SWAT INTERVIEW GUIDE PROGRAM MANAGERS AND KEY PROGRAM STAFF

Po	osition of Interviewee:			
	Note to Interviewer: <i>Program Managers</i> are those who lead and are responsible for the worksite health program. <i>Vendors</i> are outside individuals or companies that are contracted to implement elements of a worksite health program. <i>Instructors</i> are individuals who lead educational activities (i.e., as nutrition programs and fitness classes). <i>Data Analysts</i> are individuals who analyze data that has been collected from the worksite health program.			
	The program manager should be asked <u>all</u> questions. If the program has a vendor, instructor, and/or data analyst, they should be asked the questions indicated to supply information that the program manager could not supply or to corroborate information from the program manager.			
	V = questions that the Vendor should be asked I = questions that the Instructor should be asked D = questions that the Data Analyst should be asked			
I.	Activities and Objectives			
1.	V, I, D Could you begin by telling us a little more about yourself? What is your role at <organization name="">?</organization>			
	What is your job title?			
	What are your primary responsibilities?			
	About what percentage of your time do you spend on the program?%			
	• [If less than 100%] What other major activities do you spend time on?			
2.	What is the name of your program?			
3.	Could you give us an overview of <program name="">? Tell us about what the program involves.</program>			
	• In what ways does the program promote a healthy weight?			
	Is the program being conducted internally by employees of <organization name=""> or by an outside vendor? <i>If vendor:</i> Who?</organization>			
G	pals and Objectives			
4.	V, I, D How would you describe the overall goals of the program?			

5. **V** What benchmarks do you expect to reach in the next 6 months to one year? How about the next

1 to 3 years?



Program Activities

- 6. **V, I** Tell me about the program's activities.
 - How many program sessions do you offer (*if applicable*)?
 - How long does the program last?
 - Does the program require participants to complete specific sessions or a certain number of sessions to complete the full program (*if applicable*)?
 - Where does the program take place? How would you describe the physical setting? (If appropriate, ask if they will show it to you during the company tour.)
 - When is the program offered to participants?
 - Can employees participate in the program on the company time? Or, is it during personal time only?
 - What types of services and/or materials are offered through the program?
 - Are there other components of the program?
- 7. **I** How is the program promoted to employees?
- 8. I Does the program offer any incentives to employees?
 - a. If so, what are they? (Examples may include reimbursement for health club membership, discounts on health premiums, pedometers, bonuses for achieving specific outcomes).
 - b. What does an employee required to do to receive the incentive?
 - o Does an employee need to maintain a certain level of participation?
 - o Does an employee need to achieve healthy outcomes?
 - c. Have you found incentives to be effective? What makes you say that?

Organizational Changes

- 9. Has the program had an impact on **policies** at the worksite to promote healthy weight? If so, how?
- 10. **V, I** Has the program had any impact on the **worksite environment?** For example, has the program led to the company creating other ways to provide employees with access to healthy foods or physical activity opportunities? If so, how?

Innovation

- 11. **V, I** We're interested in how you think the program is notable or innovative.
 - a. What do you consider innovative about the program?
 - o What programs in particular are you comparing your program to?
 - b. What factors have led to its success?

II. Reach

- 12. **V, D** Who is eligible to participate in the program?
 - Is it all employees or a subset?
 - How many employees is that?
 - Who do you hope will participate in the program? Are there particular types or groups of employees that you are trying to reach?
 - If not mentioned, probe on the following potential target audiences: overweight employees, older employees, men, minorities, or special populations.
- 13. **I, D** What groups or types of employees most frequently participate in the program?
 - Which groups are well represented?
 - Which groups are not well represented?
 - If program is reaching special population(s): How did you go about recruiting that group into the program?
- 14. **I, D** How does the program keep track of who participates in the program? Do you have a registry of program participants?
 - a. How many employees are participating in the program?
 - b. What is counted as participation?
 - c. What percent of the targeted group of employees does that represent?
 - d. What percent of the eligible population does that represent?
 - e. How often are employees participating?
 - f. *If applicable*: How many employees have completed the program? What percent of participants does that represent?
- 15. **D** How many departments or worksites are there within your organization? Of these, how many departments [or worksites] are eligible to participate? How many of those departments [or worksites] are taking part?
 - If program is implemented at multiple sites: How did you roll out the program across the sites?
- 16. **D** Does your program also serve spouses, dependents, or retirees?

[If Yes] What can you tell me about that component of the program?

- Who is covered?
- What is offered?
- About what proportion of [spouses/dependents/retirees] participate?
- What are effects on behavior?
- What are the reasons that the program decided to include [this group]?

17. **D** We've talked about who participates in your program. Now before we go on, I'd like to check on the number of employees in your worksite. Let me show you the kinds of information I was interested in obtaining. [Show *Worksite Characteristics Form*]

III. Outcome Measures

Individual Level Outcomes

- 18. **V, D** Are you doing any evaluation of your program right now?
 - a. Who's conducting the evaluation?
 - b. Tell me about how you developed and designed the evaluation of the program.
 - c. How long have you been evaluating the program?
- 19. **V, D** What kinds of evidence or data convince you that the program is worth the time and effort devoted to it?
 - What evidence do you have that the program is successful in helping employees reach a healthy body weight? [If applicable] How long was this maintained?
 - What evidence do you have that the program is successful in helping employees maintain a healthy body weight?
 - What evidence do you have that the program is successful in helping employees change their eating habits?
 - What evidence do you have that the program is successful in helping employees change their physical activity habits? How long was this maintained?
 - What evidence do you have that the program is successful with respect to return on your company's investment?

Additional Probes:

- What kinds of information like data or reports— do you see?
- Where does it come from?
- Who collects it?
- Who analyzes it?
- How often do you get it?
- How much confidence do you have in the accuracy of the data?
- How useful has this been to you? In what ways?

Note to interviewer: If appropriate, take this time to complete the *Individual Level Outcomes Table* with the data analyst, program manager, or key program staff (whoever at the site seems most knowledgeable about measuring individual level outcomes).

- 20. **V, I** What do you hear from employees about the program?
 - What appeals to them about the program?

IV. Program Structure and Costs

Program Structure

- 21. What department is responsible for coordinating/running the program?
- 22. Tell me about the staffing for <Program Name>. Who do you consider to be the core staff for this program?
 - a. What are their roles?
- b. What proportion of each staff members' time is spent working on the program? For each individual, list:

Name	Role/Title	% of time	Function
		%	
		%	
		%	
		%	
		%	

Program Costs

- 23. How would you describe the operating costs for the program (e.g., materials, labor, space, incentives, etc)?
 - a. Is there a line item budget for the program? What is the amount per year? What does this cover?
 - b. Do you contract for services (such as screenings, or program instructors, or access to wellness facilities)?
 - o What do you contract for?
 - o What is the approximate amount of the contract per year?
 - o Any other?
 - c. Do you purchase supplies or pay for publicity for the program? (For example, do you purchase gear? Do you pay for publicity? Do you pay for incentives?)
 - O About how much do you purchase? And what does this cover?
- 24. About what were the start-up costs for the program (e.g., any one-time costs associated with development of the program: consultant fees for cafeteria evaluation, exercise equipment, painting of the stairway, etc)?

V. Program Implementation

Senior-Level Support

25. Who do you consider to be the champion(s) of <Program Name> at <Company Name>?

- 26. How have you been able to get senior support or buy-in for this program?
 - a. What helped you get the support you needed?
 - b. What challenges (if any) did you face? How did you address them?
 - c. How supportive are middle managers/supervisors of your program?

Planning Committee

- 27. Does the program have an advisory group or a planning committee?
 - If yes: Who is on the planning committee? How frequently does it meet?

Program Genesis

- 28. V Can you tell me a little about the history of <Organization Name>'s health promotion program?
 - When did the program start?
 - What was the source of the idea?
 - What were the key events or driving factors that led to this decision?
 - What is the theory or evidence behind the program?
 - When did the program decide to include a focus on health weight?

Other Worksite Practices

29. **D** What else does <Name of Worksite> do to support employee health?

Probe:

- Does <Name of Worksite> publish a newsletter or column for physical activity and nutrition related information (print or computer-based; providing information on programs, feature articles, high-risk targeted messaging, etc.)?
- Does <Name of Worksite> offer on-site self-paced weight management groups (e.g., Weight Watchers, Weight 4 Me)?
- Does <Name of Worksite> offer prizes, awards, and recognition to employees or managers who can demonstrate significant health improvements?
- Does <Name of Worksite> provide regular messages from senior managers supporting health promotion?
- Does <Name of Worksite> offer sports team sponsorship or organized physical activities?

•	Does <name of="" worksite=""> subsidize a membership to an offsite exercise facility?</name>
	If yes, how much of the cost is subsidized?
	100%
	50% - 99%
	10%- 49%

Community Context

We also wanted to learn more about the wider community context for your employees.

- 30. How do most employees get to work?
 - Do they typically drive? Walk? Bike? Take public transportation?
- 31. What is the average commuting time for your employees?
- 32. Where do most employees eat lunch?
 - Do they go to an on-site cafeteria? Do they bring their lunches? Do they go out for fast food?
- 33. Are there other programs available in the community that target increased physical activity and/or improved nutrition?

VIII. Feedback

Lessons

- 34. **V. I** One of the things you described, when we initially talked, was a [issue for each worksite]? Can you describe in a little more detail what you've accomplished in this area? What has the program done to bring this about?
- 35. **V, I** What suggestions would you have to strengthen the program?
- 36. **V, I** What advice would you give to other organizations that want to develop a program as successful as yours?
- 37. **V, I, D** Is there anything else about <Program Name> or <Name of Worksite> you would like to add that was not reflected in the interview?

Thank you for your time and input. You've given us very helpful and useful information today.