Using the CIPP Model to Assess the University's Health Programs for Faculty and Staff

Mae-Lanie O. Poblete
Graduate Program (Doctor of Science in Nursing)
Cebu Normal University, Cebu City, Philippines, 6000

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ABSTRACT

Studies confirm the benefits of health and wellness programs in the workplace. However, limited knowledge is known about the impact of health programs in the universities and colleges for faculty and staff. This descriptive-evaluative study assesses and evaluates the health programs provided by the clinic of Mindanao State University – Iligan Institute of Technology (MSU-IIT) designed for its employees with the use of Daniel Stufflebeam's CIPP (Context, Input, Process and Product) model as an evaluation tool. CIPP Evaluation Model focused more on the information gathering for easier decision making. This information can be a guide to enhance a program whether in the planning, arranging, implementation and production stage. This study also would like to determine whether the goals and objectives of the health programs are being met. Moreover, the study attempts to provide decision makers the needed data for the improvement of the health programs to address the urgent needs of the faculty and staff of the university. A mixed methodology is used for data collection making use of both qualitative and quantitative research collection. Personal interview with the clinic personnel; and the workplace health needs and interest questionnaire given to the faculty and staff were utilized. A total of 150 employees answered the given questionnaire. Results revealed that to exercise more is the top one activity employees chose to do to maintain or improve their health. The top five activities that the respondents consider participating into were oral-dental health, walking/running program, regular wellness education presentation, aerobic exercises and tied at top five (5) were weight management and coping with stress. With the use of context, input, process and input evaluation, it was found out that there is a need to intensify the programs implemented that would not limit to screening and assessment only but active programs that will help address the need for physical activity and nutrition. Therefore, decisions have to be made to facilitate improvements in the conduct of the program in every aspect of implementations to produce better and more meaningful outcomes for the faculty and staff.

Keywords: CIPP model, health program, faculty and staff

INTRODUCTION

Studies show that workplaces directly influence the wellbeing of workers and increasingly, organizations are realizing that success can only be achieved with a healthy, competent, capable and motivated workforce. The World Health Organization (2003) recently declared that the workplace is a priority setting for health promotion, as many chronic diseases are related to lifestyle, and time at work represents a large percentage of workers waking hours.

Much has already been written about health and wellness programs implemented by large corporations and companies, but less is known about the experiences of schools and universities. Faculty and staff of a university are also
bombarded with many activities needed for them to perform their respected duties and responsibilities as an employee. Furthermore, the vast range of tasks of the faculty and staff members in universities are likely to cause poor quality work life (Davies, Davies, & Heacock, 2003) and greater health risk factors. According to Blair, Tritsch, & Kutsch (1987), the teachers and other school staff members have similar health problems to the rest of the population. Consequently, these health problems cause escalating health care costs which continue to remain a great concern to the administrators (Kaplan, 1993).

Many studies confirm the benefits of a wellness program in a workplace. Studies conducted by Bonner (1990); Proper et al. (2002); Musich et al. (2004) & Chapman (2005) proved that workplace wellness programs reduced problems on employee presenteeism, a phenomenon occurring when employees are at work but do not feel as productive as usual due to stress, depression, injury or illness. It has been observed that promotion of workplace wellness result to healthier employees, saving the institution thousands of pesos. In addition, in the study of Blair et al. (1987) results revealed that teachers who have participated in the school site health promotion programs report improved attitudes about their personal health; increased perceptions of general well-being, decreased absenteeism, improved morale, and an improvement in the quality of their instruction. In the study entitled “University Administrative Support To Workplace Wellness: A Pilot Study” by Dr. Teresita Ignacio (2013), findings imply that workplace wellness is practiced in higher educational institutions and that the university administrators give credit to the development of the total well-being of the employees.

In the WHO Healthy Workplace Framework and Model as reported by Joan Burton (2010), a healthy workplace is defined as one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of workers and the sustainability of the workplace, based on identified needs: health and safety concerns in the physical work environment; health, safety and well-being concerns in the psychosocial work environment including organization of work and workplace culture; personal health resources in the workplace; and ways of participating in the community to improve the health of workers, their families and other members of the community. In addition, according to WHO (1999), the principles that guide the development of healthy workplaces must be comprehensive, participatory and empowering. The healthy workplace initiative must encourage multisectoral and multidisciplinary cooperation, promote social justice and be sustainable. Moreover, creating a healthy workplace followed an 8-step process; 1. Ensure management support, 2. Establish a coordinating body, 3. Conduct a needs assessment, 4. Prioritize needs, 5. Develop an action plan, 6. Implement the plan, 7. Evaluate the process and outcome 8. Revise and update the programme.

In the discussion paper of Graham Lowe (2003) on Healthy Workplaces and Productivity, he stressed that research in diverse disciplines agrees on the importance of supporting employees to be effective in their jobs in ways that promote, not compromise, their health. The ingredients include leadership that values employees as
key assets, supportive supervision at all levels, employee participation, job control, communication, opportunities to learn, and a culture that gives priority to work-life balance and individual wellness. There is also evidence of causal links between working conditions, interventions designed to create healthier workplaces, employee health, and firm-level productivity. Studies suggest that successful healthy workplace initiatives are comprehensive in scope, integrated with other human resource programs, and have well-designed implementation strategies based on strong leadership, good communication and extensive participation. While significant knowledge gaps remain, these should not deter employers, employees and policy makers from taking action now to create healthy organizations.

In the Philippines, the Civil Service Commission (CSC) issued Memorandum Circular No. 8, series of 2011 (MC 8) reiterating its directive to all government agencies to adopt a health and fitness management program for government employees dubbed “The Great Filipino Workout”. This was first mentioned in CSC Memorandum Circular No. 6 issued in 1995. Realizing that a healthy and alert workforce is a productive workforce, the CSC sees the need for all government employees to stay in shape. Thus, in MC 8, it directed agencies to allot a reasonable time for regular physical fitness exercise and to include physical fitness exercises in seminars, training programs and similar events. Agencies are authorized to allot one hour per week for health awareness programs and 20 minutes daily for fitness programs (R.A.C.E, May 2011).

The university clinic has been conducting various programs to cater to the needs of its employees but so far, no evaluations were done. With the clinic’s mission, having a commitment to upgrade health care delivery to students, faculty, staff and their dependents, this evaluation of the health programs will help improve and enhance its services afforded to the employees.

**Theoretical and Conceptual Framework**

The study utilized CIPP Evaluation Model to assess and evaluate the health programs provided to the faculty and staff. The CIPP Evaluation Model is a comprehensive framework for guiding evaluations of programs, projects, personnel, products, institutions, and systems. Corresponding to the letters in the acronym CIPP, this model’s core parts are context, input, process, and product evaluation with the intention of not to prove, but rather improve, the program itself. In general, these four parts of an evaluation respectively ask, “What needs to be done? How should it be done? Is it being done? Did it succeed?” (Stufflebeam, 2002).

![Figure 1. The CIPP Model](image)
CIPP is considered a system-based model (Eseryel, 2002) and a macro model (Hew, et. al (2004). Moreover, many consider this model as the best model for decision-making. According to Williams (2000); Smith and Freeman (2002), each of the four different types of evaluation that comprise CIPP has an important role to play in a larger whole, with the functions of each described by Stufflebeam (1971a) as follows:

1. Context evaluation serves planning decisions by identifying unmet needs, unused opportunities and underlying problems that prevent the meeting of needs or the use of opportunities.

2. Input evaluation serves structuring decisions by projecting and analyzing alternative procedural designs;

3. Process evaluation serves implementing decisions by monitoring project operations;

4. Product evaluation serves recycling decisions by determining the degree to which objectives have been achieved and by determining the cause of the obtained results.

The conceptual framework of the study is structured below with the data required for the evaluation of the health programs implemented in the university.

**Table 1. Conceptual Framework**

<table>
<thead>
<tr>
<th>CONTEXT</th>
<th>INPUT</th>
<th>PROCESS</th>
<th>PRODUCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Goals and objectives for health programs</td>
<td>• Facilities</td>
<td>• Implementation of program</td>
<td>• Target participation</td>
</tr>
<tr>
<td>• Needs assessment of faculty and staff</td>
<td>• Clinic Personnel</td>
<td>• Monitoring of the program</td>
<td>• Impact to health</td>
</tr>
<tr>
<td></td>
<td>• Allocation of budget</td>
<td>• Adaptation of budget and personnel when lack of resources</td>
<td>• Meeting goals and objectives</td>
</tr>
<tr>
<td></td>
<td>• Administration’s support</td>
<td>Procedural designs and strategies</td>
<td>Documentation of implementation</td>
</tr>
</tbody>
</table>

In line with the study’s perspective, the context evaluation assesses the goals and objectives of the health programs conducted, identify the needs of the faculty and staff. For two-consecutive years, health programs implemented include blood sugar test, bone density screening and ECG tracing. Cholesterol test, seminars on chronic diseases and health education were also being conducted. To complement context evaluation, input evaluation can be completed. In this stage, the strategy of the program will be evaluated. The intent of this stage is to choose an appropriate strategy to implement and resolve any problem in the program. In addition to context evaluation and input evaluation, reviewing program quality is a key element to CIPP. Process evaluation investigates the quality of the program’s implementation. In the study, how the programs have been implemented will be evaluated. The final component to CIPP, product evaluation, assesses the outcome of the program including its impact to the health of the employees.
Statement of the Problem
This study aimed to evaluate the health programs of the university. Specific research questions were organized around the four evaluation types contained in the CIPP model.
1. What are the identified health needs of the faculty and staff?
2. What strategies and procedural designs have been done to address the needs?
3. How were the various components of the health programs implemented?
4. What is the outcome of the health programs in terms of participation of employees, impact to their health and meeting the goals and objectives of the program?

METHODOLOGY
The study utilized a descriptive-evaluative research design. The descriptive method of research in the study refers to the process of observing and describing the health needs of the employees as well as the health programs provided by the university. The evaluation of the health programs was based on the CIPP model. Evaluation gathers information about whether a.) the initiative is meeting its objectives, b.) what parts of the program are working and what parts are not working, and c) what improvements may be needed to make it work better (Health Canada, 1999). The study was implemented using a mixed methodology research design. According to Creswell (2012), a mixed methodology research design is a procedure for collecting, analyzing and “mixing” both qualitative and quantitative research methods in a single study to understand a research problem. The quantitative and qualitative approaches were done in three parts accordingly. In the first part, the needs of the faculty and staff were described using a researcher made questionnaire on workplace health needs assessment and interest. The items in the questionnaire came from various standardized workplace health needs survey form. A pilot study was implemented prior to the conduct of the main study to determine the validity of the researcher made questionnaire. Wallen and Freankel (2001) emphasized that researchers should focus on collecting reliable, valid data using instruments. For this reason, the researcher consulted an expert to ensure content-related validity. The sample size was determined to be at 235 respondents with confidence level of 95% and confidence interval of 5.5%. Then, questionnaires were given to 113 staff and 122 faculty members identified through stratified random sampling. The retrieval of the questionnaires lasted for 2 weeks with a response rate of 64%.

The second part was a comprehensive interview with the Head of the Clinic and other personnel using an interview guide. In the third part, review and analysis of documents from the clinic were done to aid in the triangulation of data. According to O’Donoghue and Punch (2003), triangulation is a “method of cross-checking data from multiple sources to search for regularities in the research data.” Table 2 below summarizes the methods of data collection.
Table 2. Methods of Data Collection

<table>
<thead>
<tr>
<th>CIPP Components</th>
<th>Source of Data</th>
<th>Method of Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Context:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. What are the identified health needs of the faculty and staff?</td>
<td>Head of the Clinic</td>
<td>Interview</td>
</tr>
<tr>
<td></td>
<td>Faculty and Staff</td>
<td>Survey on workplace health needs and interest</td>
</tr>
<tr>
<td></td>
<td>Written documents pertaining to program goals and objectives</td>
<td>Review of documents</td>
</tr>
<tr>
<td>Input:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. What strategies and procedural designs have been done to address the needs?</td>
<td>Clinic personnel</td>
<td>Interview</td>
</tr>
<tr>
<td></td>
<td>Written report about the program strategies, budget allocation and utilization of personnel and facilities</td>
<td>Review of documents and strategic plans</td>
</tr>
<tr>
<td>Process:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. How were the various components of the health programs implemented?</td>
<td>Clinic Head</td>
<td>Interview</td>
</tr>
<tr>
<td></td>
<td>A copy of the monitoring evaluation</td>
<td>Review of records</td>
</tr>
<tr>
<td>Product:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. What is the outcome of the health programs in terms of participation of employees, impact to their health and meeting the goals and objectives of the program?</td>
<td>Clinic personnel</td>
<td>Interview</td>
</tr>
<tr>
<td></td>
<td>Clinic records</td>
<td>Review of records</td>
</tr>
<tr>
<td></td>
<td>Faculty and staff</td>
<td>Survey</td>
</tr>
</tbody>
</table>

RESULTS AND DISCUSSIONS

Analysis of the results and discussions is organized into four parts of the CIPP model with the integration of the research problems.

Context Evaluation
1. What are the identified health needs of the faculty and staff?

The establishment of the health programs of the university was based on the service strategies of the clinic which is to conduct and strengthen programs and activities on free medical laboratory procedures to achieve its mission and goals. The health programs initiated and offered by the clinic were diagnostic procedures such as blood sugar testing (FBS and RBS), bone screening, Pap smear and PSA screening, cholesterol testing, eye checkup and ECG tracing. The recorded results of the tests were the main source of health needs of the faculty and staff. For the conduct of Pap smear and PSA screening, it was mainly due to the verbal clamor of the employees, according to the Head of the Clinic. Employees 40-50 years old were encouraged to participate. Moreover, the program served as a wakeup call to the employees to give more importance to their reproductive health.

The workplace health needs and interest survey was conducted to help identify the current health needs and interest of the faculty and staff. A total of 60
faculty and 90 staff members answered the questionnaire. Majority of the respondents were female comprising of 64.7 percent and a little over one-fourth (28.7 percent) belonged to the age group of 21-30. This is followed closely by those who belonged to the 51-60 age group which accounts to 25.3 percent. Most of the respondents which is 48.7 percent considered their general health as “Good” while 29.3 percent considered their health as “Very Good”. When asked about what they would like to do next year to improve or maintain their health, the top five answers were summarized in table 3 below

<table>
<thead>
<tr>
<th>Responses</th>
<th>N</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>What would you like to do to in the next year to improve or maintain your health?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise more</td>
<td>134</td>
<td>1st</td>
</tr>
<tr>
<td>Get more sleep</td>
<td>101</td>
<td>2nd</td>
</tr>
<tr>
<td>Eat better</td>
<td>96</td>
<td>3rd</td>
</tr>
<tr>
<td>Remove source of worry or stress</td>
<td>92</td>
<td>4th</td>
</tr>
<tr>
<td>Learn to manage time better</td>
<td>81</td>
<td>5th</td>
</tr>
</tbody>
</table>

a. Dichotomy group tabulated at value 1.

Out of twenty five (25) choices, to exercise more emerged as the number 1 activity respondents chose to consider doing, to maintain or improve their health; garnering a total of 89.3 percent of cases. The need to exercise is consistent with the health habits of the respondents of which 40.9 percent exercised only once in a while and 34.9 percent rarely exercised at all. For this reason, they chose activities such as walking/running program (top 2) and aerobic exercises (top 4) in the activities/programs that they consider participating into. The top five activities that the respondents want to participate into were the following: 1. Oral-dental health (59.1 percent of cases); 2. Walking/running program (53.0 percent); 3. Regular wellness education presentation (51.7 percent); 4. Aerobic exercises (44.3 percent); and tied at number 5 are weight management and coping with stress (44.3 percent).

It has been observed that the clinic offers medical and dental services but many were not aware of the dental aspect of the services which include tooth extraction. Employees would also like to include teeth cleaning and dental filling as part of the oral-dental health.

Based on the table 3, health needs of the faculty and staff were focused on the improvement of physical/physiologic and emotional wellbeing. A significant number of the respondents also cited the need for spiritual nourishment which is part of the holistic wellness of a person. Furthermore, survey results showed that the top health concerns of the respondents are hypertension (35 percent) and diabetes mellitus (30 percent). Survey also revealed that the top 3 barriers identified which prevent employees to make changes to maintain or improve health are the following; (1) not enough time (60.1 percent of cases); (2) not enough money (36.2 percent of cases) and (3) not knowing how to get started (31.2 percent of cases). A significant number of respondents also were in the same mind in writing down lack of self-discipline as a barrier in making changes for better health.
Future programs of the clinic should actively address the identified health needs of the faculty and staff giving consideration of their preferences. When asked about their availability to participate in the health programs, majority liked to attend an ongoing or continuous type (57.2 percent of cases) of health program during Fridays (62.7 percent of cases), after work (78.6 percent of cases) in the gymnasium (46.6 percent of cases) or multi-purpose hall (45.2 percent of cases). Decision-makers should also consider the motivating factors and barriers of participation in a health program which can affect its success. Respondents agreed that the top 3 motivating factors are those that can (1) provide fitness opportunity (71 percent of cases); (2) help improve well-being (69 percent), and (3) facilitate lifestyle change (51 percent). On the other hand, majority of the respondents agreed that time limitations (73.9 percent of cases) and difficulty with schedule (57 percent of cases) can hinder their participation.

The results of the health needs and interest survey can be used as a guide in creating more programs to address the pressing needs of the faculty and staff. This assessment can become a helpful tool in designing and planning of new health program.

**Input Evaluation**

2. What strategies and procedural designs have been done to address the needs?

The strategy of the Clinic in the delivery of its program and services was through a free medical laboratory procedures. Programs were implemented in partnership with various sponsoring companies. According to the Head of the Clinic, companies like to conduct free clinic in schools and universities because they can better monitor clients compared to public places like pharmacy and community. After the two parties agreed in the plan of action of the program, it will then be scheduled and program dissemination is done via phone call to different colleges and departments. For the FBS testing, sponsorship was from Hovid Inc., Getz Pharma, Multicare and Merck Sharp and Dohme Phil., while the bone density screening was sponsored by Oasis and Getz Pharma. For the eye check up, it was sponsored by Ideal Vision. ECG tracing was conducted in partnership with Trianon International and cholesterol test with Sanofi. Continuation of the program depends upon the donation of the sponsoring company and availability of the machine. On the other hand, the Pap smear and PSA screening were part of the Gender and Development advocacy of the university. Programs were implemented in collaboration with other companies, agencies and/or organizations, however; it is not done in a regular basis.

Since most of the health programs were done for free and without payment, there is no budget allocated for this. It was only the Pap smear and PSA screening which had a budget allocation from the Gender and Development fund of the university. The clinic personnel who were assisting during the implementation of the program did not receive additional income because it was part of their job to promote healthy lifestyle of the faculty and staff. Moreover, the administration fully supports all of the programs implemented as stated by the Head of the Clinic but budget allocation will depend upon the availability of funds and paperwork will take time to process. For this reason, an opportunity like free clinic in partnership with different
companies was the best way to implement the health programs.

The programs implemented are considered to be a secondary prevention for the early detection and treatment of disease to prevent progression. Utilization of preventive interventions such as screening and testing helps in identifying individuals with established disease, and treating those individuals in a timely way so as to prevent further problems. As part of the input evaluation, the strategies and design of implementation can be compared to WHO Healthy Workplace Framework and Model which is anchored to well-recognized organizational process of "continual improvement" which ensures that a health, safety and well-being programme meets the needs of all concerned and is sustainable over time (Burton, 2010). In addition, it is a cyclic or iterative process that continually plans, acts, reviews and improves on the activities of the programme. The process includes mobilize, assemble, assess, prioritize, plan, do, evaluate and improve. There were limitations in the way to conduct the health programs but, the most neglected part in the process was the evaluation after the program was initiated.

**Process Evaluation**

3. **How were the various components of the health programs implemented?**

The implementation of the health programs was simple since it is for free and a collaborative effort of various stakeholders. It involved planning, mobilizing and actual doing of the activity. As mentioned, dissemination of information was done via phone calls to different colleges and departments but since, it was for a limited slots only (FBS testing and cholesterol testing) not everyone was able to avail of the program. Priority was given to those known diabetics based on the record. There were records kept for every procedure done but the results of the test were not organized and summarized to become the basis of future programs and activities. Furthermore, there was no individual monitoring of the result as part of the individual profiling of the employees. The implementation of the programs followed the plan which was originally designed.

Health programs implemented are diagnostic procedures used to determine any abnormality that needs medical attention. This served as initial program that can provide baseline data which can be used as a guide for further programs to improve the health of the faculty and staff. The process for the implementation of FBS testing, which is often the first test done to check for prediabetes and diabetes, is completing assessment. The next step is to analyze and plan strategies and interventions to manage diabetes in the workplace. Health-related programs for type 2 diabetes prevention and control in the workplace include health forum on the “Changing Concept in the Management of Diabetes” conducted in partnership with the association of the non-teaching employees of the university. Further programs should include physical activity, nutrition and weight management.

**Product Evaluation**

4. **What is the outcome of the health programs in terms of participation of employees, impact to their health and meeting the goals and objectives of the program?**

There was no evaluation given to participants during or after each of the programs was conducted. Success rates
were based on the number of participants who joined in the program. Table 4 presents a sample of the programs implemented and the number of participants.

In the survey conducted, respondents were asked to rate the general impact of the programs to their health in the scale of 1-10 of which 10 is the highest. Results revealed that 85 of the 150 respondents were able to participate in at least one of the health programs of which only 75 of them rated the impact of the program to their health. The lowest rating given was 3/10 and the highest rating was 10/10. Significantly, a total of 31 percent of the respondent rated the impact as 8/10. This implied that most of the respondents perceived the health programs to have a good impact to their health.

Table 4. Sample of the programs Implemented and number of participants

<table>
<thead>
<tr>
<th>Program</th>
<th>Date</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pap smear and PSA screening</td>
<td>June 1 - July 31, 2013</td>
<td>241</td>
</tr>
<tr>
<td>ECG Tracing</td>
<td>Oct. 24, 2013</td>
<td>54</td>
</tr>
<tr>
<td>Health forum</td>
<td>Feb. 14, 2014</td>
<td>100</td>
</tr>
<tr>
<td>Bone Screening</td>
<td>July 5, 3014</td>
<td>76</td>
</tr>
<tr>
<td>Blood sugar testing</td>
<td>Sept. 4, 2014</td>
<td>37</td>
</tr>
</tbody>
</table>

The results of the tests were as follows; for bone screening with 76 participants, it was found out that 25 percent were osteoporotic - high risk and 27.6 percent had osteopenia - medium risk. For the recent fasting blood sugar testing with 37 participants, 3 were identified to have a blood sugar of more than 126 mg/dl.

The major concern of the respondents was about the sustainability of the program because it is not done in a regular basis. Decisions should be made on how to keep and sustain those programs that are mostly needed based on the priority of needs identified.

The set objectives for the conduct of the health programs were easy and simple – to screen and identify abnormalities. The objective set for the program of blood sugar testing is to screen for diabetic patients and for the health forum is to disseminate updates on the management of diabetes. Based on the available documents, the programs implemented were able to fulfill the role of clinical preventive services in disease prevention and early detection which is to identify individuals who could benefit from treatment for a condition or complication about which they are unaware of. However, the impact and effectiveness of the health programs cannot be accurately evaluated due to lack of pertinent data.

CONCLUSION

With the use of the CIPP model for evaluating the health programs provided by the clinic, it was found out that the health programs implemented were not adequate enough to address the health needs of the faculty and staff. It was also observed that there were components in the implementation that did not meet the standards of the WHO in creating a healthy workplace. The steps in creating a healthy workplace were not properly followed. There is a need to apply steps 7 and 8, to evaluate the process and outcome, and to revise and update the programme. It is therefore a challenge to the clinic personnel, administration, partner organizations and colleges to strengthen the health programs of the university. Decisions have to be made to facilitate improvements in the conduct of the program in every aspect of implementations to produce better and
more meaningful outcomes for the faculty and staff.

RECOMMENDATION

The following recommendations are suggested to help decision-makers improve the conduct of the health programs needed to create a healthy workplace.

1. Utilize available researches for effective workplace health programs as basis for the creation of new programs to address the urgent need for physical activity and proper nutrition. An effective program to improve diet and exercise as per WHO review of interventions include interventions that provide healthy food and beverages at the workplace; provide space for fitness or encourage stair use; involve the family, and provide individual behavior change strategies.

2. For the creation of new programs, follow the WHO model for healthy workplace using the local context to help continually improve the program to provide maximum benefits for faculty and staff. Include programs for health promotion, prevention and management of chronic diseases to increase the scope of implementation.

3. Make the health programs a regular activity and acquisition of budget allocation should be pursued so that all of the faculty and staff can avail of the programs being implemented.

4. Strengthen collaboration with partner companies, organization and colleges for careful planning and coordination in the implementation of health programs. If possible a written contract/agreement should be in placed especially for those partners outside of the University.

5. Complete employee health profiling is suggested for easy monitoring and evaluation of progress.

6. Quantify and evaluate every program implemented to identify effectiveness and make necessary actions for improvement.

7. Develop a better strategy in the dissemination of the health programs to encourage maximum participation like the use of posters, letters and e-mails or visit employees in their offices.

8. Integrate health promotion programs into the organization’s operations to promote a culture of health and wellness within the workplace.

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