

CDC National Healthy Worksite Program

New

Supporting Statement: Part B

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Section B. Collections of Information Employing Statistical Methods

The purpose of this project is to implement and evaluate science-based initiatives to build worksite capacity and improve workplace culture to support healthy behaviors. Through the National Healthy Worksite Program (NHWP), CDC will work with up to 115 small, mid-size, and large employers in eight local regions across the country that voluntarily chose to participate in the program to help them develop or expand their workplace health programs. Employers will indicate that they wish to be considered for inclusion in the NHWP by certifying that they meet the program eligibility criteria. CDC will make selections based on a review of applicant employers' eligibility criteria and other factors, including geographic diversity, workforce diversity, and level of commitment to the three-year implementation and evaluation process. Participation in NHWP offerings will be voluntary for employees associated with these employers.

1. Respondent Universe and Sampling Methods

Organization (Employer) Data

Interested Employers. Information will be collected from employers who wish to be considered for inclusion in the National Healthy Worksite Program. Outreach to interested employers will occur shortly after each of the eight communities has been announced. Interested employers will be directed to the program website (<http://www.cdc.gov/NationalHealthyWorksite>) and/or program email address NationalHealthyWork@cdc.gov to be certified as an eligible employer. A senior leader from each interested employer who has submitted their contact information as part of the employer participation / certification process will be contacted for a phone interview. Phone interviews will be conducted using a uniform Employer Phone Interview Guide and Employer Interview Script (**Attachments D-2 and D-3**). Two types of information will be collected: objective criteria used for scoring, and subjective criteria to gauge employer commitment and motivations for participating in the program.

Selection Criteria for Employer Participation in the Program

The National Healthy Worksite Program is open to public and private employers with 1,000 or fewer full-time employees that meet the following requirements (**Attachment D-1**). The selection criteria reflect CDC's intent to understand factors that affect successful program implementation and sustainability across a variety of employer types and settings as well as identify employers who do not currently have robust or mature workplace health programs in place and would benefit the most from the onsite planning, implementation, and evaluation support that is the focus of the NHWP.

1. The employer is located in one of the eight selected communities;
2. The employer voluntarily submitted a completed application during the open certification period;
3. The employer offers health insurance to all eligible employees;
4. The employer leadership will commit to the following:
 - a) Serve as role models/champion for healthy lifestyle behaviors as evidenced by their program participation and engagement.
 - b) Allow employees to participate in employer-sponsored workplace health programming during work hours.
 - c) Adopt and implement health protection and promotion programs, policies, and environmental supports and policies to foster a healthy, safe work environment.
 - d) Participate in data collection activities.
5. The employer will fully participate in technical assistance and training sessions;
6. The employer will become an active participant in a network of National Healthy Worksites;
7. The employer will become an active participant in community coalitions and partnerships;
8. The employer is an independent business or autonomous unit of a larger organization and has the ability to set local policies and procedures (e.g., tobacco-free policy or local food vending contracts).
9. The employer currently does not have a wellness program in place (not including an employee assistance program [EAP] or standard wellness benefits or programs included in health plan), defined as having 50% or fewer of the following interventions in place within each subcomponent during the last 12 months. Employers with more than 50% of the interventions selected in each subcategory will not be eligible. Preference will be given to employers who identify the fewest number of interventions present in each subcategory and overall.

Among the interventions identified, preference will also be given to employers who identify the highest number of interventions rated a “3,” indicating a high level of evidence for program effectiveness and health impact based on a review of the scientific literature (e.g., the Community Guide) and discussions of a panel of subject matter experts used in the development of the organizational assessment instrument (ratings are in parentheses following the intervention). Below is an example of how the criteria will be applied and used by the NHWP to determine employer eligibility and assign preference based on the number of wellness program interventions the employer currently has in place.

Wellness Program Criteria Example

Step 1: Determine Number of Total Interventions



Step 2: Determine Fewest Number of Total Interventions



Step 3: Determine Number of High Impact/Effective Interventions



a. Programs (50% or fewer)

- i. Classes or seminars on fitness, nutrition, tobacco cessation or stress management. (2)
- ii. Weight management programs that offer counseling or coaching. (3)
- iii. Physical activity classes or walking groups/clubs. (3)
- iv. Tobacco cessation counseling through a quit line or health plan. (2)
- v. Lifestyle coaching or counseling. (3)
- vi. Signage related to health promotion program components. (1)

b. Policies (50% or fewer)

- i. A tobacco-free campus policy. (3)
- ii. A policy that healthy foods will be made available at all company meetings or functions where food is served. (1)
- iii. A food procurement policy that limits company purchase of food and beverages high in sodium, calories, trans fats, or saturated fats. (1)
- iv. A policy allowing employees work time or flextime (i.e., flexible scheduling) to engage in employer-sponsored workplace health program activities. (2)

- c. Environmental Support (50% or fewer)**
 - i. Access to onsite or nearby fitness facilities. (3)
 - ii. Worksite stairwell enhancement and promotion. (3)
 - iii. Making healthy foods available and accessible through vending machines or cafeterias. (3)
 - iv. Menu labeling/signage including nutritional information on calories, sodium, transfats, and saturated fats. (2)
 - v. Providing employees with food preparation and storage facilities such as a microwave ovens, sinks, refrigerators, and/or kitchens. (1)
 - vi. An onsite Farmer's Market. (1)
 - vii. Environmental supports for recreation and exercise such as establishing walking/running trails; utilizing multi-purpose space for physical activity classes, maps of suitable walking routes, bicycle racks, open space designated for recreation or exercise, a shower and changing facility. (3)
 - viii. A work environment free of recognized health and safety threats with a means to identify and address new problems as they arise. (3)

- d. Worksite Infrastructure (50% or fewer)**
 - i. Existing workplace health council or committee. (2)
 - ii. Existing site-level health promotion champions. (2)
 - iii. Existing workplace health improvement plan. (2)
 - iv. Promote and market health promotion programs to employees (e.g., , use multiple channels of communication, send frequent messages). (1)
 - v. Participation in a community health coalition. (2)

- e. Assessment and Evaluation (50% or fewer)**
 - i. Conduct voluntary employee health risk appraisals/assessments through vendors, onsite staff, or health plans and provide individual feedback (e.g., written report, letter, one-on-one counseling). (3)
 - ii. Conduct an employee needs and interests assessment (e.g., focus groups, employee surveys) for health promotion and provide feedback to workers. (1)
 - iii. Conduct ongoing evaluations of health promotion programming that use multiple data sources (e.g., employee health risks, aggregate medical claims, employee satisfaction or organizational climate surveys, or other relevant data). (2)

Additionally, for the largest employers of 500-1,000 full-time employees:

1. A commitment, made voluntarily, to invest \$50,000 over two years to health promotion programming;
2. Companies in excess of 1,000 full-time employees interested in participating may nominate a specific company worksite not exceeding 1,000 employees. This worksite must represent an independent business or autonomous organizational unit within the larger company with the ability to set local policies and procedures without additional approval such as the ability to institute a tobacco free policy or negotiate local food vending contracts.

Preference will be given to interested employers who indicate:

1. Financial stability;
2. No plans for senior leadership turnover during the duration of the project;
3. U.S./Domestic company;
4. Demonstrated health need including high employee rates of obesity, tobacco use, diabetes or other chronic conditions.

Community Participants. A list of all employers included in NHWP outreach activities to each community will be used to draw a stratified random sample of non-participating employers. Stratifying on employer size, 15 employers will be randomly selected from each of the 8 communities. These employers will be contacted to complete an online survey approximately 60 days after employer recruitment to identify knowledge of NHWP activities; current health program offerings; and barriers to program participation, such as time commitment, that factored into employer decision-making not to participate in the NHWP (**Attachment E-10**). Community Participants will also be invited to participate in the training components of the NHWP and asked to complete follow-up evaluation surveys related to the training (**Attachment E-8 and E-9**).

Table 1A: Projected NHWP Employer / Employee Participation

	<u>Employee Size (FTE)</u>	<u># Employers</u>	<u>Total Number of Employees</u>
	25	11	275
Small Employers (15 to 100 FTE)	50	11	550
	75	11	825
	100	11	1100
TOTAL SMALL		44	2750
Medium Employers (100 to 250 FTE)	125	9	1125
	150	10	1500
	175	10	1750
	225	9	2025
TOTAL MEDIUM		38	6400
Large Employers (250+ FTE)	300	11	3300
	400	6	2400
	500	2	1000
	600	2	1200
	700	2	1400
	800	2	1600
	900	2	1800
	1000	1	1000
TOTAL LARGE		33	13700
TOTAL NHWP PARTICIPANTS		115	22,850

Employee participation in activities of the NHWP including onsite health promotion programs such as wellness challenges as well as all assessments and surveys will be made available to all employees and individual participation will be purely voluntary.

2. Procedures for the Collection of Information

Overview

Program respondents, which include employers and employees voluntarily participating in the National Healthy Worksite Program (NHWP), will complete pre- and post-assessments to evaluate changes in attitudes, behaviors, health status, and organizational culture related to physical activity, nutrition, tobacco, chronic disease, and injury. We will also document employer policy and environmental supports implemented as part of the program through interviews with employer representatives, and document success factors through case studies developed through interviews with employer steering committee and wellness champion representatives. Community Participants will be asked to complete an online survey to

understand barriers to program participation and to complete a survey about improving the training offered to employers. Community Directors and Health Coaches will be interviewed to capture key program success factors and barriers to program implementation. Each NHWP participating employer and their employees will be asked to complete identical survey instruments. Each of the assessment tools is tied to a National Healthy Worksite Program (NHWP) objective as described in **Attachment C-1**. Data flow diagrams for data collected during the program are included in **Attachments C-3 and C-4**.

Community participants include employers who met the program inclusion criteria, but elected not to participate or were not selected, or who did not meet the program eligibility requirements but who had the opportunity to attend community-based training and networking events. Information from Community Participants will help CDC understand the impediments to program participation and determine if there are any systematic differences, such as size or industry, between employers who agreed to participate and those who chose not to participate. A random sample of 15 Community Participants from each program community will be invited to complete a short web-based survey (**Attachment E-10**).

Pre-Program Implementation Phase

During the pre-program implementation phase, two or three representatives from each employer will collectively complete an interviewer–assisted organizational assessment (**Attachment E-1**), including elements of the workplace structure, culture, practices and policies related to health and safety such as health promotion programs, occupational health programs, and leadership and management support (CEO/President) for workplace health initiatives.

At the individual (employee) level, employees who chose to participate will be asked to complete a paper-based All-Employee Survey regarding organizational health promotion and environmental supports that promote healthy behaviors in the worksite (**Attachment F-1**).

Individual health status, health risk, and health behaviors will be documented through voluntary health screening (**Attachment G-1**) and a health assessment (**Attachment F-2**). Each employee will be asked to complete an onsite non-diagnostic health screening, including lipid profile, glucose, blood pressure, and body composition. Biometric testing will use point-of-care blood collection devices for institutional use in compliance with manufacturer’s recommendations.

Employees will also voluntarily complete a self-reported paper – based health assessment to document their health behaviors related to physical activity, nutrition, tobacco and their current health status. Employers must have a minimum of 50 participating employees to receive an aggregate (summary) report.

The data collected during the pre-program implementation phase will be used for program planning purposes, as well as describing relationships between health behaviors and organizational culture.

Program Implementation Phase

During the program implementation phase, Community Directors will work with each employer to establish a steering committee and wellness champion team, and to develop a health improvement plan where employers select three to five interventions at each employer worksite. Health Coaches will use individual data captured during the health screening and health assessment to reach out to individual at-risk employees to provide individual health coaching and referrals. Health Coaches will log all employee interactions (contacts, engagement, referral) by program topic. Health Coaches will also launch wellness challenges to create peer-support networks and promote healthy behaviors through competition. Employees who are engaged in health coaching or who participate in a wellness challenge may voluntarily choose to complete a wellness challenge log book (**Attachment F-5**) or nutrition and physical activity tracking log (**Attachment F-6**) as a behavior self-monitoring tool.

During the implementation phase, participating employers will be asked to provide input on key learnings, program implementation barriers, and critical success factors used to evaluate the program and assist in the development of case studies. Two to five steering committee members and one to three wellness champion team members will be asked to complete an individual telephone interview or small group discussion (**Attachment E-3 and E-4**). Community Directors and Health Coaches will also be interviewed throughout the program to gain insight into success factors and capture key learnings (**Attachment H-1 and H-2**).

Employers and employees will be asked to repeat the Organizational Assessment, All-Employee Survey, and Health Screening / Health Assessment following 12 months of program implementation to gauge improvements in individual health behaviors, attitudes, knowledge, and organizational improvements in health promotion programs, environmental supports and policies.

Post-Program Implementation

NHWP participating employers (approximately 115) will complete an online follow-up survey (**Attachment E-7**) approximately 8 months following the program implementation phase to gauge program sustainability.

An overview (cross-walk) of information collection instruments and their relationship to project objectives is provided in **Attachment C-1**. For a graphical representation of NHW

information collection procedures for each, refer to the logic models for data flows in **Attachment C-3 and C-4**.

During the program pre-implementation and implementation phases, information will be mainly compiled by CDC's Implementation Contractor – Viridian Health Management – for analysis. CDC's Evaluation Contractor – RTI International – will be principally responsible for information compiled and analyzed during the post-program phases of the project. The Center for the Promotion of Health in the New England Workplace will assist the development and analysis of feedback reports for employers; and conduct de-identified linkage and analysis of the Health Assessment and All-Employee survey with organizational metrics.

3. Methods to Maximize Response Rates and Deal with No Response

CDC designed this information collection to minimize the burden to respondents and to the government, to maximize convenience and flexibility, and to ensure the quality of the information collected. Each employer that chooses to participate in the program, as part of the NHWP inclusion criteria, must commit the time and resources required to participate in data collection activities. This includes providing employees appropriate time during business hours to complete assessments, surveys and discussions where applicable. These activities are designed to be completed with minimal disruption to business hours. The NHWP will seek to identify eligible, motivated and engaged employers as participants through the phone interview process. This includes an awareness and understanding of the program requirements such as data collection and the benefits including onsite program implementation support and expertise to improve employee and organizational health.

CDC's Implementation Contractor, Viridian Health Management, was selected in part because of their experience and expertise in planning and implementing similar comprehensive workplace health programs. This expertise includes methods for engaging and motivating employers and employees to participate in program activities beginning with a series of onsite engagement and kick off meetings. Viridian Health Management's engagement strategy also includes data collection by working with each worksite to develop a tailored data collection strategy which recognizes the specific worksite location, number of employees, and how work is conducted (e.g., manufacturing line v. office work); and by describing the utility and benefit of the information to individual employee health improvement and employers planning, quality assurance, and productivity.

Specific methodologies and strategies associated with each collection tool are described below.

Organization (Employer Data)

Organizational Assessment. (**Attachment E-1**). The Organizational Assessment will be provided in hard copy and guided by an interviewer. The interviewer will review the instructions and time commitment associated with the Organizational Assessment. The interviewer will stress the need for completing a thorough and accurate assessment of each employer location. Employers that chose to participate in the program must commit to completing required employer assessments at the beginning and at the end of the program as it is a criterion for inclusion in the National Healthy Worksite program. We expect 100% of employers will complete the organizational assessment.

The Eligibility File (**Attachment E-2**) Each employer will receive detailed instructions for completing and providing the eligibility file to the implementation contractor. The implementation contractor will work with each employer to assist them with formatting the eligibility file. Once the file is set up, it is typically transmitted automatically via secure FTP and takes minimal time. Employers will be provided with technical assistance as needed to aid each employer in providing an accurate file on a quarterly basis.

Additional employer and site level information for program planning and implementation is captured by an Employer Information Form (**Attachment E-3**) and a Health Screening Site Interview Form (**Attachment E-4**).

The Discussion / Interview Guides (**Attachment E-5 and E-6**) Staff conducting the interviews will review the instructions with the participants to ensure accurate responses and will schedule discussions/ interviews at a convenient time for participants. One to three representatives per participating employer representing the steering committee and two-five representatives per participating employer representing the wellness committee will be asked to participate in the group discussions, and we expect 100% compliance.

The Employer Follow Up Surveys/Community Participant Engagement Feedback Survey (**Attachments E-7 and E-10**) will be conducted online. The evaluation contractor will actively encourage participating employers and Community Participants to complete the surveys and will provide detailed instructions when providing the survey links to ensure accurate responses. A random sample of Community Participant employers will be contacted to complete the Engagement Feedback survey.

Worksite Health 101 Training Surveys (**Attachments E-8 and E-9**) will be conducted online. Community Participants who attend one or more training sessions will be made aware of the survey during the training sessions, and be encouraged to complete the survey when they are

contacted to complete it.

Individual (Employee Data)

The All-Employee Survey (Attachment F-1) will be voluntarily completed on paper and collected from each employee by the Community Director or Health Coach. The Community Director or Health Coach will work with each employer to determine the most convenient methodology for employees to complete the survey such as completion at existing meetings or completion during employee breaks. The Health Coach will also work with the employer to maximize the promotion of the All Employee Survey and the need for completion.

The Health Assessment (Attachment F-2) will be completed on paper and collected from each employee who voluntarily participates by a designated implementation contractor representative (biometric screening staff, health coach, etc). The Community Director or Health Coach will work with each employer to determine the most convenient methodology for employees to complete the assessment such as completion at existing meetings or completion during the health screening process. The implementation contractor will also work with the employer to maximize the promotion of this health screening tool and the benefit that it will provide the employee upon completion (personal health report). The health assessment questionnaire will be provided in multiple languages, as needed, and provide assistance for low-literacy participants.

Health Coaches or health screening staff will review each Health Assessment for completion and accuracy. The All-Employee Survey and Health Assessments will be captured both at the beginning and the end of the program.

The Success Story Consent Form (Attachment F-3) will be completed in paper form and returned to the Health coach. The onsite Health Coach will explain the consent form to each participant and confirm the accuracy of responses. Success stories are captured from active program participants who are typically excited to share their results with their co-workers.

During the program employees can voluntarily participate in activities such as Wellness Challenges (Attachment F-5) and the Nutrition and Physical Activity Tracking Log (Attachment F-6.) The challenge and nutrition and physical activity logs will be completed, by those who chose to use them, in paper format and maintained by the participant throughout the challenge. At the conclusion of each challenge participants can choose to return the challenge log directly to the Health Coach. The format of the challenge and nutrition logs is designed to minimize the completion time on behalf of the employee and maximize the number of employees who return completed logs at the conclusion of the challenge or program. The onsite Health Coach will review each log for accuracy and completion.

Program Providers

The Discussion / Interview guides (Attachment H-1- H-2) will be used to gather information from the implementation contractor Community Directors and Health Coaches to gather information regarding the planning and implementation of the program to capture key success factors and barriers to program implementation. Staff conducting the interviews will review the instructions with the participants to ensure accurate responses. The discussions/ interviews will be scheduled at a convenient time for participants. Since the respondents are program providers/contracted staff, we expect 100% compliance.

Participation by employers and employees is strictly voluntary. Employers may withdraw from the National Healthy Worksite Program at any time by notifying the implementation or evaluation contractor staff.

Upon receipt of OMB approval, data collection forms will be professionally printed.

4. Tests of Procedures or Methods to be Undertaken

The NHWP assessment workgroup, including subject matter experts from CDC, the implementation contractor, and the evaluation contractor, provided input on required data and assessment tools to adequately capture the data needed for program planning, implementation, and evaluation, as well as the frequency of data capture.

Hard copies of the organizational assessment and all-employee survey were pilot tested with six implementation contractor employees. The employees found the assessments to be clear and easy to complete, with an average completion time of 30 minutes and 5 minutes respectively.

The eligibility file, employer information form, wellness challenge logs, satisfaction survey, and screening consent and contact form have been previously used by the implementation contractor for other projects, and this experience provides the basis for the current estimate.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

CDC will provide overall program management for the NHWP, directing regular planning and coordination meetings with the contractor staff including the data collection plan and reporting to participating employees, employers, and in the aggregate.

Viridian Health Management will provide operational management of the health promotion program and coordinate activities among the NHW Program Participants. Viridian's

responsibilities include conducting individual and organizational assessments, preparing for program implementation by coordinating the organizational data collection; and getting feedback from NHW Program Participants through satisfaction and program evaluation surveys.

Under a subcontract with Viridian, NHW Program Participants and Community Directors will receive additional support from the University of Connecticut / Center for Health Promotion in New England Workplace (CPH-NEW), a NIOSH-funded center of excellence. CPH-NEW will assist with development and analysis of the All-Employee Survey and the Health Assessments; generate feedback reports for employers; and conduct de-identified linkage and analysis of the Health Assessment and All-Employee survey with organizational metrics.

RTI will be responsible for evaluation of the NHWP using a mix of qualitative and quantitative methods. Some information such as an employee health assessment will be self-reported. Other information such as organizational programs, policies, and practice assessments will be collected by the implementation contractor staff, aggregated/de-identified and shared with RTI. RTI will conduct analyses to describe adoption, reach, and sustainability of the interventions offered through the NHWP.

The principal contacts for each organization are listed below:

Staff from CDC	
Jason Lang Team Lead, Workplace Health Programs CDC/ONDIEH/NCCDPHP	Phone: (770) 488-5597 Email: jlang@cdc.gov
Staff from NIOSH	
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Non CDC Staff	
Brenda Schmidt President, Viridian Health Management Executive Director, Health Promotion Institute	Phone: (602) 443-5264 Email: bschmidt@viridianhealth.com
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