

★ WELCOA's News & Views

Worksite Wellness Evaluation



Very Satisfied

Somewhat Satisfied

Somewhat Dissatisfied

Dissatisfied



WELCOA's News & Views

Worksite Wellness Evaluation

An Expert Interview with
David Chenoweth, PhD, FAWHP

ABOUT **DAVID CHENOWETH, PhD, FAWHP**



David Chenoweth is President of Chenoweth & Associates, Inc., an international health data analysis and evaluation firm. Over the past 31 years, he has conducted program, policy and risk factor-specific econometric evaluations for business, industrial, health care and governmental organizations throughout the U.S. and Europe. He served as chief econometric analyst for the well-known *Physical Inactivity Cost Calculator*, developed *EconoHealth™* and co-developed *Calcul8™*. He frequently speaks on corporate health and productivity management issues and has written nine books on worksite health management including *Evaluating Worksite Health Promotion*. He is a Fellow of the International Association for Worksite Health Promotion and received his PhD from Ohio State University.

ABOUT **DR. DAVID HUNNICUTT**



Since his arrival at WELCOA in 1995, David has interviewed hundreds of the most influential business and health leaders in America. Known for his ability to make complex issues easier to understand, David has a proven track record of asking the right questions and getting straight answers. As a result of his efforts, David's expert interviews have been widely-published and read by workplace wellness practitioners across the country.

David Hunnicutt can be reached at dhunnicutt@welcoa.org.

A good evaluation can help you answer day-to-day wellness program decisions. Conducting evaluations for your wellness programs and outcomes gives you the opportunity to assess your progress and direction and compare initiatives to determine which are the most cost-effective. To find out if your programs are really enhancing participants' health and whether they can be reasonably sustained into the future, the evaluation process also helps you determine how to allocate your budget, so you can focus your time and resources on the right interventions that are really making a difference.

Evaluation is the linchpin that holds the other six benchmarks of results-oriented workplace wellness programs accountable. A sound evaluation strategy allows for a better understanding of which elements of the program are working and which need attention.

Despite the sentiment that evaluation is too complicated to be completed without the help of outside consultants, this WELCOA Expert Interview with Dr. David Chenoweth illustrates how straightforward a process it can be when you know the right steps, and how to focus on realistic, measurable objectives using the proper data.



David Hunnicutt: Why is evaluation important?

David Chenoweth: It's absolutely critical. A good evaluation is a prerequisite to answer your day-to-day decisions. For one, evaluation helps you assess your progress. For example, you can perform interval-based evaluations every two, three or six months. This gives you the opportunity to gauge if your program is moving in the right direction. Secondly, evaluation helps you compare programs so you can determine which are the most cost-effective. For example, you could compare a health coaching module that is delivered online against a health coaching program that is delivered in-person.

Additionally, evaluation obviously helps you determine program outcomes. It answers questions such as: Did my program or service generate real value considering the level of impact and the cost of the intervention? Did it really enhance key health status indicators of those participating? Did it generate enough of an impact that can be reasonably sustained into the future? Did it improve the organization's equity-to-health cost ratio? Evaluation also helps you determine how to allocate your budget, so you can focus your time and resources on the right interventions. And last, but certainly not least, evaluation provides you with real, tangible evidence that you can share with your employees and clients.

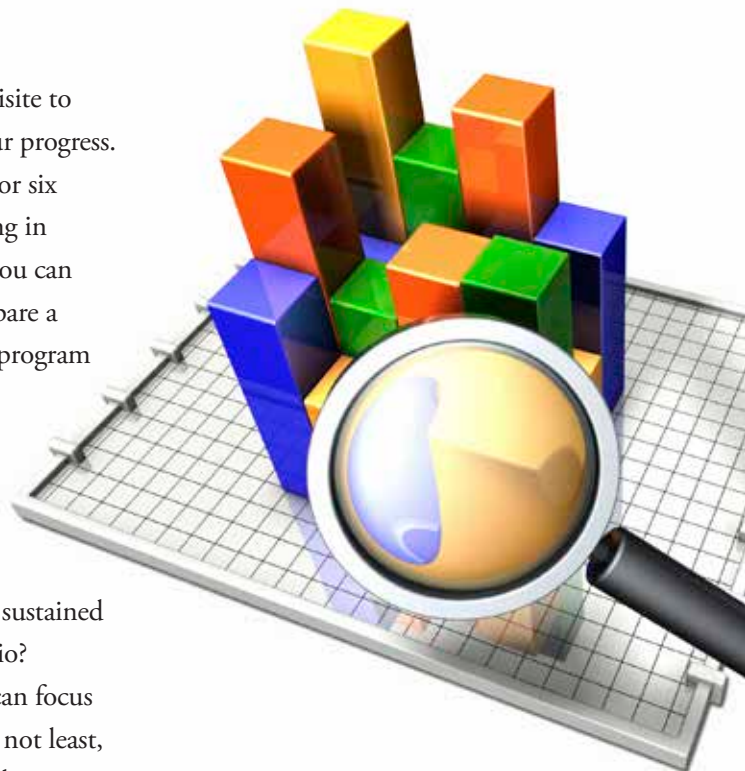
WELCOA'S
dyk
DID YOU KNOW...

Chenoweth & Associates, Inc. offers a health and productivity cost analysis report called CalcuL8™.

CalcuL8™ is an innovative tool that assists organizations in identifying their employees' modifiable, but most costly lifestyle-related risk factors.

For more information, visit:

<http://www.chenoassociates.com/CalcuL8.htm>



DH: Can you tell us about the different levels of evaluation?

DC: There are three different levels of evaluation. The first is **process**, the second is **impact** and the third is **outcome**—PIO for short. The *process*-level evaluation provides a mix of qualitative and quantitative metrics. For example, you can look at participation, and ask employees how they felt about the program. You ultimately want to discover what kind of experience they had. After you move beyond those qualitative dimensions, you can move into the *impact*-level evaluation. This is where you focus on impact variables, such as employees' behaviors and risk factors. This can include tracking accidents or injury trends, as well.

The last level—*outcome*—focuses on financial metrics. This is the level at which you convert selected impact variables into financial values. Common outcome variables include risk factor-based medical costs, absenteeism-based lost productivity costs, injury-based workers' compensation costs, and disability-driven rehabilitation costs. In my judgment, the three-tiered PIO, or process, impact and outcome approach, provides wellness practitioners with a nice level of distinctive evaluations to consider.

DH: Are there some basic, specific evaluation steps we can follow when implementing a health promotion intervention?

DC: I think the first step is just asking some basic questions. What kind of program or service should we evaluate? Why is this particular program or service amenable to evaluation? You must also sit down with your team and colleagues and select a program that you think meets your criteria and standards. Then, you need to select

I think the first step is just asking some basic questions. What kind of program or service should we evaluate? Why is this particular program or service amenable to evaluation?

baseline [front-end] process variables and impact variables; this will help you gather relevant data. You want to make sure you're looking at data that can be properly analyzed. For example, if you want to implement a back injury prevention program, but you don't have any low back injury claim, accident or injury data, you may want to reconsider because you need pertinent data to drive that evaluation. After you do that, you can think about your design. For example, does your setting and population allow only for a single group, non-experimental design—or—possibly an intermediate level, two-group, quasi-experimental design—or—even a more rigorous, experimental design built on random selection and assignment of targeted

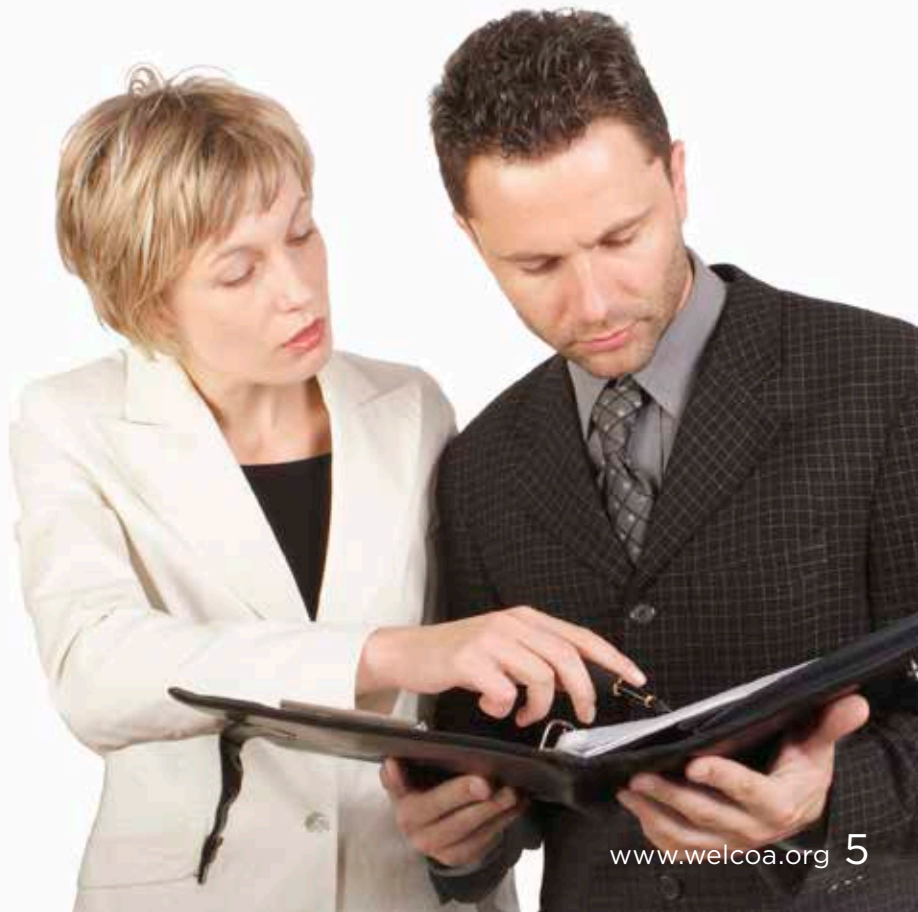
subjects? Lastly, you certainly want to prepare the results into an evaluation format that you can share with your stakeholders.

DH: What’s the most effective way to communicate these evaluation findings to the rest of the organization?

DC: First and foremost, you have to understand your stakeholders and what level of evaluation detail they expect from an evaluation. Look at what your organization has done in the past and what they’re currently doing. Secondly, ascertain what the organization’s standard norm is for reporting. You need to figure out the range of variables (“scope”) that stakeholders want to look at, as well as the level of detail (“specificity”) they would like to see. This ranges from worksite to worksite; I’ve seen cases where an organization would be happy with a three to five-page executive summary, whereas others may want a 100-page narrative report with charts and figures.

Lastly, you want to understand the venue in which the evaluation results will be presented. In other words, who will receive the evaluation? What individuals and departmental representatives will be the primary recipients – human resources personnel? The benefits director? The occupational health nurse? Safety and risk management personnel? Senior management? Moreover, is it going to be used as part of a business plan or proposal to expand or revise the current program? These are the types of questions you need to think about to prepare a strategy to effectively communicate your results with the rest of the organization.

First and foremost, you have to understand your stakeholders and what level of evaluation detail they expect from an evaluation.



DH: How much of a program's annual budget should be allocated toward evaluation?

DC: Traditionally, social economists suggested that five to 10 percent of an organization's budget should be devoted to evaluation. However, given today's economic climate, we're seeing more worksites establish upfront caps on what they're willing to pay for an evaluation. These cost-conscious organizations are making a strong case that it's a buyer's, not a seller's (vendor-driven) market. Of course, companies who are doing well financially are understandably a bit more willing to negotiate.

Rather than recommending that an organization adopt a standard five to 10 percent allocation, I encourage companies to solicit bids from three to four reputable vendors as a starting point. This will help you gain a marketplace scale of fees, and assess how reasonable or unreasonable the providers' fees are. You can then make an informed, cost-effective decision on how to get the most value for your evaluation dollar.

DH: Are there any legalities or other related items you need to consider when conducting a workplace evaluation?

DC: I'll approach this internally and externally. If you're just doing an internal, in-house evaluation, I think you should always subject your evaluation approach and effort around HIPAA, GINA and the ADA. The Health Insurance Portability and Accountability Act (HIPAA) has significant implications for sharing individuals' personal data as well as wellness incentive design. The Genetic Information Non-discrimination Act (GINA) also has significant implications when gathering, using, or evaluating any kind of genetic information or family-history-related information.

Make sure that the scope of data you are evaluating is clearly defined and agreed upon by all parties before proceeding. By taking these safeguards, you minimize any legalities that can compromise the integrity of your evaluation.

Lastly, the Americans with Disabilities Act (ADA) has been around for awhile, and is one you definitely need to keep in mind. It has implications in such areas as wellness incentive design and health risk stratification. Collectively, these laws underscore

the importance of safeguarding employees' identity and confidentiality at all times, as well as mandating that only authorized personnel should conduct and manage sensitive and private data. This of course includes any employee health records, health risk appraisal data, biometric screening data, medical claims data, workers' comp data, and the like.

Now, if you have an external consultant conduct your evaluation, you certainly want to establish some level of due-diligence in sharing and receiving data. You'll want to make sure that any kind of personal and private data, such as employees' names and Social Security numbers, are completely removed from any transferrable platform to ensure total anonymity and confidentiality. Along with this, you want to ensure that the third-party you're working with is reputable—so check their references and require that they have the appropriate licensing, accreditation and insurance.

Lastly, make sure that the scope of data you are evaluating is clearly defined and agreed upon by all parties before proceeding. By taking these safeguards, you minimize any legalities that can compromise the integrity of your evaluation.

DH: You personally have done numerous workplace evaluations for programs of all sizes and all types. What's been the key to your success?

DC: I've learned a lot by listening, learning and communicating; what I call "LLC." Unquestionably, anyone who's been in this business long enough to sustain a track record has to be willing to listen and hear what your clients are saying. In addition, you have to take time to understand your clients' programs and services. What kind of programs do they have? How long have they been in place? Who's participating in those programs?



Another key is preparation. There's just no substitute for gathering as much information as possible before you do an evaluation. Transparency is another critical success factor for evaluators. Be able to explain the basis and scope of your evaluation methodology—from selecting variables and data gathering to data analysis and reporting options. You want to make every effort to use participant-driven data. I can't emphasize this enough. Avoid relying too heavily on external norms, when possible. Certainly, there are circumstances when national, regional, and industry data can be strategically used for comparison and benchmarking reasons, but not solely as a substitute in place of a company's own data.

Last, but not least, I think you have to maintain high ethics and let the data drive the outcomes. While everyone wants to see a favorable outcome, you can't allow any internal bias to compromise the integrity of the evaluation. At the end of the day, if you've taken care of these matters, I think you're going to provide value to your constituents.

DH: It's unlikely that anybody hits a homerun in terms of evaluation or demonstrating ROI right off the bat. We see that it's usually an evolution of programs going from good to better to best. Do you have any tips or guidelines for those who are trying to evolve their evaluations in this manner?

DC: I'll answer that question in four dimensions. The first dimension is length of the program. To gather good evaluation data, I think your program has to be in place for several months at a minimum, preferably longer. This guideline is, of course, based on the type of program, participation level, participants' behavioral/risk status, and other variables. Of course, the best, most reliable assessments come from programs that have been in place for a couple of years or longer.

I think you have to maintain high ethics and let the data drive the outcomes. While everyone wants to see a favorable outcome, you can't allow any internal bias to compromise the integrity of the evaluation.

The second dimension encompasses evaluating your participants. In a good evaluation, at a minimum, you have employees who are regularly participating. So, you really have a true population or a database to draw from. In time, you can move to a better evaluation where you can compare participants against a comparison group of non-participants. This quasi-experimental design has more rigor than relying solely on a single group. Ideally, to really have the best evaluation of your population, you should strive for what we call an experimental design. It's important to note that this is difficult in many worksites. It's where you randomly divide your original group of participants into two or three sub-groups. Then, you randomly assign each group to a specific variation. For example, if you're offering health coaching, your variations could include online health coaching and in-person health coaching. So, you would randomly select, and then randomly assign one group to face-to-face health coaching, another group to online-only health coaching, and a third group could be a mixture of the two. That way you will have a real demographic platform upon which to compare method A versus B versus C.



The third dimension revolves around data and statistical analysis. At a minimum, you should do some level of descriptive analyses so you can compare baseline and impact data, say, in three or four months. That's a good level in which to begin. You can make it better by incorporating some statistical analyses over an extended period of time, such as a T-test or analysis of variance (ANOVA). Of course, your best approach, even though it's often more difficult to achieve, is where you can incorporate some advanced statistical analyses like co-analysis of variance, regression and multiple regression. These kinds of scaled evaluation protocols—if they're done over two or three years—can give you a real good opportunity to look at trends, as well as correlations between specific variables.



Notable & Quotable

from David Chenoweth

Evaluate The Process, Impact & Outcome Of Your Programs...

There are three different levels of evaluation. The first is **process**, the second is **impact** and the third is **outcome**—PIO for short. In my judgment, the three-tiered PIO, or process, impact and outcome approach, provides wellness practitioners with a nice level of distinctive evaluations to consider.

PAGE 4

Establish Due Diligence...

Now, if you have an external consultant conduct your evaluation, you certainly want to establish some level of due-diligence in sharing and receiving data. You'll want to make sure that any kind of personal and private data, such as employees' names and Social Security numbers, are completely removed from any transferrable platform to ensure total anonymity and confidentiality. Along with this, you want to ensure that the third-party you're working with is reputable—so check their references and require that they have the appropriate licensing, accreditation and insurance.

PAGE 7

Gather And Explain Your Evidence...

There's just no substitute for gathering as much information as possible before you do an evaluation. Transparency is another critical success factor for evaluators. Be able to explain the basis and scope of your evaluation methodology – from selecting variables and data gathering to data analysis and reporting options. You want to make every effort to use participant-driven data. I can't emphasize this enough.

PAGE 8

The Four Dimensions Of Evaluation Evolution...

The first dimension is length of the program. To gather good evaluation data, I think your program has to be in place for several months at a minimum, preferably longer.... At a minimum, you should do some level of descriptive analyses so you can compare baseline and impact data, say, in three or four months. That's a good level in which to begin.

PAGE 8

Value Your Stakeholders...

Be sure to take sufficient time to carefully prepare an objective evaluation, so can you provide value to your stakeholders. Your stakeholders include senior management (the people who have funded your evaluation), and your organization's employees—the second group of stakeholders.

PAGE 11




The last dimension involves the type of evaluation variables or metrics you select. Obviously, you want to start out with some process and impact variables for a good evaluation. If you really want to move that evaluation to a better one, build in an extended period of time to see if the initial results are maintained, deteriorate, or improve. Of course, in order to have the best one, I believe that you really need to convert your process and impact variables into financial outcome valuations for several years. That will allow you to make some solid, long-term ROI determinations.

DH: With the good, better, best approach, what is a reasonable timeframe? Is it 36 months to get to the best? What would be the progression?

DC: There are some programs that report positive ROIs within 6-12 months; however, short-term programs have inherent threats (e.g., novelty and Hawthorne effects, etc.) that invariably undermine the level of confidence that you can place on the reported outcome. However, some programs such as back injury prevention and medical self-care have consistently shown legitimate ROIs within a short time frame. In contrast, when you get into risk factor- and behavioral-based programs such as smoking cessation and weight management, the payoff often takes a couple of years. So, I think you have to look very carefully at the type of program, participation and adherence levels, and total programming costs to objectively gauge a realistic time frame for achieving a true intervention-driven ROI. Since there's a lot of variability in ROI payoffs from worksite to worksite, I encourage wellness practitioners to approach the good, better, best scenario as a graduated process, rather than trying to "prove something" immediately by using unreliable data or methods. In essence, building quality programs that generate high and sustained participation rates will invariably expedite the time needed to show a genuine ROI.

DH: If you could tell workplace wellness practitioners just one thing about evaluation, what would it be?

DC: Be sure to take sufficient time to carefully prepare an objective evaluation, so can you provide value to your stakeholders. Your stakeholders include senior management (the people who have funded your evaluation), and your organization's employees—the second group of stakeholders. And remember, when your employees participate, they have no guarantee they'll gain any benefits, so they have a blind trust—and you definitely want to continue to earn that. And of course, the health promotion staff that has devoted time and effort to deliver quality programs—they are certainly stakeholders as well. So, simply taking the time to prepare a good client-focused evaluation that serves your stakeholders is the one thing that I've learned more so than anything. 



17002 Marcy Street, Suite 140 | Omaha, NE 68118
402.827.3590 | welcoa.org