%; n=13). However, only 29 respondents indicated that they were currently using the Resource Kit. Of those who responded their overall feedback was very positive (see Figure 37), with all respondents (100%; n=23) reporting the resource to be ‘somewhat or extremely useful’ for designing, implementing and managing a health and well-being program for employees. The majority (70.7%; n=29) used the Kit to assist them to design, implement, manage or evaluate a workplace health and well-being program. Most respondents reported the Kit to be ‘very interesting’ (97.6%; n=40), ‘easy to understand’ (97.6%; n=40), ‘contained good ideas’ (97.6%; n=40), ‘provided guidance’ (97.6%; n=40), had ‘a good layout’ (90.3%; n=37) and was ‘an appropriate length’ (97.6%; n=40) (see Figure 20).

Respondents also stated that the information was ‘very or somewhat useful’ for designing (100%; n=23), implementing (100%; n=23), planning (100%; n=23) and evaluating (85.7%; n=22) health and well-being programs for employees. The majority of respondents (73.9%; n=17) also stated that they learnt something new in relation to designing, implementing, managing and evaluating workplace health and wellbeing programs. Comments included ‘great audit tool’, ‘highlighted the need for dedicated resources’, ‘different strategies to run a program’ and ‘emphasises the importance of evaluation’. Less than half the respondents (43.5%; n=10) thought improvements could be made to the Kit. Suggestions for improvements included ‘more sample programs’, ‘evaluation plans’, ‘electronic copies of all document’ and ‘more online assessment tools’.

Twelve respondents did not use the Resource Kit. The two main reasons for not using the resource were ‘lack of support or authority’ (n=4) and ‘limited time’ (n=3). One respondent indicated using another resource/reference but they did not provide its title.

**Observation 10**

Perhaps the most significant aspect to note from the above results is that only 23 respondents indicated they were undertaking some form of evaluation (Figure 26). This aspect would benefit from additional exploration by DSR to identify suitable means of educating/assisting workplace coordinators.

Developing new resources requires time and engagement with target groups. Focus groups are a suitable means of talking to the target group about materials. Any program materials should undergo formative evaluation to assess suitability, appropriateness, understanding and usability of program materials (15). The involvement of management in the formative development of the workplace resources may enhance engagement with DSR and any support for the implementation of workplace programs.
**Implications**

- Establish a standardised formative evaluation process when developing new resources with the target group.
- Work with management and employees when developing resources.
- Consider alternative ways of engaging with workplaces and making them more aware of resources.
- Consider ways of gaining management support for workplace programs.
- Continue to promote resource through a range of avenues.
- Identify ways to encourage ‘evaluation’.

**Employee survey**

Over half of the respondents (58%; n=29) reported that they were aware of the employee surveys. They were made aware via DSR staff (n=12), DSR information/training (n=8) and the DSR website (n=8) but only 10 respondents had used the surveys. The main reasons for not using the surveys were that many ‘organisations had their own internal survey’ (n=5), they had ‘adapted DSR’s surveys to suit their workplace’ (n=2), ‘lack of interest by employees’ (n=2) or ‘no time’ (n=2).

All those respondents that reported using the health survey (n=10) found it to be ‘very or somewhat useful’ for identifying health issues, helping to define health issues and evaluating programs. Respondents used the employees surveys as a ‘health awareness raising tool’ (n=9), and ‘to identify priority health issues (n=9). The main health issues identified were nutrition (n=8), physical activity (n=6) and hydration (n=4).

**Observation 11**

It seems that the online Employee Survey can be adapted to serve different workplaces, although these responses are few. Focus group discussions with key organisational representatives indicated that the employee survey on alcohol was inappropriate as their workforce has a culture of drinking at levels that would be classified as ‘hazardous’. Therefore the survey was seen as not appropriate and too confronting.

**Implications**

- Consider ways of getting alcohol on workplace agendas and approaches to make it a less confronting issue for employees.
- Consider incorporating alcohol in general health and wellbeing surveys.
- Suggest that organisations adapt the employee survey to suit their individual needs.
Information/training & networking

Nineteen respondents (38%) indicated that they attended DSR training sessions. The main way that they found out about the sessions was through DSR staff (n=11) and through a colleague (n=4). When participants did attend training they found it ‘very useful or somewhat useful’ for highlighting available resources (100%; n=19), introducing concepts of workplace health promotion (100%; n=9) and networking (89%; n=17).

Observation 12

Only 22% (n=11) reported participating in DSR’s networking opportunities but they all reported this to be a useful experience, with the most useful part of networking being information on workplace events and activities. Suggestions to improve information/training sessions included having guest speakers, and more frequent and practical sessions.

If small businesses are a target group, timing and location of networking events may need to be considered as individuals working in this sector are likely to have less time flexibility.

Implications

- Continue to promote the sessions through DSR.
- Consider methods to make sessions more practical and hands on.
- Research limitations for small businesses.

Workplace programs

Of those organisations responding, 68.9% (n=42) indicated that they had a health and well-being program in the workplace, with the three most common programs being physical activity (76.2%; n=32), flu vaccinations (73.8%; n=31) and healthy eating (66.7%; n=28) (see Figure 16). It is commendable that physical activity and nutrition programs are being conducted in workplaces as these two activities are associated with many health benefits related to the prevention of chronic disease, overweight/obesity and mental health (1). Workplace physical activity interventions have shown to be effective in having a positive influence on employees physical activity and fitness levels, weight and lipid profiles, work attendance and perceived stress levels (19). In addition, the Australian National Heart Foundation identifies the workplace as a key action area for increasing physical activity levels among the Australian population (20).

When asked what programs organisations were planning to implement (see Figure 38), the main three were a general wellbeing program (60%; n=30), healthy eating (54%; n=27) and physical activity (52%; n=26). The programs that respondents wanted to implement in the future were general wellbeing programs (48%; n=24), healthy eating (38%; n=18), and physical activity (36%; n=18), closely followed by mental health (32%; n=16). Active transport was reported by 13 (26%) of the respondent organisations and alcohol was reported by nine (18%).
Observation 13

The least supported programs were alcohol (n=3) and active transport (n=8). The lack of work in the area of alcohol may indicate it being a more sensitive topic and one that is so embedded in the Australian culture that is it difficult to address. Both alcohol and active transport could be incorporated into general health and wellbeing programs that include physical activity and a healthy diet as a means to improve mental health and stress, both of which are related to unhealthy alcohol consumption patterns (21).

*Implications*

- Encourage more broad based general health and wellbeing programs, which can incorporate active transport and alcohol.

11.0 Conclusion

Employees are working longer hours in increasingly stressful and sedentary work environments. The longer hours spent at work decrease the opportunity for outside leisure time but increase the opportunity for accessing people from a variety of backgrounds in the workplace setting. With an ageing workforce and, in turn, the increasing prevalence of chronic disease and illness, there is a clear rationale for the workplace to be a prime environment for health promotion and for more health programs to be trialled in the workplace. Considering this, DSR has developed workplace resources to encourage the adoption of workplace health promotion programs.

The primary objective of this research was to assess the effectiveness of the Workplace Physical Activity Resource Kit, online survey and information/training sessions. The general conclusion would be that, viewed in combination, the resources are well received and useful.

Those who responded to the survey provided very positive responses to the Resource Kit and information/training sessions. The employee survey and evaluation components of the manual were found to be less well utilised.

Given the investment to-date into the development of the resources, rather than any specific modification, with the exception of the online survey, content can be refreshed via information/training sessions and regular web updates. This highlights the importance of a database, with information collected on the organisation and corresponding contact personnel. Such information would enable existing resources to be targeted and updated information developed specific for the needs of workplaces.

The low response rate for the study implies the results should be viewed with caution. However, it is considered that the implications reached provide a sound basis for action.
Summary of Implications

Records/database of organisations

- Support for DSR staff to maintain a comprehensive and up-to-date database of contact organisations. For example: data set to include organisation demographic data; position and experience of contact; programme profile and status.
- Consider establishing systems to regularly engage with database contacts.
- Conduct regular process evaluation to determine the organisations being reached and not reached by DSR.

DSR resources and initiatives

Developing resources

- Establish a standardised formative evaluation process when developing new resources with the target group.
- Work with management and employees when developing resources.
- Continue to provide quality resources that support the development/implementation/evaluation of workplace programs.

Employee surveys

- Consider incorporating alcohol into a general health and wellbeing survey.
- Suggest that organisations adapt the employee survey to suit their individual needs.

Information/Training sessions

- Continue to promote the sessions through DSR.
- Consider methods to make sessions more practical and hands on.

DSR support

- DSR to continue to support organisations to conduct health promotion programs in the workplace.
- Continue to promote resources through a range of avenues.

Engaging workplaces

- Consider alternative ways of engaging with workplaces and making them more aware of resources.
- Consider ways of gaining the support of management for workplace programs.
- Raise awareness of the social responsibility of workplaces to implement health and wellbeing programs.
- Approach and engage management when promoting resources and programs.
- Establish a specific role/title for the workplace contact person.
- Encourage more broad based general health and wellbeing programs, which can incorporate active transport and alcohol.

Other considerations

- Consider ways of getting alcohol on workplace agendas and approaches to make it a less confronting issue for employees.
12.0 References

Appendix A: Survey Invitation Email

Dear Colleagues

**DSR is giving you the opportunity to win a set of top quality pedometers for your workplace!**

*To be in the draw, simply open the link that will be sent to you on 13th June and complete the survey.*

The Department of Sport and Recreation (DSR) has requested the Centre of Sport and Recreation Research (CSRR) at Curtin University conduct an independent evaluation of DSR’s Healthy Active Workplaces Initiative - in particular the resources developed to assist workplace co-ordinators to design, implement and evaluate health and wellbeing programs in their organisations. This will help shape the way in which resources can be designed in the future to better suit your needs.

On **Monday the 13th of June** you will be sent an email containing a link to the evaluation survey. This survey needs to be completed in one sitting as you cannot re-enter the survey once you have clicked on the link. Therefore prior to clicking on the survey link, please set aside 20 minutes to complete the survey.

Completion of the survey will give you an opportunity to **WIN a set of quality pedometers** which will hopefully help you and your colleagues to achieve the recommended level of physical activity - 10,000 steps per day.

All the survey information that you provide is completely anonymous and non-identifiable.

In the meantime should you have any questions then please don’t hesitate to contact me on the details below.

Kind regards

Tahlia Rose

Project Officer – Strategic Policy, Planning and Research

Department of Sport and Recreation

246 Vincent Street Leederville WA 6007

PO Box 329 Leederville WA 6903

Tel: (08) 9492 9776 | Fax: (08) 9492 9711 | Email: tahlia.rose@dsr.wa.gov.au

Please consider the environment before printing this email

Appendix B: Survey Cover Email

Dear

Thank you for agreeing to be a member of the Department of Sport and Recreation’s reference group that will help in the testing and development of the survey to evaluate the Healthy Active Workplaces resources. The refinement of the survey is an important step in the evaluation process.

The evaluation is being undertaken by the Centre for Sport and Recreation Research (CSRR) and the lead researcher is Dr Jonine Jancey, senior research fellow, School of Public Health, Curtin University.

As a reference group member we would like you to **complete and return the online survey by Monday April 18th** – it would be great to receive your comments so that we can include them when we discuss the survey’s content and contact procedures at the lunch on Tuesday April 19th. The survey should take approximately 15 minutes.

The draft online survey can be accessed by clicking on the link below.

**Important** – please be prepared to answer the survey when you click on the link – once you have activated the link, you will be able to re-enter from the same workstation; subsequent attempts will re-direct you to the survey monkey page (insert link).

When completing the survey please:

1. Record the time it takes to complete
2. Consider the flow of the questions, their relevance, whether they are easy or hard to understand
3. How you think the survey could be improved
4. Any technical hiccups!

A Pdf of the survey is attached for your reference.

If you need a refresher on what the Resource Kit is, it can be found at: [www.dsr.wa.gov.au/workplace](http://www.dsr.wa.gov.au/workplace)

Should you have any questions don’t hesitate to contact me. Please be assured all the information provided is completely confidential and non-identifiable

Kind Regards

Marian

Marian Tye PhD
Director & Professor
Centre for Sport & Recreation Research (CSRR)

*research building stronger, healthier, happier, safer communities*

Curtin University
Building 209:422
GPO Box U1987, Perth WA 6845

E: m.tye@curtin.edu.au P: +61 8 9266 4844 F: +61 8 9266 3818
Appendix C: Discussion Guide

Welcome my name is _________________, I will be running today’s discussion.

I would like to thank you all for finding the time to assist us by coming along today. Your input/feedback is very important to us.

Today’s discussion has two foci. Firstly, we will be asking for your feedback on the survey we plan to use to survey organisations that used DSR’s resources and/or attended training sessions and, secondly, we will briefly ask for your opinion of the program and its resources.

Rest assured that all comments are strictly confidential and no one will be identified. Any information obtained here will only be used for the survey. Your participation is completely voluntary and if at any stage you feel uncomfortable you are fee to leave.

I encourage everyone to have a say, that way we get a ranged of opinions. I do ask that when someone is speaking you wait for them to finish before making your comment. Having one speaker at a time will allow us to hear everything that is said.

In the group today we will firstly complete the questionnaire individually and then once everyone has completed it we will go through the questionnaire as a group. We will go through the questionnaire from front to back.

We are planning to send this questionnaire to organisations that participated in the DSR’s Employee Health and Wellbeing initiative. Before we do this we want to make sure that the questions we are asking are suitable and can be answered by the organisations. Would you all please take the time to complete this questionnaire and then we will ask for your feedback.

Consent Form

I am aware that the information provided will assist in the development of the workplace questionnaire.

I give my consent to the recording of this information and am aware that it will remain confidential and that all the information I provide will remain confidential and non-identifiable. I understand that standard procedures for data collection will be employed to minimise the risk of confidentiality.

Date: ___________________

Print Name: __________________________ Signed: ___________________
Demographics

1a. How would you describe your organisation?
- Government (State/Federal)
- Local-Government
- Non-Government (commercial)
- Not for profit

1b. Number of employees in your organisation?
- less than 50
- 50-100
- 101-200
- 201-500
- Greater than 500

1c. Main location of the business unit for which you are responding?
- Metropolitan
- Regional
- Remote

1d. How many sites/offices does your organisation have in the metropolitan area?

1e. How many sites/offices does your organisation have in regional areas?

1f. Predominant Activity of your organisation?
- Health
- Construction
- Manufacturing
- Health
- Mining
- Retail
- Wholesale
- Transport
- Services
- Information/Education
- Other (specify) ______________

1g. How would you describe your role?
- Senior management/owner/director
- OSH/HR/Office Manager
- Other (specify)____________

1h. What is your length of time with the organisation?
- Less than 1 year
- 1 to 2 years
- 5 to 10 years
- More than 10 years
Start Discussion - Review the questionnaire

Now that you have all completed the questionnaire I would like to find out your overall impression of the questions.
What was your overall impression?
Was it easy to read?
Were any questions hard to answer?
Were there any questions you did not want to answer?

Resource Kit Section
The questions 1-19 ask about the resource kit.
Were any aspects of these questions confusing?
How did you find the format?
Were there any questions you did not understand?
Were there any questions you could not answer?
How do you think the question format could be improved?

Online Employee Survey
The questions 1-19 ask about the resource kit.
Were any aspects of these questions confusing?
How did you find the format?
Were there any questions you did not understand?
Were there any questions you could not answer?
How do you think the question format could be improved?

Training Sessions
The questions 1-19 ask about the resource kit.
Were any aspects of these questions confusing?
How did you find the format?
Were there any questions you did not understand?
Were there any questions you could not answer?
How do you think the question format could be improved?

Overall
Were there certain things you disliked about the questionnaire?
Did you find any the questions irrelevant or inappropriate?
Were the response categories appropriate?
What aspects of the questionnaire do you feel could be improved?
Are there any issues we have missed?
How do you think we can increase the response rate for the survey?

Finally
In your experience with the workplace health and wellbeing program -
What was the best method of engaging you in the program?
What did you like about the program?
Was there anything you disliked about the program?
How could the program be improved?

Thank you for your time.
Appendix D: Online Survey

**1. DSR HEALTHY ACTIVE WORKPLACE RESOURCES SURVEY**

Researchers from Curtin University are seeking feedback from organisations about the Department of Sport and Recreation's (DSR) workplace physical activity and health resources and information sessions.

This survey aims to:
- a) evaluate the DSR’s resources and information sessions as tools to assist with designing, implementing, managing and evaluating workplace health and wellbeing programs; and
- b) inform the development of future DSR workplace resources.

The DSR’s workplace initiatives that are being surveyed are the:
- i) Resource Kit for Physical Activity and Health in Workplaces
- ii) Online Health and Wellbeing Employee Survey
- iii) Workplace training Information sessions; and
- iv) Networking

You may have accessed one, two, three or all four initiatives. When completing the survey, only answer the section/s of the DSR initiative/s that you accessed and participated in.

If you have a copy of the Resource Kit booklet, it will be useful for you to have it on hand while you complete this survey, alternately, you can download the Resource Kit from the link in the email sent with this survey.

**2. INSTRUCTIONS**

Please complete this survey by selecting the appropriate response(s).

Provide answers for the Department/Agency/Business for which you are currently working.

If you are unsure of the answer to a question, you are requested to source the answer from relevant personnel within the organisation.

For each question please select only one answer, unless otherwise stated.

It is possible to change your responses whilst you are logged into the survey, however, you are not able to repeat the login so it would be fantastic if you could allow enough time to provide answers to all the questions.

The survey should take about 20 minutes to complete.

We know you are busy, so we have tried to make the survey as easy as possible to complete. Simply follow the prompts.
DSR_WorkplaceResources_Survey

1. PARTICIPANT CONSENT

CONFIDENTIALITY

All the information that you provide is strictly confidential and will only be seen by the
evaluation team of the Centre for Sport and Recreation Research (CSRR), Curtin
University.

No data will be made available to identify your organisation’s response.
The data will be stored securely and only authorised personnel will have access.
Your contribution to this project is valuable but your participation is voluntary. You are free
to withdraw your participation at any time.

I have read and understood the above information. I agree to participate in your survey. I
agree the information gathered for this study may be published provided no identifiers are
included.

☐ Agree
☐ disagree

3. Definition of terms used in survey

Throughout this survey the following terms are used. To ensure a consistent understanding of these terms they have been
defined as follows:

DESIGN – Selecting the initiatives and planning the strategies for your workplace program.
IMPLEMENT - Putting the selected initiatives and strategies into action.
MANAGE - Maintaining an implemented program over time.
EVALUATE – Determining if your implemented initiatives and strategies have had an impact.

4. SECTION ONE - DEMOGRAPHICS

The following questions ask about your organisation.
1. **DEMOGRAPHICS**

Firstly, we would like to ask you some questions about your organisation.

**How would you describe your organisation?**
- Government (State/Federal)
- Local government
- Non-Government (commercial)
- Not for profit
- Educational institution

**2. Number of employees in your organisation?**
- Less than 50
- 50-150
- 151-200
- 201-500
- 501-1000
- Greater than 1000

**3. Describe the proportion of employees under the following condition (please mark one answer in each category)**

<table>
<thead>
<tr>
<th></th>
<th>&lt;50%</th>
<th>50% - 55%</th>
<th>55% - 60%</th>
<th>&gt;60%</th>
<th>Don’t know</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part time</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Casual</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Work from home</td>
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<td></td>
</tr>
</tbody>
</table>

**4. How many sites/offices does your organisation have overall?**
- Only 1
- 2 - 10
- 11 - 20
- More than 20
**DSR_WorkplaceResources_Survey**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Where are these sites/offices located? (please mark as many categories as required)</td>
<td>Overseas, Australia - Interstate, Australia - WA, Metropolitan - WA, Regional - WA, Remote - WA</td>
</tr>
<tr>
<td>6. What is the predominant activity of your organisation?</td>
<td>Agriculture, forestry, fishing and hunting, Mining, Manufacturing, Electricity, gas and water supply, Construction, Wholesale trade, Retail trade, Accommodation, cafes, restaurants, Transport and storage, Communication services, Finance and insurance, Property and business services, Government administration and defence, Education, Health and community services, Cultural and recreational services, Personal and other services</td>
</tr>
<tr>
<td>7. How long have you been with the organisation?</td>
<td>Less than 1 year, 1 to 4 years, 5 to 10 years, More than 10 years</td>
</tr>
</tbody>
</table>
8. How long have you been in your current role?
- Less than 1 year
- 1 to 4 years
- 5 to 10 years
- More than 10 years

9. How would you describe your role?
- Senior management/owner/director
- Health and wellbeing coordinator
- Corporate manager
- Health promotion officer
- Other
- Please specify

10. How would you describe your level of experience in designing, implementing and evaluating workplace health and wellbeing programs?
- Inexperienced
- Somewhat experienced
- Very experienced

5. SECTION TWO - WORKPLACE PROGRAMS

The following questions ask about workplace health and wellbeing programs that currently exist in your workplace.

1. Do you have a health and wellbeing program currently in your workplace?
- YES
- NO
1. Can you briefly describe the reasons for NOT having a workplace health and wellbeing program? (mark as many boxes as applicable)

- No champion to drive the program
- Did not know where to start to develop a program
- Lack of interest by employees
- Lack of support by management
- Lack of financial support
- Lack of skills/expertise
- Lack of time
- Lack of information
- Other

Please specify: __________________________

7. WORKPLACE PROGRAMS

1. What type of workplace health and wellbeing program/s do you currently have? (mark as many answers as required)

- Smoking cessation program
- Healthy eating program
- Physical activity program
- Alcohol program
- General wellbeing program
- Mental health program
- Active transport program
- Influenza vaccination program
- Other programs

Other (please specify): __________________________
### DSR_WorkplaceResources_Survey

2. **How long has/has the workplace health and wellbeing program(s) been in place?**
   - Less than 2 year
   - 1 to 5 years
   - More than 5 years

3. **Were you responsible for establishing the workplace health and wellbeing program(s)?**
   - YES
   - NO

### 8. SECTION THREE - RESOURCE KIT

It would be useful to have the Resource Kit handy when answering the following questions.
DSR_WorkplaceResources_Survey

THE FOLLOWING SECTION ASKS QUESTIONS ABOUT THE RESOURCE KIT
1. Have you received/accessed the Workplace Resource Kit?
   - YES
   - NO

9. RESOURCE KIT

1. How did you find out about the Resource kit? (mark as many answers as required)
   - Via a colleague
   - Via the CSR website
   - Via CSR staff
   - Via a CSR training/information session
   - Via a Local Government Authority
   - Via the Chamber of Commerce & Industry
   - Other
   - Please specify

2. What was the main reason you/your organisation requested/accessed a Resource Kit?
   - Contemplating developing a workplace health and wellbeing program
   - Planning a workplace health and wellbeing program
   - Implementing a workplace health and wellbeing program
   - Refining/Updating a current workplace health and wellbeing program
   - Evaluating a workplace health and wellbeing program
   - Other
   - Please specify
3. The following questions are general questions about the Resource Kit. Please mark ONE answer on each line that best describes your reaction to the Resource Kit.

I found the Resource Kit......

<table>
<thead>
<tr>
<th>Very interesting</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye catching/attractive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy to follow/understand</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Contained good ideas</td>
<td></td>
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<tr>
<td>Provided guidance</td>
<td></td>
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<td></td>
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<tr>
<td>Stimulated thinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A good length</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A good layout</td>
<td></td>
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</tr>
</tbody>
</table>

Additional comments

4. Did you use or are you currently using the Resource Kit to assist you to design, implement, manage or evaluate your workplace health and wellbeing program?

- [ ] YES
- [ ] NO

10. RESOURCE KIT

1. If NO, what was the main reason for not using the Resource Kit?

- [ ] It didn’t contain information that was useful/relevant to my needs
- [ ] There was already a program in place for me to follow
- [ ] I am inexperienced in setting up and running programs
- [ ] Used an alternative workplace resource/reference
- [ ] Other

11. ALTERNATIVE WORKPLACE RESOURCE
1. Please state the workplace resource/reference that you use?

12. SECTION FOUR - DESIGN AND IMPLEMENT

The following questions ask for your opinion on the information contained in the Resource Kit on designing and implementing health and wellbeing programs in the workplace.

It would be useful to review the Resource Kit when answering these questions.

1. Your personal expertise and prior experience in designing and implementing health and wellbeing programs is likely to influence your opinion of the usefulness/relevance of the information in the Resource Kit. Would you consider yourself:
   - inexperienced
   - somewhat experienced
   - Very experienced

2. The Resource Kit contains five sections (or chapters) as listed below. Please mark ONE answer on each line that best describes your opinion about each section of the Resource Kit when designing a program.

When designing the workplace health and wellbeing program, I found the following sections......

<table>
<thead>
<tr>
<th>Your Simple Guide</th>
<th>Very Useful</th>
<th>Somewhat Useful</th>
<th>Not really Useful</th>
<th>Not at all Useful</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Your Detailed Guide</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Resources</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Case Studies</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
3. Please mark ONE answer on each line that best describes your opinion of each section of the Resource Kit when implementing a program.

When implementing a workplace health and wellbeing program, I found the following sections........

<table>
<thead>
<tr>
<th>Section</th>
<th>Very Useful</th>
<th>Somewhat Useful</th>
<th>Not really Useful</th>
<th>Not at all Useful</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Simple Guide</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Your Bottom Line</td>
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<tr>
<td>Your Detailed Guide</td>
<td></td>
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<td></td>
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<tr>
<td>Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Studies</td>
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</tr>
</tbody>
</table>

4. The ‘Resources’ section contained in the Resource Kit outlines a number of tools to assist in the designing and/or implementing of health and wellbeing program in the workplace.

When designing and/or implementing a workplace health and wellbeing program, I found the following tools to be ........

<table>
<thead>
<tr>
<th>Tool</th>
<th>Very Useful</th>
<th>Somewhat Useful</th>
<th>Not really Useful</th>
<th>Not at all Useful</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health risk sheets (p. 44-52)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample health and wellbeing mission statement (p. 55)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Sample health and wellbeing policy (p. 56)</td>
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<td></td>
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</tr>
<tr>
<td>The list of simple initiatives to get you started (p. 67-40)</td>
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<tr>
<td>Employee health and wellbeing survey (p. 61)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Workplace audit tool (p. 61)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
**5. How useful is the Resource Kit for providing information about designing and/or implementing a health and wellbeing program when completing the following tasks?**

When implementing a workplace health and wellbeing program, I found the following sections to be ........

<table>
<thead>
<tr>
<th>Section</th>
<th>Very Useful</th>
<th>Somewhat Useful</th>
<th>Not really Useful</th>
<th>Not at all Useful</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying a person in the organisation (key champion) to drive the program forward</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensuring a commitment to the program from management</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishing a commitment for the program from staff</td>
<td></td>
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<tr>
<td>Seeking input from staff about health and wellbeing issues that might be addressed in the program</td>
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</tr>
<tr>
<td>Identifying factors in the workplace that might impact on the suitability of certain initiatives (e.g. presence of stairs or elevators, policy issues such as flexible work-time: policy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishing a committee representative for program design and implementation</td>
<td></td>
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<tr>
<td>Promoting the benefits of the program to employees</td>
<td></td>
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</tr>
<tr>
<td>Providing a mix of education strategies and action-based initiatives</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

**13. SECTION FIVE - MANAGING & PROGRAM EVALUATION**

The following questions ask about information contained in the Resource Kit on the ongoing management and evaluation of the health and wellbeing programs in the workplace.

It would be useful to review the Resource Kit when answering these questions.

**1. The Resource Kit contains five sections (or chapters) as listed below. Please mark ONE answer on each line that best describes your opinion about each section of the Resource Kit to manage and evaluate a workplace health and wellbeing program.**

When managing a workplace health and wellbeing program, I found the following sections of the Resource Kit to be ........

<table>
<thead>
<tr>
<th>Section</th>
<th>Very Useful</th>
<th>Somewhat Useful</th>
<th>Not really Useful</th>
<th>Not at all Useful</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Simple Guide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Bottom Line</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Detailed Guide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**2. When evaluating a workplace health and wellbeing program, I found the following sections of the Resource Kit to be...**

<table>
<thead>
<tr>
<th>Section</th>
<th>Very Useful</th>
<th>Somewhat Useful</th>
<th>Not really Useful</th>
<th>Not at all Useful</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Simple Guide</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Your Detailed Guide</td>
<td></td>
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<tr>
<td>Resources</td>
<td></td>
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<tr>
<td>Case Studies</td>
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</tbody>
</table>

**3. How useful is the Resource Kit for providing information about the management and evaluation of a health and wellbeing program when completing the following tasks? Please mark ONE answer on each line.**

I found the Resource Kit......

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Very Useful</th>
<th>Somewhat Useful</th>
<th>Not really Useful</th>
<th>Not at all Useful</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying a person/group responsible for program management and coordination</td>
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<tr>
<td>Establishing a record-keeping system of prior and/or proposed health and wellbeing initiatives</td>
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<tr>
<td>Establishing program benchmarks to allow for ongoing measurements of progress/improvements</td>
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<tr>
<td>Seeking regular feedback from employees on existing initiatives and proposed initiatives</td>
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<tr>
<td>Establishing a program that meets the needs of as many employees as possible</td>
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</tr>
</tbody>
</table>

**4. How do you measure the impact of your health and wellbeing program? (mark as many answers as required)**

- [ ] I have not measured the impact of the health and wellbeing program
- [ ] The employee health and wellbeing survey
- [ ] The Workplace Audit
- [ ] Monitoring the implementation of health and wellbeing initiatives
- [ ] Monitoring employee satisfaction
- [ ] Monitoring employee health via medical assessments
- [ ] Monitoring employee absenteeism/sick leave
- [ ] Other

Please specify:________

---

14. SECTION SIX - RESOURCE KIT OVERALL
The following questions ask about the overall usefulness of the resources for designing, implementing, managing and evaluating programs.

1. Overall how useful did you find the information contained in the Resource Kit...

<table>
<thead>
<tr>
<th>For designing a health and wellbeing program for employees</th>
<th>Very Useful</th>
<th>Somewhat Useful</th>
<th>Not really Useful</th>
<th>Not at all Useful</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>For implementing a health and wellbeing program for employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For managing a health and wellbeing program for employees</td>
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<td></td>
</tr>
<tr>
<td>For evaluating and ongoing management of a health and wellbeing program for employees</td>
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</tr>
</tbody>
</table>

2. Did you learn anything new from the Resource Kit in relation to designing, implementing, managing and evaluating a workplace health and wellbeing program?

- [ ] YES
- [ ] NO

If YES, please state what you learnt:

[Blank space for answer]

3. In your opinion could the Resource Kit could be improved?

- [ ] YES
- [ ] NO

If YES, how could it be improved:

[Blank space for answer]
DSR_WorkplaceResources_Survey

4. The Resource Kit supports my organisation to:

☐ Consider developing a workplace health and wellbeing program
☐ Plan a workplace health and wellbeing program
☐ Implement a workplace health and wellbeing program
☐ Continuously refine and upgrade the workplace health and wellbeing program
☐ Evaluate the workplace health and wellbeing program

15. SECTION SEVEN - EMPLOYEE SURVEY

The following questions seek information relating to the online Employee Survey
Employee Survey

Introduction

Welcome to the Healthy Active Workplaces Health and Wellbeing survey.

This survey asks you about eating, physical activity, alcohol consumption, smoking, habits and stress and will take you approximately 5 minutes to complete.

This information will be used to provide information on the health and well-being of your organisation. This report will include no individual information and will help your organisation identify changes that will enhance the work place to support improved health and wellbeing.

As the developers of this survey, the Department of Sport and Recreation Research take your confidentiality very seriously. The following steps have been put in place to protect your privacy:

The survey does not require your name, email address or postal address.

All information collected will be treated as private and confidential in accordance with current privacy legislation.

No group information which could be used to identify individual respondents will be provided to your organisation.

If you agree to complete this survey please tick this box

General

Age .............................. Years
Gender ........................................ Male Female
Height (cm) ..................... cm or
Weight (kg) ................. kg

Smoking

1. Do you smoke?

☐ No (go to question 4)
☐ Yes

4. How soon after waking do you smoke your first cigarette?

☐ More than 60 minutes
☐ 30-60 minutes
☐ 15-30 minutes
☐ Less than 5 minutes

10. How many cigarettes do you smoke daily?
DSR_WorkplaceResources_Survey

The non-identifiable information collected through this survey may be used by the Department of Sport and Recreation for research purposes in the future.

Disclaimers:
The information provided is for general reference purposes only. It is not nor should it be relied upon as an alternative to professional medical advice.

1. Are you aware of the DSR online Employee Survey?
   - Yes
   - No

16. EMPLOYEE SURVEY

1. How did you hear about the online Employee Survey? (tick as many answers as required)
   - Via a colleague
   - Via the CSRR website
   - Via DSR staff
   - Via a DSR information/training session
   - Via a Local Government Authority
   - Via the Chamber of Commerce & Industry
   - Other
   - Please specify

2. Did your organisation use the online employee survey?
   - Yes
   - No
### 18. EMPLOYEE SURVEY

**1. What was the reason(s) for using the Employee Survey? (mark as many answers as required)**

- [ ] As a health awareness raising tool for employees
- [ ] As an educational tool for employees To establish the health behaviours of employees
- [ ] As a information tool for management
- [ ] To identify priority health program areas
- [ ] To provide a benchmark
- [ ] Other

Other (please specify)
2. What health issues were identified by the Employee Survey? (mark as many answers as required)

- Smoking
- Nutrition
- Hydration
- Alcohol
- Physical activity
- General Wellbeing
- No issues
- Other

Please specify

3. What health issues were targeted as part of your workplace health and wellbeing program as a result of the Employee Survey? (mark as many answers as required)

- Smoking
- Nutrition
- Hydration
- Alcohol
- Physical activity
- General Wellbeing
- No issues
- Other

Please specify
DSR_WorkplaceResources_Survey

4. Overall how useful was the information provided by the Employee Survey. Please mark ONE answer on each line that best describes how you feel about the survey.

Overall I found the information gained through the Employee Survey to be:

<table>
<thead>
<tr>
<th>Very Useful</th>
<th>Somewhat Useful</th>
<th>Not really Useful</th>
<th>Not at all Useful</th>
<th>Not applicable</th>
</tr>
</thead>
</table>
Identifying health issues to target for your workplace health and wellbeing program? | | | | |
Helping to design your workplace health and wellbeing program for employees? | | | | |
Helping to evaluate your workplace health and wellbeing program for employees? | | | | |

19. SECTION EIGHT - DEPARTMENT OF SPORT AND RECREATION TRAINING/INFORMATION SES...

This following section asks questions about the DSR Training/Information Sessions on the Resource Kit

1. Did you attend the training/information sessions conducted by DSR on the workplace Resource Kit?
   - YES
   - NO

20. TRAINING/INFORMATION SESSIONS

1. How did you find out about the training/information session? (mark as many answers as required)
   - Via a colleague
   - Via the DSR website
   - Via DSR-site
   - Via a Local Government Authority
   - Via the Chamber of Commerce and Industry
   - Via the Heart Foundation
   - Other
   Please specify

 please provide specifications
**DSR_WorkplaceResources_Survey**

2. Overall, how useful was the training/information provided in the session. Please mark ONE answer on each line.

<table>
<thead>
<tr>
<th>Overall I found the training/information session to be...</th>
<th>Very Useful</th>
<th>Somewhat Useful</th>
<th>Not really Useful</th>
<th>Not at all Useful</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introducing you to the concept of workplace health</td>
<td>C</td>
<td>C</td>
<td>C</td>
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<td>C</td>
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<tr>
<td>Highlighting the available resources</td>
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<td>C</td>
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<td>C</td>
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<tr>
<td>For networking</td>
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3. Could the training sessions be improved?

- YES
- NO

If Yes, please state how

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**21. SECTION NINE - NETWORKING**

These following questions ask about Department of Sport and Recreation’s opportunities to network.

1. Do you participate in the Department of Sport and Recreation’s opportunities to network?

- YES
- NO

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**22. NETWORKING**

1. Do you find this networking useful?

- YES
- NO

---

**23. NETWORKING**
DSR_WorkplaceResources_Survey

1. What is the most useful aspect of the networking?
   (mark as many answers as required)
   - Finding out what other workplaces are doing
   - Meeting with other workplace health coordinators
   - Receiving information on workplace health related events and activities
   - Other

   Please specify

24. SECTION TEN - DSR INITIATIVES

This question asks about the overall usefulness of the DSR resources and initiatives for assisting with designing and implementing a workplace health and wellbeing program.

Using the scale below, please indicate how useful the resources are.

✿ 1. Using the scale below (1 - 10) indicate how useful overall the DSR resources and initiatives are for the planning and/or implementing of workplace health and wellbeing programs?

<table>
<thead>
<tr>
<th>Usefulness Scale</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<tr>
<td>Not useful at all</td>
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<td>Useful and helpful</td>
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25. WORKPLACE PROGRAMS

The following question asks you what program(s) you are currently planning or implementing.
1. What program are you planning or implementing? (mark as many answers as required)
- No plans to implement a program
- Smoking cessation program
- Healthy eating program
- Physical activity program
- Alcohol program
- General wellbeing program
- Mental health program
- Active transport program
- Flu vaccination program
- Other programs

Please specify

26. WORKPLACE PROGRAMS

The following question asks about the programs that you would like to implement in the future.
1. Beyond the programs you are currently running, what workplace health and wellbeing programs would you like to implement? (tick as many answers as required)

- Don’t want to implement a program
- Smoking cessation program
- Healthy eating program
- Physical activity program
- Alcohol program
- General wellbeing program
- Mental health program
- Active transport program
- Flu vaccination program
- Other programs

Please specify

2. If you would like to go into the draw to win a set of pedometers please provide your...

   Email

   Name

   Organisation