



FitWork Good Practice Guide 2018

Fitwork Project

Email: [ibv@ibv.upv.es]

Website: [fitwork.eu]



CONTENTS

1. Background	4
Who should use this guide?	4
The scope of the FitWork guideline	4
Principles of approach	5
Structure of the Guide	6
Large and small organisations	7
Inputs to the Guide	7
2. What is an exercise programme?	8
3. Why undertake exercise activities at work?	10
4. Getting started: Setting up a fitness programme	14
Aim	14
Activities	14
For smaller organisations	17
5. Understanding needs	18
Aim	18
Activities	18
For smaller organisations	21
6. Programming	22
Aim	22
Activities	22
For smaller organisations	24
7. Implementing the programme	25
Aim	25
Activities	25
For smaller organisations	27
8. Evaluation	28
Aim	28
Activities	28
For smaller organisations	31
9. Useful references	32

Abbreviations

ENWHP	European Network for Workplace Health Promotion
MSD	Musculoskeletal disorder
ROI	Return on Investment
VOI	Value on Investment
WHP	Workplace Health Promotion

This guide was produced by Richard Wynne, ENWHP, May 2018



Co-funded by the
Erasmus+ Programme
of the European Union

This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein"

1. BACKGROUND

Who should use this guide?

The overall aim of the Fitwork Guide is to support people who want to implement exercise programmes in the workplace. While almost anyone can organise programmes with the right support, usually these programmes are organised by people with the ability to make decisions and the capacity to implement them. No single professional background has a monopoly of the skills and knowledge needed, but it is likely that in larger organisations, people from health and safety, occupational medicine or human resource management will be responsible for exercise programmes.

In smaller organisations, where these functions do not always exist or the resources to organise programmes are limited, it is likely that external suppliers will be involved. These may come from many backgrounds, but could certainly include health promotion agencies, physical wellbeing specialists and others.

It is not the intention of the Guide to exclude potential users - it is therefore targeted at all those who have a genuine interest in the area and who are in a position to support the implementation of exercise programmes in the workplace.

The scope of the FitWork guideline

The potential scope for exercise programmes at the workplace is very wide - programmes can vary in relation to the type of exercise, its frequency, its aims and the extent to which it is related to workplace risks to physical wellbeing (essentially MSD risks). Programmes may take place on or off the company premises, they may take place in working time or not and they may be paid for by the employer, the employee or through some combination of both.

The FitWork guideline seeks to be applicable to all of these situations - it provides guidance on how to organise workplace programmes that aim to increase physical fitness. In doing so, it does not provide guidance on which type of exercise intervention should be implemented - details of these can be obtained from other sources. Instead, it addresses the real organisational issues that affect the design and implementation of any workplace health programme, especially those that may be voluntarily undertaken.

Such issues relate to how to persuade stakeholders (employers and employees) to participate, how to ensure high rates of participation, how to integrate the programme with other health (and safety) programmes that may be in place and how ensure that the programme is repeated and improved for future implementation.

Principles of approach

Implementing exercise programmes in the workplace should incorporate a number of principles that will guarantee an ethical approach as well as increasing the chances of having a successful exercise programme. These principles are:

- **Support from all levels of the organisation** - exercise initiatives need to be supported by staff from all levels of the organisation. Where support from either management or employees is lacking, it becomes difficult or impossible to implement a programme. This means that effort that is spent gathering support before the programme commences is essential.
- **Voluntary participation** - Workers must be able to participate in the exercise programme on a voluntary basis. They must be able to opt in or opt out of the programme at any stage. No sanctions should apply to any worker who does not participate or who opts out.
- **Anonymity and confidentiality** - Any data that is collected as part of the programme must be treated anonymously (except where explicit permission is given to relax anonymity by the individual workers). Information on individuals should not be disclosed to any third party without the permission of the individual who has provided the data.
- **Needs based programming** - The kinds of fitness intervention that is implemented should be based on the needs of individuals or groups. Tailoring interventions in this way improves their chances of successful take-up.
- **Continuous improvement** - Gathering information about the performance of the intervention provides a sound basis for improving its performance the next time. The intervention should take place within a continuous improvement cycle.
- **Communications and feedback** - communications and feedback are required at all stages of the exercise programme with both the participants and the wider workforce in

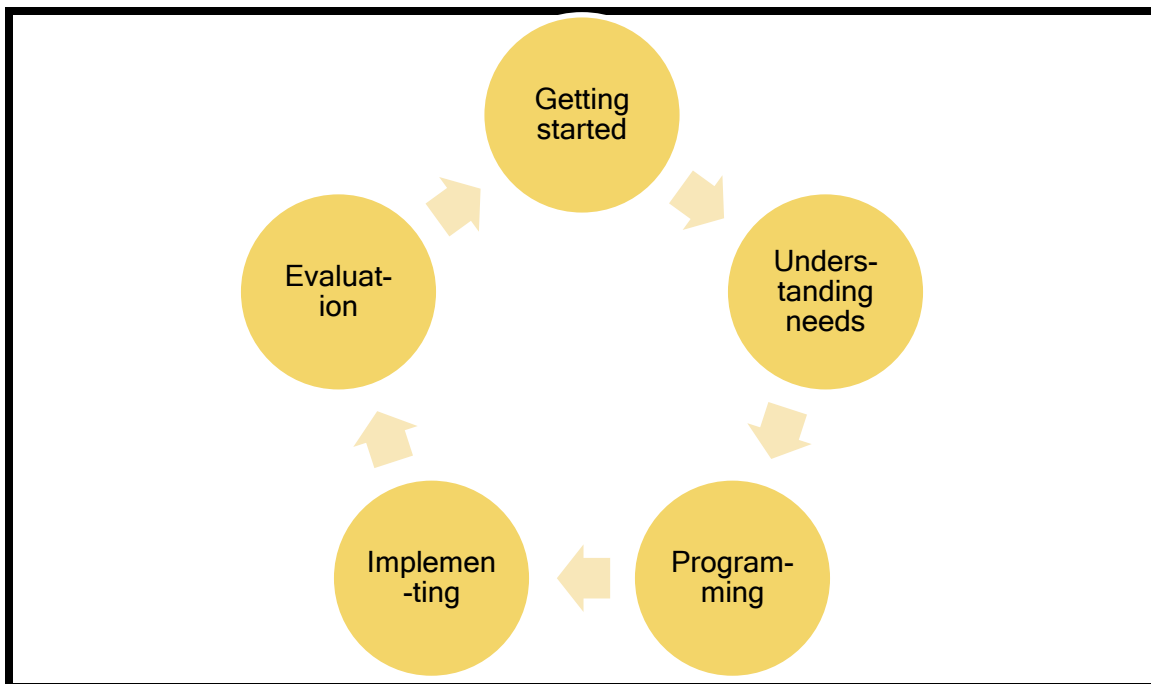
the organisation and with management. This enables expectations to be managed and provides feedback to all who have provided information to the project. Reporting on a formal basis to management allows for the programme to be embedded within the normal functioning of the organisation.

- **Creating a health culture in the company** - health as a value for companies. Investing in health is a way to be being social responsible.

Structure of the Guide

This guide organises the implementation of fitness programmes into a 5 stage cycle:

- **Getting started:** Preparing the ground for the exercise intervention with the main stakeholders - employers, employees and others
- **Understanding needs:** Finding out stakeholders needs with regard to the exercise intervention
- **Programming:** Deciding on the nature and setting up of the exercise intervention
- **Implementing:** Running and monitoring the programme
- **Evaluation:** Analysing monitoring data, identifying improvement measures



The implementation cycle is based in the hazard control cycle that is used in the practice of health and safety (hazard identification, risk assessment, intervention design, implementation

and evaluation). However, it has an additional phase (Getting Started) which is necessary because implementing many workplace exercise programmes are voluntary rather than obligatory.

It should be noted that even though there is a broad timeline throughout the implementation of a project, it is not necessarily followed rigidly. For example, it is often useful to amend project plans in real time on the basis of feedback received. Equally, it is not necessary to conduct a formal evaluation at the end of a project in order to begin feeding back results.

Large and small organisations

It is intended that this Guide is relevant for, and can be used by both larger and smaller organisations. In larger organisations, establishing an exercise programme (or any other health programme) is usually a formalised process compared to what might take place in smaller organisations. Larger organisations have more structure, specialisation, policies and functions than smaller organisations, and this Guide is written with these factors in mind. However, each section of the Guide also contains guidance for smaller organisations which maintains the same messages, but strips back the formality to the bare minimum.

Inputs to the Guide

This guide is based on the work of the FitWork project, funded by the Erasmus+ programme. The project carried out a number of activities that have been drawn upon in producing this Guide:

- A review of the literature on musculoskeletal disorders and working conditions
- A transnational survey of the attitudes of employers towards promoting and implementing physical activity
- A pilot implementation of exercise programmes in 2 companies in different countries over a 24 week period
- An overview of fitness programmes tailored to the demands of the job.

In addition, the Guide draws upon the broader experience of the ENWHP in developing guidelines for the promotion of a range of health issues in the workplace.

2. WHAT IS AN EXERCISE PROGRAMME?

Workplace exercise programmes may broadly be categorised into two types - general exercise programmes that are not aimed at specific workplace risks and specific programmes that aim to combat ergonomic risk factors for MSDs. General exercise programmes tend to come from the tradition of workplace health promotion, and use the tools of health needs analysis, while targeted programmes often come from the health and safety tradition.

General exercise programmes do not generally focus on health and safety risks, instead they focus on public health issues related to exercise and often, obesity. They may vary in the intensity of the exercise they promote, for example, from walking programmes to programmes involving aerobic exercise. They may also advocate the use of gyms (many employers subsidise memberships). Increasingly, these programmes involve the use of mobile technologies which can track physical activity as well as measuring physiological indices such as heart rate, blood pressure and sleep patterns.

Targeted exercise programmes, address specific workplace risks, especially for musculoskeletal disorders. They generally begin with some form of Risk Assessment which seeks to identify the ergonomic risks that exist in a job or workplace. They then address these risks through some combination of preventive measures (such as changing the physical demands of the job), providing assistance (such as aids for lifting) and exercise (such as stretching, strength building routines).

In recent years there has been increasing concern about sedentary behaviours in workplaces. More and more jobs have had their physical components reduced considerably or entirely, and this has led directly to MSDs for many workers. In response, new approaches to the prevention of MSDs in the workplace have developed whereby highly programmed exercise routines are implemented, often aided by technologies that track progress, provide reminders and measure physical indicators.

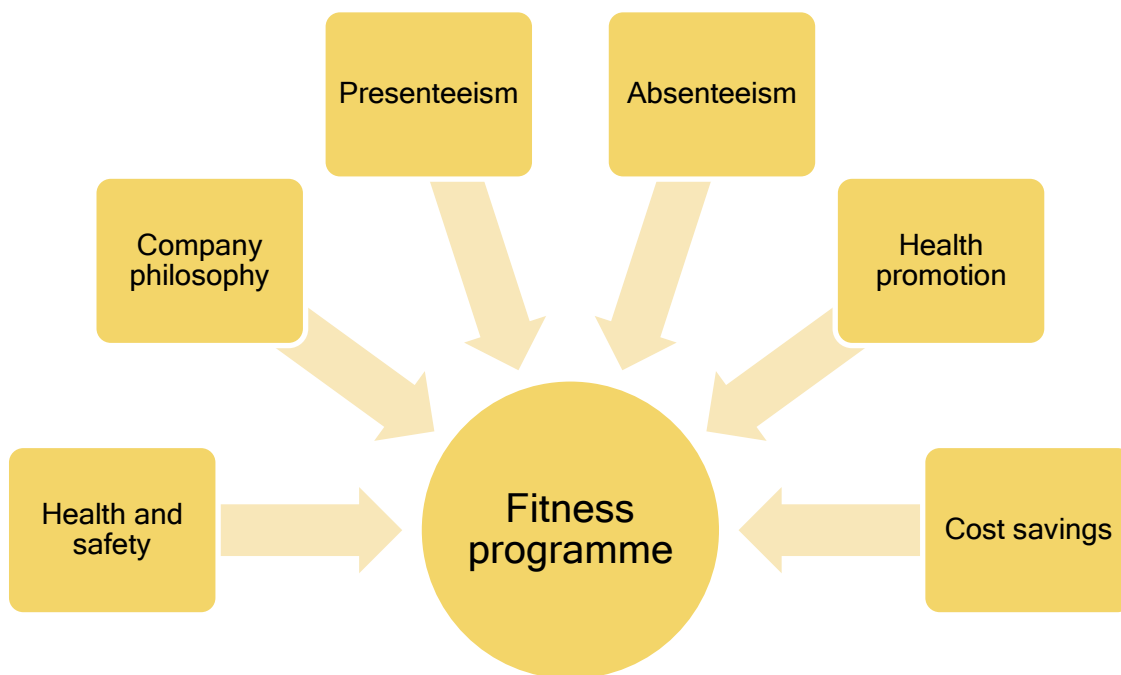
The FitWork project field trialled two such interventions, the results of which can be found on the project website.

The methodology presented in this guide has been implemented and assessed in the pilot test performed in two European companies over a 24 week period. These companies employed sedentary workers (office workers) and manufacturing workers, who faced different risks from the different tasks they performed at their worksites.

3. WHY UNDERTAKE EXERCISE ACTIVITIES AT WORK?

There are many potential reasons to undertake exercise programmes in the workplace. The Figure below illustrates some of the main reasons:

Figure: Reasons for Employers Undertaking Workplace Exercise Programmes



- There are many *workplace hazards* that can cause musculoskeletal problems for workers

Exhibit 1: Common musculoskeletal disorders and occupational risk factors	
Disorders	Occupational risk factors
Tendonitis/ tenosynovitis	Repetitive wrist motions Repetitive shoulder motions Sustained hyper extension of arms Prolonged load on shoulders
Epicondylitis (elbow tendonitis)	Repeated or forceful rotation of the forearm and bending of the wrist at the same time
Carpal tunnel syndrome	Repetitive wrist motions

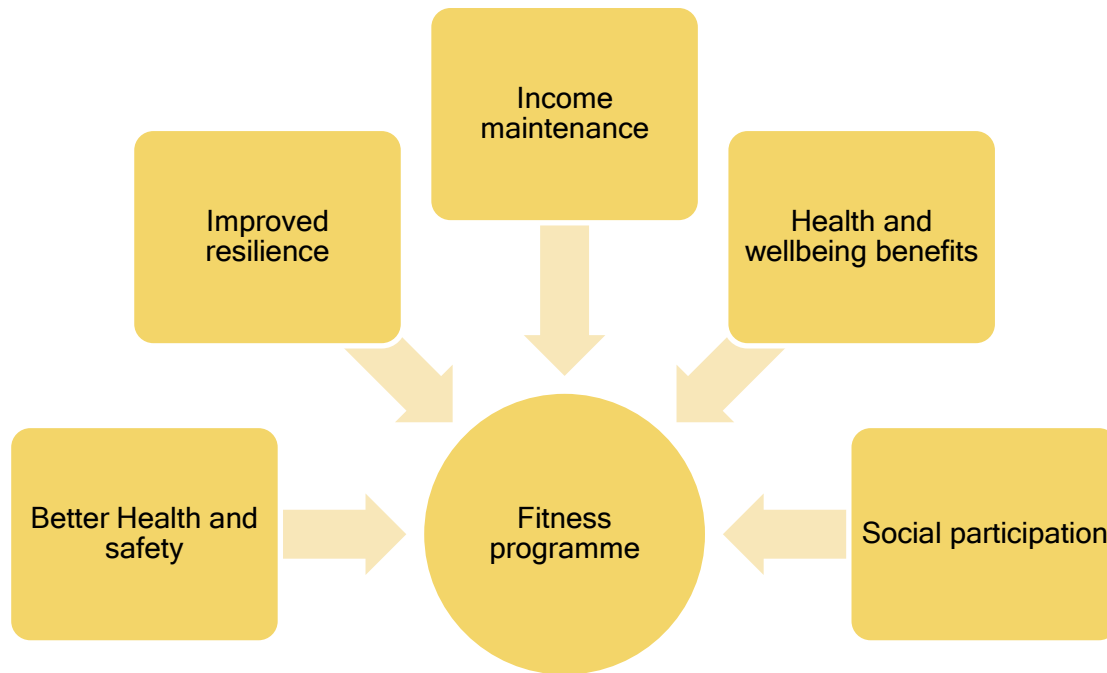
DeQuervain's disease	Repetitive hand twisting and forceful gripping
Thoracic outlet syndrome	Prolonged shoulder flexion Extending arms above shoulder height Carrying loads on the shoulder
Tension neck syndrome	Prolonged restricted posture

- The *benefits* of implementing programmes are potentially large for both the employee and the employer. Studies show that both Return on Investment (ROI) and Value of Investment (VOI) are positive for exercise programmes in the workplace.
 - reduced absenteeism costs
 - reduced presenteeism costs
 - better health and wellbeing
- Exercise programmes may help organisations *comply with health and safety regulations*, especially where there are well defined hazards and risks for MSDs
- Exercise programmes may be driven by *corporate philosophy* - many organisations have a large commitment to maintaining and improving the health and wellbeing of employees through workplace health promotion. It shows that they value their employees.
- Musculoskeletal problems are a significant *cause of absenteeism*. They are either the highest or second highest cause of absence from work in most EU countries. The costs to the employer and the employee are significant.
- *MSDs can be prevented* by appropriate exercise programmes - well designed exercise programmes can have a real impact in the prevention of MSDs
- *Presenteeism*, where people go to work while ill and perform at less than their optimum, may cost even more than absenteeism
- Many employees do not undertake exercise programmes outside of work - *the workplace may be their only opportunity* to engage in such programmes

Taken together, these reasons provide a powerful argument for the employer to set up an exercise programme in the workplace.

For the employee, there are also other reasons for taking part in workplace exercise activities:

Figure: Reasons for Employees Undertaking Workplace Exercise Programmes



- There are health benefits - both general and targeted exercise programmes can lead to health benefits for the individual in the shorter and longer terms. Targeted programmes, where they are tailored to real needs of the individual have better benefits.
- Social participation - taking part in exercise programmes (especially where they are group based) increases the levels of social support available to the individual, thereby providing both a social outlet and improved levels of social support.
- Improved wellbeing outside of work - Workplace exercise programmes not only have benefits for the employee in terms of being better able to do their job, but this spills over into non-work life, where improved fitness and strength enables better participation on non-work activities.

- Reduced costs of absence - being absent from work often costs the individual in lost income (the longer the absence, the more likely this is). Fitness programmes that reduce absence will help employees maintain their incomes.
- Better health and safety - employees who are fitter, more mobile and stronger are less likely to encounter health and safety difficulties

Stress and physical fitness

An important point that is often missed is that there is a strong relationship between the experience of stress and physical activity. This has implications for the individual - fitter people are better able to withstand stress. It also has implications for the employer - implementing workplace fitness programmes can also have the effect of reducing the experience of work stress for employees.

4. GETTING STARTED: SETTING UP A FITNESS PROGRAMME

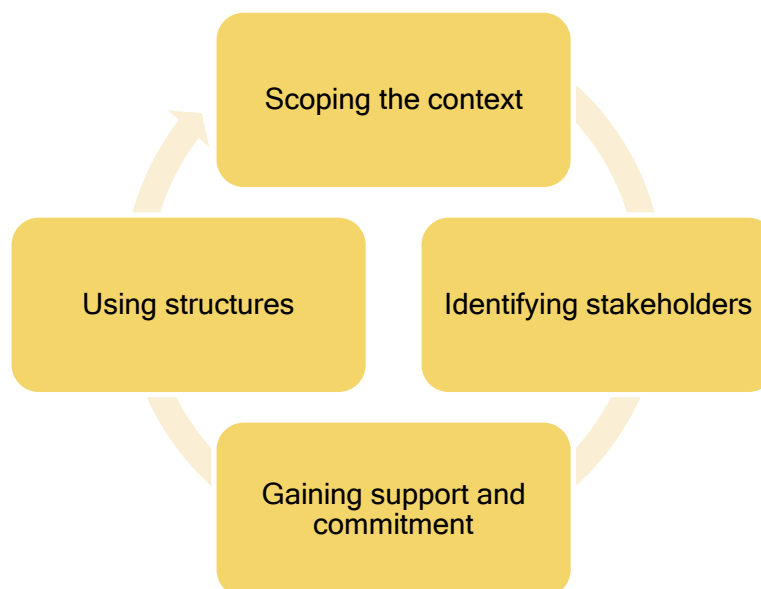
Aim

The aim of this phase of the programme is to develop support for the programme with the main stakeholders within the organisations. It is concerned with marketing the programme, i.e. persuading the stakeholders (management and employees) that developing and implementing the programme is in their interests and will be to their benefit. It is also concerned with taking stock of existing related activities and of leveraging these activities to ensure the maximum impact of the exercise programme.

Activities

There are 4 interrelated activities that need to take place in this phase. These are needed to ensure that there is adequate support for the exercise programme to take place. The agreement and support of the stakeholders is especially needed because in many cases it will be a voluntary activity, not just activity which should take place under health and safety obligations. These activities can take place in any order.

Figure: Activities of the getting started phase



Scoping the context

Only rarely do organisations not have some activities or programmes in place that are relevant to implementing the exercise programme. As a minimum, they will have health and safety policies and practices, which may include an assessment of physical risks for MSDs. In addition, they may also have:

- Previous experience of running exercise programmes
- Health policies
- Health promotion actions
- Workplace wellbeing initiatives
- Sports clubs

They may also have existing relationships with external providers of exercise programmes, while most large organisations will also have staff who have organised exercise or exercise programmes in their spare time.

The collective experiences of these initiatives can all be drawn upon to help shape the new initiative and to maximise the fit between what is proposed and the context into which the initiative must fit.

Learn from the organisational context to improve the prospects for the exercise initiative

Identifying stakeholders

Gaining support for the project depends on knowing who the most important stakeholders are. These can include the obvious candidates - senior management, line management and employees and their representatives. However, they can also include less obvious ones such as HR departments, training departments, safety and health staff and external providers.

It is not enough to identify who the formal stakeholders are, it is also essential to identify who are the opinion formers within the workforce - often these are not the same people that hold formal positions. For example, in relation to exercise programmes, it may be that opinion formers are found amongst employees who take exercise regularly. Having opinion formers on board will enhance the prospects of success of the initiative.

Identify formal stakeholders and opinion formers in the workplace

Gaining support and commitment

No workplace exercise programme will succeed without strong support from the main stakeholders, i.e. it needs management commitment and employee support. Both groups must be persuaded of the reasons to establish and take part in the initiative (marketing the initiative), and of the need to make this commitment visible to all within the organisation.

There are a number of useful tools and strategies that help to gain this commitment and lead on to setting up a viable and sustainable exercise programme.

Most new programmes will need active marketing -the stakeholders will need to be persuaded of the merits of the programme and the benefits to themselves and the organisation. Using stakeholders and opinion formers to do this helps give a sense of ownership of the programme to the organisation.

Setting up or using existing resources and structures

Setting up a project team is the best way to ensure that the exercise project can become established in a viable and sustainable way. Once the right people have been chosen, a good project team can ensure a

Tools and strategies for gaining support

- *Actively market the programme to the main stakeholders*
- *Use stakeholders themselves and especially opinion formers to persuade*
- *Set up a project team*
- *Link to other initiatives*

sense of ownership, manage and drive the project, and help overcome any implementation problems that may occur.

It is important to include representatives of the main stakeholders on the project team, but the main qualification for membership should be willingness to work. In too many situations, having a fully representative team can lead to stagnation.

It is often a good idea use or augment existing structures in the organisation, where they exist, to implement the programme. Such structures include health and safety committees, joint labour-management committees, works councils, etc. Where these structures work well and they have the capacity to organise and implement the programme, using them has the advantage of not duplicating effort within the organisation and of applying already well-functioning processes to the task of implementing the exercise programme.

Fail to prepare and prepare to fail - Effort spent in the early stages of the process is repaid later on.

For smaller organisations

Smaller organisations, especially micro-enterprises will often lack the internal policies, structures and functions and resources that would help establish an exercise programme. However, this can make marketing the programme and gaining support for it considerably easier. Often there are fewer stakeholders to be taken into account and persuading them to establish the programme is less difficult. Nevertheless, it is essential to gain the explicit support of management and employees before starting the process of implementation if it is to be successful.

5. UNDERSTANDING NEEDS

Aim

The aim of this phase is to develop a clear understanding of the needs of employees and employers in relation to the programme. From the health and safety perspective, it is concerned with undertaking a risk analysis, while from the health promotion perspective, it is concerned with finding out what the employees are interested in and prepared to do.

Activities

There are four interrelated activities that can be undertaken to understand the needs of the organisation in relation to the exercise programme. This may be the most technical phase of establishing the exercise programme and the degree of emphasis that is placed on the activities here may vary according to the needs of the organisation.

It is important to begin with the question of what is the aim of the exercise intervention. If it is to address specific workplace risks for MSDs, then the tools and techniques of health and safety must be used; if it is aimed at promoting more general physical fitness, then the tools of health needs analysis are needed, while if it is both, then both sets of tool should be used.

Figure: Activities of the understanding needs phase



Analysis of existing sources of information

Setting up the fitness programme should take into account any relevant information that already exists within the organisation. Such information could include:

- Risk assessments of the physical demands of the job
- Job analyses of the tasks that make up a job
- Absenteeism analyses (especially where the cause of absence has been analysed)
- Health promotion programmes, where health needs may have been assessed

These sources of information can provide useful insights into what types of health outcomes may result from the demands of the jobs that employees do.

Workplace Risk assessment

Risk assessment is the cornerstone of good health and safety management. In this process, potential hazards to worker health are identified and (often using standard tools) are then assessed with regard to the risk they pose to the health and safety of the worker. This is then followed by the implementation of preventive measures.

However, Risk Assessments are often confined to jobs that have a high potential for accidents and hazards that carry a low relative risk are sometimes not focused upon. Where the risks are mainly to health rather than injury or are to be found in what are perceived to be relatively low risk jobs, interventions may not always be undertaken.

Implementing a targeted exercise programme benefits from a proper risk assessment being undertaken. There are many tools that can support this activity (see panel for suggestions). The basics of risk assessment provides an introduction to how risk assessment can be undertaken. The list of job tasks gives an orientation towards the kinds of MSDs that can result from specific job tasks and roles, while

Tools for undertaking physical risk assessments

- *Risk assessment essentials 0 the basics of risk assessment from the European Agency of Safety and Health at work* (European Agency for Safety and Health at Work, 2010)
- *List of job tasks related to MSDs* (CC.OO, 2008)
- *Physical demands analysis methods* (OHCOW, (2005a))

the Physical Demands Analysis method outlines a procedure for quantifying and evaluating the physical and environmental demands of the tasks which make up a job. These are not the only tools that could be used, but if a comprehensive risk assessment is to be undertaken, then similar tools should be used.

Health needs analysis

Health needs analysis is the process of investigating what are the general health needs of a workforce (including needs for fitness). It provides the basis for developing workplace health promotion programmes, as well as a means for tracking progress against a baseline if used repeatedly. Public Health England has published the most recent method for health needs assessment (Public Health England, 2017), but many others are available.

Health needs analysis will not generally be detailed enough to enable a tailored exercise programme to be designed, but it will indicate the general needs for such programmes as well as indicating the level of support for undertaking one amongst the workforce. It is usually not a requirement that employees participate in exercise programmes, so it is important to assess employee willingness to participate.

Functional Capacity evaluation

Functional capacity evaluation is a process whereby the physical capacity of the worker is assessed in order to evaluate whether they are capable of meeting the physical demands of the job. It is usually carried out in the context of a person who is starting a job, or one who is returning to work following an injury or illness. In situations where it is needed, its results should be compared to the results of the risk assessment so that mismatches between workers and the demands of their jobs are prevented or corrected. Exercise programmes can help improve the functional capacity of the worker, thereby enabling them to continue working or undertake a more demanding job. However, fitness training should not be used instead of ensuring that jobs are properly designed - the work should be fitted to the individual, not the other way around.

For smaller organisations

Smaller organisations are unlikely to have the capacity to undertake full analyses of health needs on their own. They should be capable of analysing existing information and undertaking risk assessment, but may need external help in relation to the other two activities.

6. PROGRAMMING

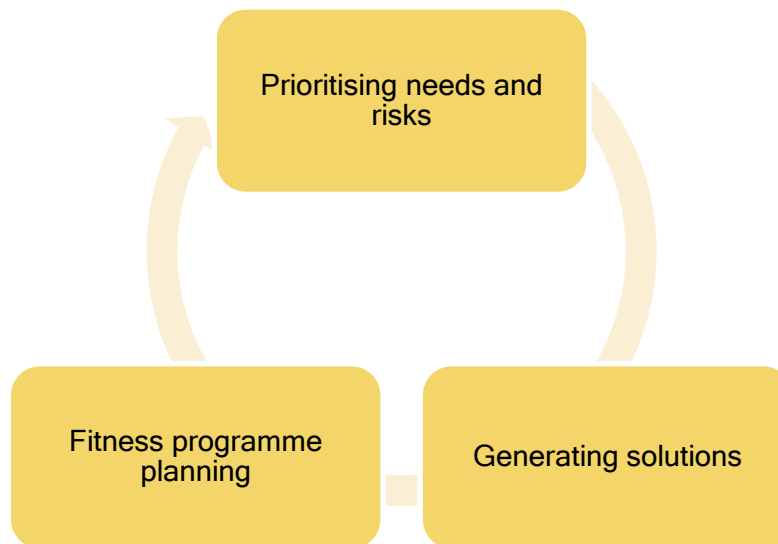
Aim

The aim of this phase is to select the appropriate exercise programmes for implementation, based on the risk analysis and needs analysis carried out in the previous set of activities.

Activities

This phase see three important activities taking place - prioritising needs and risks, generating solutions and exercise programme planning. Involve the project team members in undertaking these tasks - it both gives them ownership and transforms them into champions for the programme. Ensure that the results of the activities are communicated to all stakeholders - this helps to maintain their awareness in what is the least visible of phase of implementation.

Figure: Activities of the programming phase



Prioritising needs and risks

This is a collaborative activity for the project team. It involves evaluating the expressed needs of the workforce as detailed in the health needs analysis, calculating the physical risks associated with the job and assigning a priority to the risks and needs to be addressed.

Priorities can be assigned to risks and needs based on a number of criteria such as potential to influence, health and safety requirements, cost, payback and others (see panel).

Possible prioritisation criteria

- *Requirements of health and safety*
- *Payback time*
- *Possibility to influence*
- *Popularity of the issue*
- *Importance of the need*
- *Urgency of the need*

Generating solutions

This activity is a creative one, where possible interventions are generated by the project team. However, it is not without constraints - care should be taken to ensure that the requirements of health and safety legislation are respected when doing this. This states that the demands of the work should be fitted to the capacities of the worker.

Creative methods can be used to generate possible solutions / interventions in response to the priorities needs and risks such as brainstorming, group problem solving and so on. However, care should also be taken to draw upon existing sources such as the literature, guidelines, and evidence based practice as well.

Possible criteria for selecting solutions

- *Feasibility of implementing them*
- *Cost of implementation*
- *Availability of skills*
- *Immediacy of impact*
- *Evidence for impact*
- *Good practice guidance*
- *Etc.*

Exercise programme planning

This activity sees the production of an exercise programme project plan. This should be developed like any other project plan in the organisation, i.e. it should specify tasks and activities, outputs, responsibilities, schedules and resources. It should also specify reporting relationships, communications and monitoring procedures.

The project team should be responsible for overseeing the production and implementation of the plan. They should also be allowed to adjust the plan in the light of feedback from the implementation process.

The planning should take into account the needs of different groups in the workforce, some of whom may be at higher risk than others, and others who may be hard to reach. This needs to be done for practical reasons, i.e. to ensure that all employees have the opportunity to take part in the exercise programme.

Ensure that the needs of different groups are taken into account - significant issues include gender, shift working, language, mobile workers, older workers and initial state of fitness

Ensure that the needs of different groups are taken into account - significant issues include gender, shift working, language, mobile workers, older workers and initial state of fitness

For smaller organisations

In smaller organisations, the production of a project implementation plan is still needed. It is likely that it will be less detailed and complex, but it should still include details on the activities to be undertaken, the scheduling of activities, the resources needed, and monitoring procedures. Reporting relationships are likely to be less complex, and responsibilities may lie with one or a few persons compared to larger organisations.

7. IMPLEMENTING THE PROGRAMME

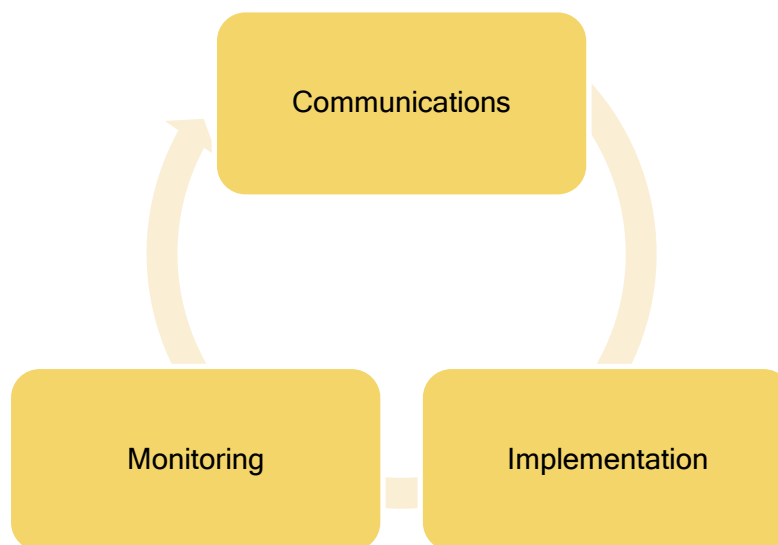
Aim

The aim here is to implement the exercise programme in an optimum way, ensuring that as many people benefit as possible. This phase also aims to make any adjustments to the programme that may be needed as implementation progresses.

Activities

Three related activities are relevant here:

Figure: Activities of the implementation phase



Communications

This activity is central to the success of the project, not only because it informs everyone of what is taking place, but because it also provides the opportunity to build the social aspects of the programme as well as allowing for feedback to be gathered in real time (this allows for adjustments to be made to the programme should the need arise).

All potential channels of communication should be considered for use here - printed, verbal and electronic means are all useful. Use established channels where possible, e.g. team talks, regular meetings, intranets and so on. Establishing new channels, while attractive, may not be the most efficient means of getting the message across.

Implementation

Implementing the project is concerned with running the exercise programme. Key tasks can include ensuring that venues are arranged, ensuring that equipment is available and in working order; ensuring publicity has taken place; ensuring that key experts are available (where needed); and ensuring feedback and monitoring information is collected (and acted upon where necessary).

Monitoring

Monitoring the implementation of the programme is a key element in ensuring that the programme runs as effectively as it can. It also plays a central role in ensuring that any future exercise programme is an improvement on the current one.

Monitoring should begin before implementation with the development of a monitoring and evaluation protocol. This can be as detailed as is required, but to begin with, the following questions need to be answered:

- Why is monitoring and evaluation being undertaken?
- What is the audience for the monitoring and evaluation outputs?
- Who is undertaking monitoring?

There can be a number of reasons to undertake monitoring and evaluation and these influence the methods that might be used, the focus of the evaluation and the level of detail of

Communications tips

- *Use multiple media*
- *Use established channels of communication*
- *Ensure that feedback on the progress of the project is collected and act upon it*
- *Report on project progress to stakeholders*
- *Use existing workplace networks*
- *Use existing workplace health initiatives to communicate about the project*

the evaluation. For example, if the aim is to improve the process of implementation, then the focus of evaluation should be on the activities of implementation and their effectiveness. If the aim is to demonstrate costs benefits, then the focus should be on costs and the quantification of benefits for the individual and the organisation. If the aim is to demonstrate improvements in fitness, then objective measures of fitness should be the focus of the evaluation.

Some key dimensions of monitoring and evaluation are outlined in the Table below:

Table: Key dimensions of monitoring and evaluation

Purpose of monitoring and evaluation	Audience for evaluation	Possible methods
<ul style="list-style-type: none"> • What works? • Process improvement • Assessment of health impacts • Assessment of costs and benefits 	<ul style="list-style-type: none"> • Employees • Management • External funders • Scientific community 	<ul style="list-style-type: none"> • Interview • Questionnaires • Objective measures

For smaller organisations

Smaller organisations may be less formal and more qualitative in the methods that are used in their monitoring activities as the numbers of people involved may be relatively small. The main aim is likely to be on what works rather than how it works.

8. EVALUATION

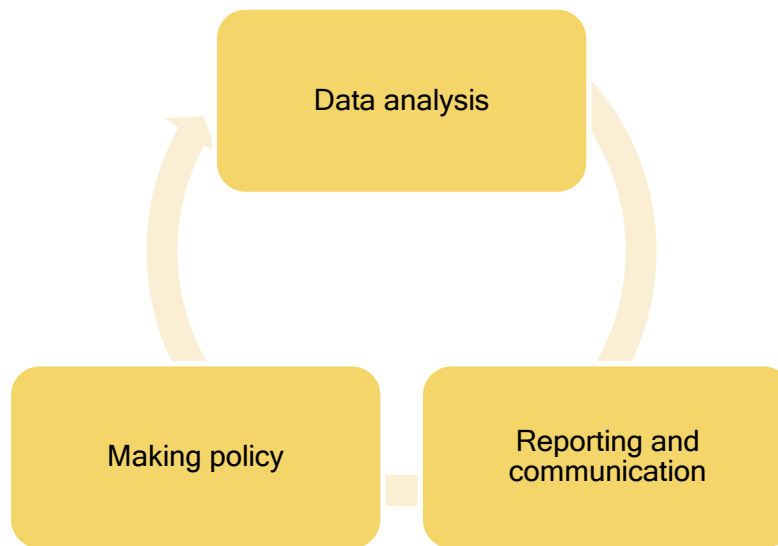
Aim

This phase of activity aims to gather information on the process, outcomes and impact of the exercise programme so that future programmes can be enhanced and improved.

Activities

There are three main activities in this phase - analysing the monitoring data that has been collected; reporting and communicating the results of this analysis; and using these results to build strong policy on workplace exercise programmes. Following through on these activities will help ensure that the exercise programme that has been implemented is not the last.

Figure: Activities of the evaluation phase



Data analysis

Different levels of data analysis may be appropriate depending on the overall goals of the programme and the evaluation questions that have been asked. For most purposes, especially the logging of programme outputs, simple counts and frequencies are often sufficient (e.g. X number of people attended, 40% completed the course).

For more complex questions about outcomes, more sophisticated analyses may be needed. For example, if the relative success of the programme for different age groups is to be

evaluated, some statistical tests may be needed to tell if the different groups were truly impacted by the programme to a greater or lesser extent.

Types of data

- *Quantitative data - this refers to numerical data which can come from objective measurements (e.g. weight, blood pressure, heart rate) or subjective ratings (e.g. satisfaction, preference).*
- *Qualitative data - this refers to any data which is not numeric (e.g. opinions, statements) but which indicates the quality of some area of interest. Usually obtained through asking open-ended questions*

Types of data analysis

- *Quantitative data - for example counts, frequencies, correlations, measures of differences, means*
- *Qualitative data - e.g. content analysis, quotations*

Potential data analysis questions

- *The process of implementation -*
 - *Efficiency, satisfaction with, problems with*
- *The outputs of the programme -*
 - *How many participated, who were they, Good results, bad results*
- *The impacts of the programme -*
 - *Was health improved, was wellbeing improved, did absenteeism fall, and was there a cost benefit to the programme*

It is also possible to calculate ROI and even VOI for the interventions that are made. Although there is still some controversy about the financial return of workplace health promotion programs, results in the mid-term (3 years) can be relatively easily evaluated.

Reporting and communication

This activity is concerned with the formal reporting of the programme to management and to the wider workforce (as well as to funders or other agencies, if relevant). As the types of audience for reporting will vary, it is important to ensure that reports are pitched towards their needs. Management will often want high level reports that are not swamped by excessive detail; workers will often want report that are relevant to themselves as individuals, or as small groups. Funders may want detailed reports that provide analytic detail on the programme.

There are a number of tips for communicating results of the evaluation:

- Communicate early - people value immediate or fast feedback on the programme they have been involved in. Communicate results on an interim basis where possible
- Use multiple methods of communication - not everyone likes each communication mode
- Provide individual feedback where possible
- Differentiate the message -different groups are interested in different issue

Early communication maintains momentum

Making policy

One of the aims of running an exercise programme is to do so well enough to ensure that the programme is maintained or repeated into the future. One way to ensure that this happens is to embed the results of the programme into organisational policy. This need not be a new policy (though that may help to have an exercise/fitness policy) - it is also useful to integrate it with other existing policies on areas such as health and safety, human resource management, or training and development. (It is often useful to have the issue embedded in more than one policy area). Where possible, try to attach a budget to the policy, this makes implementing the next programme easier.

The contents of appropriate exercise policies can vary according to the area in which they are embedded. If it is a standalone policy, then its aims and objectives should be stated in terms of promoting and maintaining exercise. If it is an embedded policy, then it is likely that they are stated in terms that are relevant to that policy, e.g. health and safety policy might include as an objective a commitment to ensure that workers fitness is maintained to enable them to work in a safe and healthy way.

*Make sure that exercise policy does not discriminate
against employees who are less than optimally fit!*

For smaller organisations

It is perhaps less important to produce detailed evaluation reports in the context of smaller organisations. The key here is to scale them to the needs of the organisation.

Communication is still important, as is the need to develop policy, however that may be expressed in the smaller organisation.

9. USEFUL REFERENCES

References

CC.OO. (2008). *Manual de trastornos musculoesqueléticos*. Valladolid: Secretaria de Salud Laboral CC.OO. Castilla y León.

www.trabajoyprevencion.jcyl.es/web/jcyl/binarios/298/402/musculoesqueleticos.pdf.

European Agency for Safety and Health at Work. (2010). *Risk assessment essentials*.

https://osha.europa.eu/en/tools-and-publications/publications/promotional_material/rat2007/view.

OHCOV. ((2005a)). *Physical Demands Description handbook*.

http://www.ohcow.on.ca/edit/files/fact_sheets/ohcow_pdd_handbook_-_high_resolution__1_.pdf.

Public Health England. (2017). *Workplace health needs assessment*.

<https://www.gov.uk/government/publications/workplace-health-needs-assessment>.

Background material

There are many sources of information that can be of help in implementing workplace exercise programmes. These include:

European Commission (2005). Green Paper: "Promoting healthy diets and physical activity: a European dimension for the prevention of overweight, obesity and chronic diseases". Available at <http://www.eph.org/spip.php?article2065>

World Health Organisation (undated). Data and statistics. <http://www.euro.who.int/en/health-topics/noncommunicable-diseases/diabetes/data-and-statistics>

Cawley J, Rizzo JA, and Haas K. occupation-specific Absenteeism costs Associated with obesity and Morbid obesity. *Journal of Occupational and Environmental Medicine*, 49(12):1317-24, 2007.

Gates D, Succop P, Brehm B, et al. Obesity and Presenteeism: The Impact of Body Mass Index on Workplace Productivity. *Journal of Occupational and Environmental Medicine*, 50(1):39-45, 2008.

Heithoff KA, Cuffel BJ, Kennedy S, Peters J. The Association Between Body Mass and Health Care Expenditures. *Clinical Therapy*, 19(4):811-820, 1997.

Lehnert T, et al. Sick leave days and costs associated with overweight and obesity in Germany. *JOEM*, 56(1): 20-27, 2014

The FitWork project

Work-related musculoskeletal disorders, are among the most common occupational diseases in the EU and one of the most important causes of long-term sickness absence. For this reason, MSDs are a priority in EU's prevention strategy on occupational health and safety.

The prevention of MSDs' can be addressed with appropriate physical activity programs. The EU Physical Activity Guidelines (2008) stated that if work is monotonous or heavy to the extent that it carries increased risk of musculoskeletal disorders, employers and trade unions should facilitate workers access to exercises designed to counteract these diseases (guideline 33).

In this context, the FitWork project aimed to develop good practice to support ergonomists and health and safety professionals in implementing physical activity programs designed to reduce specific ergonomic risks. Ergonomics and sport professionals have come together to define good practice in occupational risk prevention through physical activities as well as best practice in implementing workplace health promotion programs.

Project partners



Consortiu

m:



UNIVERSIDADE DE COIMBRA

