SWAT Interpretive Assessment Checklist

A. Program Goals and Components

1. Goals
   a. Program design is clearly articulated
   b. Program activities are logically related to goals
   c. Participants understand the goals of the program.
   d. Management and program staff share same goals

2. Components
   a. Types of interventions offered are tailored to workforce(s)
   b. Both nutrition and physical activity components offered
   c. Program provides feedback on participant progress
   d. Program offers reinforcement to employees – use of incentives, encouragement by staff, social support
   e. Interventions appear acceptable/appealing to employees
   f. Effective coordination with medical services

3. Reach and Participation
   a. All employees are eligible for program
   b. Participation rates are similar for men and women, among different cultural groups, by all levels and types of employees
   c. Eligibility and participation by spouses and family members
   d. Participation rates are meeting program’s goal
   e. Definition of participation is satisfactory

4. Policy Supports: refers to organizational policies that support “culture of wellness,” for example…
   a. No smoking policies
   b. Healthy food at meetings
   c. Release time to exercise
   d. Health care incentives

5. Environmental Supports: such as…
   a. Exercise/fitness areas, locker rooms
   b. Stairwells or other building design features to promote exercise
   c. Outside walking/cycling paths, bike racks
   d. Break rooms/refrigerators/microwaves
   e. Vending machines/cafeteria
   f. Signage, posted newsletters, email messages

6. Community Supports
   a. Strong health promoting organization-community partnerships
   b. Community environmental support (e.g., bike/walking trails, parks)
   c. Community-based medical/health events/initiatives
d. Public education/social marketing efforts
e. State health department support/resources

7. **Sustainability**
   a. Management support is evident
   b. Program has an active wellness planning/advisory committee
   c. Health promotion integrated throughout corporate culture
   d. Program costs likely to provide return on investment

B. **Program Tracking and Evaluation**

1. **Program Delivery**
   a. Tracking of interventions
   b. Tracking of employees – participation and intensity
   c. Tracking of program costs

2. **Key Measurements:** Specific measures are keyed to specific program elements, tactics, or strategies
   a. Health risk appraisal (HRA)
   b. Biomedical – measured wt, ht, waist girth, blood pressure, cholesterol
   c. Behavioral – diet, physical activity
   d. Subjective – participants’ satisfaction, engagement
   e. Fiscal – costs for facilities, staff, incentives
   f. Other measurements on specific changes or effects of strategies
      (e.g., change in vending machine options, new pedometer program)

3. **Data Collection Process**
   a. Data are stored and managed with easy-to-use database technology
   b. Staff are skilled in data management and retrieval
   c. Individual data are collected systematically
   d. Data are collected at meaningful intervals
   e. Entry allows for reporting both cross-sectionally and longitudinally
   f. Entry allows for reporting by category (e.g., gender, age, job category)
   g. Program staff review reports on regular basis

4. **Data Analysis and Use**
   a. Timely feedback and follow-up are given to participants
   b. Individual-level data are aggregated and analyzed in multiple ways
   c. Data are used for making time-sensitive adjustments
   d. Program costs are estimated for return on investment
   e. Evaluation data are shared with staff, advisory committee, management
   f. Evaluation data are used for planning relative to program goals
   g. Findings and updates are shared company wide