CDC Work@Health Program:

Phase 1 Needs Assessment and Pilot Training Evaluation

New

Supporting Statement: Part A

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Overview

This is a new Information Collection Request (ICR) supporting establishment and evaluation of CDC's Work@Health Program, a comprehensive workplace health training program which includes the development of a workplace health training curriculum and delivery of training to employers nationwide to improve the health of workers and their families. The training will include four separate training models aimed at raising employer knowledge and skill related to effective, science-based workplace health programs, policies, practices, and strategies and supporting their adoption in the workplace. In Phase 1, CDC will conduct an employer needs assessment and evaluate a pilot training program. In Phase 2, full-scale implementation and evaluation of the Work@Health Program will be conducted.

CDC requests a one-year OMB approval to initiate Phase 1 data collection in summer 2013. Employers will be recruited to participate in a needs assessment and a pilot training evaluation. Information collected through the needs assessment will be used to inform the design of the Work@Health curriculum. Evaluation of the pilot training is scheduled to begin in fall 2013 and will be designed to assess the participating employers' reactions to the curriculum and training methods.

CDC plans to request OMB approval to conduct the Phase 2 evaluation in a separate Information Collection Request.

Section A. Justification

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) is the primary Federal agency for protecting health and promoting quality of life through the prevention and control of disease, injury, and disability. CDC is committed to programs that reduce the health and economic consequences of the leading causes of death and disability, thereby ensuring a long, productive, healthy life for all people.

Chronic diseases, such as heart disease, stroke, cancer, obesity, and diabetes are among the most prevalent, costly and preventable of all health problems. Chronic diseases negatively affect the lives of individuals, the health care system in the U.S., and productivity in the workplace. The use of effective workplace health programs and policies can reduce health risks and improve the quality of life for American workers. Maintaining a healthier workforce can lower direct costs such as insurance premiums and worker's compensation claims for employers. It will also positively impact many indirect costs such as absenteeism and worker productivity.[1, 2] As a result, many employers are turning to workplace health programs to help employers lower their risk of developing chronic diseases.

Large employers are more likely to offer workplace health programs than small employers. An analysis of the 2004 National Worksite Health Promotion Survey found that small employers (i.e., those with fewer than 100 employees) were less likely to offer health promotion activities (e.g., smoking cessation programs), screenings or counseling (e.g., cancer screenings), or disease management programs (e.g., diabetes) than large employers. Small employers were also less likely to provide an environment supporting physical activity, such as an on-site fitness center or signage promoting stair use. These strategies when coordinated and implemented together form the basis for a comprehensive workplace health promotion program. Small employers are the least likely to offer comprehensive workplace health promotion programs.[3]

Furthermore, most published research about the effectiveness of workplace health programs is based on large employers.[4, 5] Information about the effectiveness of workplace health programs at small and mid-size companies is lacking.[6] Small employers employ a significant number of people. Small businesses (defined as having fewer than 500 employees) make up 99.7 percent of U.S. employer firms and employ 50 percent of the working population.[7] CDC recognizes the importance of workplace health programs at small employers and is actively working to support this population and meet the Healthy People 2020 developmental goal to increase the number of small and mid-size employers offering a health promotion program to their employees.[8]

In January 2013, the Work@Health Program was established by the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). The Work@Health Program seeks to raise employer knowledge and skill related to effective science-based workplace health programs, policies, practices, and strategies and support their adoption in the workplace. The Work@Health Program is authorized through the Public Health Service Act (section 42 U.S.C. 280*l*-280*l*-1, Sections 399MM and 399MM-1; see **Attachment A-1**) and funded through the Patient Protection and Affordable Care Act Prevention and Public Health Fund (PPHF; P.L. 111-148, Section 4002; see **Attachment A-2**) which was enacted to address the underlying drivers of chronic disease and to help the country move from today's sick-care system to a true "health care" system that encourages health and well-being. The PPHF is designed to expand and sustain the necessary infrastructure to prevent disease, detect it early, and manage conditions before they become severe.

The primary goals of Work@Health are to:

1. Increase understanding of the training needs of employers and the best way to deliver skill-based training to them.

2. Increase employers' level of knowledge and awareness of workplace health program concepts and principles as well as tools and resources to support the design, implementation, and evaluation of effective workplace health strategies and interventions.

3. Increase the number of science-based workplace health programs, policies, and practices in place at participating employers' worksites and increase the access and opportunities for employees to participate in them.

Work@Health will provide employers with training in how to maximize employee engagement and participation in workplace health program offerings; raise employee awareness and education around health; and help establish a healthy work environment to address unhealthy behaviors and lifestyle choices and reduce employee risk for chronic disease and injury. The program will be developed around the use of evidenced-based best practices and will include, but not be limited to, the following workplace health topics:

- The health and economic impact of workplace health programs (i.e., the business case),
- Leadership and employee engagement,
- Principles, strategies, and tools for assessment, planning, implementation, and evaluation,
- Relevant and applicable laws, regulations, and legal requirements,
- Leveraging and integrating existing and new workplace health programs, strategies, and activities,
- Developing partnerships, community linkages, and peer learning networks among employers, and
- Special topics of interest to employers such as the aging of the workforce.

The Work@Health Program will use a problem-based training approach requiring employers to complete authentic learning tasks to acquire and apply information and data about workplace health in areas such as obesity, nutrition, physical activity and their effects on job performance, current level of healthy lifestyle engagement, perceived barriers of access to healthy lifestyle activities and attitudes toward health/wellness programs. Learning tasks will require employers to construct their own responses to challenges rather than select from ones presented and to address challenges faced in the real world of their workplaces. For example, when presented with a real-world workplace health problem to solve, employers will learn workplace health best practices and meet other employers in the process of developing a solution to the task.

The Work@Health Program training will be delivered through the following four training models:

- Hands-on Model - Four regional Work@Health workshops will be held. A professional instructor will lead employers through lectures, skill lessons, practical demonstrations, case studies, and participant discussions aimed at increasing employer's knowledge and skills about workplace health programs.

- Online Model – Self-paced training activities will be completed by employers working independently via the Internet. Activities include e-learning modules, webinars, teleconferences, and/or streaming videos aimed at increasing employer's knowledge and skills about workplace health programs. Training materials, lessons, presentations, case studies, and learning resources will be posted to a web-based learning platform. A professional instructor will provide online coaching or mentoring.

- Blended Model – Four regional Work@Health workshops will be held. A combination of Hands-on activities and Online learning activities will aim at increasing employers' knowledge and skills about workplace health programs. Employers will participate in regional workshops where Hands-on training will be delivered and cohorts of employers will be organized. Following the regional workshops, employers will complete training activities via the Online model and then each cohort will meet again for a roundtable session to receive continued training and support. Employers will also participate in their cohort's online Learning Community.

- Train-the-Trainer Model – This model is designed to prepare qualified individuals to acquire the knowledge and skills needed to train employers through Online, Hands-on or Blended models. Four regional Work@Health workshops will be held for employers and organizations who support employers (e.g., state or local health departments) interested in becoming trainers for the Work@Health Program. A professional instructor will lead participants in online, hands-on and blended training activities to assist them in developing the knowledge and skills needed to deliver the Work@Health Program to other employers. Participants who demonstrate expected levels of proficiency will be awarded the title of master trainer and receive a certificate of achievement that recognizes their role and levels of expertise and performance.

CDC plans to select a group of 600 employers and other organizations who support employers across the country ("Work@Health Participants") to participate in the full-scale Work@Health Program. Work@Health employer participants in the Hands-on, Online, and Blended models will represent small (i.e., 30-100 employees), mid-size (i.e., 101-500 employees), and large employers (i.e., over 500 employees) across industry sectors and geographic locales. Seventy-five percent of these participants will be small and mid-size employers. Work@Health participants in the T4 model will represent employers of diverse sizes and industry sectors who are interested in training other employers as well as organizations such as public health agencies, professional organizations, or trade associations who support employer workplace health efforts or have employers as members who can be trained in the Work@Health program.

Prior to implementation of the full-scale training, CDC will conduct a needs assessment of small employers to aide in the development of the training curricula. CDC will also pilot test the curricula, training methods and approaches with a smaller group of employers with the same characteristics as well as organizations who support employer workplace health efforts for the Train-the-Trainer model. Participants in the pilot and full-scale trainings will be subject to the same eligibility requirements.

To be eligible for participation in Work@Health (pilot or full-scale trainings), employers must have at least 30 employees, a valid business license and have been in business for at least one year. Employers must also have minimal workplace health program knowledge and experience as well as offer health insurance to their employees. Employers who wish to participate in Work@Health must agree to participate fully in program implementation (e.g., allow the training participant to participate in one of the four training models during work-hours, complete pre and post assessments), and agree to become active participants in Peer Learning Networks.

Identifying potential employer participants quickly will be accomplished by reaching them through large membership and association organizations representing a broad array of industries. These "gatekeeping" organizations have the existing infrastructure to reach their constituents quickly and provide credibility to Work@Health invitations to participate in the Training Needs Assessment Survey (**Attachment D-1 and D-2**), Pilot Training and Full Training Implementation.

Priority will be given to those whose constituent base is located in geographic regions with high chronic disease prevalence. CDC will meet with these gatekeeper organizations, such as the Small Business Administration, to present an overview of the Work@Health Program and identify the best strategies, such as webinars and conferences to reach their constituents. With support and introductions from gatekeeper organizations, CDC will reach out directly to employers to describe the Work@Health Program and solicit their interest in participating in the training program. CDC will reach out to employers through webinars, conferences, and other strategies identified by the gatekeeper organizations and through regular gatekeeper communications (e.g., newsletters, e-newsletters). Employers who are interested in participating in Work@Health will be directed to a website to review the eligibility criteria and provide contact information.

After all eligibility and inclusion factors are considered, approximately 540 selected employers will be assigned to participate in either the Online model, Hands-on model, or Blended training model. Assignment of employers to one of the three training models will seek to achieve a diverse group of employers in each based on factors including geography, employer size and industry sector and workplace health program maturity. Prior to registration and enrollment, employers will be informed that can express their preference for a model but that placement in a particular model cannot be guaranteed.

As discussed above, the Train-the-Trainer model is designed to prepare approximately 60 qualified individuals to acquire the knowledge and skills needed to train employers through Online, Hands-on or Blended models to implement the Work@Health curriculum. Each candidate for participation in the Train-the-Trainer model will have: 1) a referral from state or local health department, or other qualifying organization; 2) evidence of workplace helath program knowledge and skills; 3) training skills and experience; and 4) experience with implementing workplace health programs.

The Work@Health Program will be conducted in two phases:

- Phase 1: Needs assessment and pilot training evaluation of the program will include an employer needs assessment survey with 200 small employers and pilot training evaluations of the four training models involving 15 participants per model needed to develop and refine a full-scale workplace health training curriculum and implementation schedule.

- Phase 2: Full-scale implementation of the program with 600 employers and other organizations that support employers using four distinct training models. Phase 2 will evaluate the effectiveness of the four training models by enrolling and training 600 employers.

This request for OMB approval includes only the Phase 1 formative evaluation tasks, including collecting the information from employers to (1) inform the content and format of the Work@Health training and (2) assess employers' reactions to the Work@Health training. We will submit a separate request for phase 2 of the project.

During the formative phase, CDC plans to conduct a Work@Health Employer Training Needs Assessment (i.e., needs assessment) to inform the format and content of the training curricula including topics of interest, motivation to receive training in workplace health/wellness and preferences for training methods. Respondents to the training needs assessment survey (**Attachment D-1 and D-2**) will be small employers (30-100 employees) due to the lack of information about the needs of small employers. The sample will include small employers from various industry sectors and geographic locations. This is a one-time survey. Participation is voluntary and there are no costs to respondents other than their time.

In addition to the needs assessment, CDC plans to conduct a pilot test of Work@Health. The pilot will include each of the four training models to test the procedures, methods, content and strategies of the workplace health training. CDC plans to collect data from employers participating in the pilot test to obtain their perceptions of the appropriateness, practicality, and usefulness of the training (**Attachments E-H**). Respondents to the pilot training evaluation surveys will include employers representing small, mid-size, and large businesses

from various industry sectors and geographic locales as well as organizations that provide support to employers for their workplace health program activities.

The information to be collected during the formative phase of the evaluation will address the first goal of the Work@Health Program: Increase understanding of the training needs of employers and the best way to deliver skill-based training to them. Specifically, the objectives of the training needs assessment and the pilot training evaluation are to:

1. Inform the development of the full-scale Work@Health Program training design and curricula
    a. To understand employers' preferences and needs related to workplace health and wellness training, such as topics of interest and beginning level of employer knowledge and skill level.
    b. To understand employers' availability to participate in a health and workplace wellness training and preference for type of participation (i.e., Online versus a Hands-on model).
    c. To identify networks and associations that may be used for employer outreach and select employers for participation in the Work@Health training program.
    d. To understand the motivators and barriers employers face by participating in a workplace health and wellness training, such as Work@Health.

2. Evaluate the Pilot of the Work@Health Program across each of the four training models (i.e., Hands-on, Online, Blended, and Train-the-Trainer) to inform the development of the full-scale Work@Health Program training design and curricula
    a. To assess employers' reaction to the Work@Health Program.
    b. To evaluate outcomes and the ways in which participating employers increased their knowledge and perceived ability to implement workplace health programs, policies, and environmental support changes that will improve employee health.
    c. To understand participating employers intentions to participate in Peer Learning Networks and learning communities.
    d. To learn about the preferred methods for providing outreach to employers.

A summary of program objectives as they relate to specific information collection instruments (Crosswalk) is provided in **Attachment C.**

Findings from the needs assessment and the pilot training evaluation will be used to inform the development of the full-scale Work@Health Program. The findings will be used to tailor the training curriculum to the needs, knowledge and skill-level of employers; to develop the format of the training to best meet the employers' availability and preferences for duration,

location and method (e.g., Online versus Hands-on); and to identify the best strategies to reach and enroll participants for Work@Health.

CDC requests OMB approval by summer 2013 in order to begin a needs assessment and pilot testing of the training by fall 2013.

Privacy Impact Assessment

Overview of Information Collection

Information will be collected from: (1) a sample of employers representing small and mid-size businesses and (2) employers who are interested in participating in the Work@Health Training Program. The primary modes of information collection will be an online needs assessment survey and paper forms for most training evaluations. Work@Health participants will be trained and supported by CDC's implementation contractor, ASHLIN Management Group, and CDC's evaluation contractor, RTI. In addition to RTI, Public Health Management Corporation (PHMC), ASHLIN's evaluation sub-contractor, is also charged with the evaluation of the Work@Health Program. These organizations are experienced in the collection and management of personal, identifiable, and/or sensitive information.

Employers who complete the needs assessment survey will not be asked for their names or the names of their businesses. The employer's location will be indicated by zip code only. Respondents to the pilot evaluation survey will be asked to specify their position/roles as well as some information about their employer and workforce demographics (e.g., type of business, number of employees). Although there will be no personal identifying information collected on the pilot evaluation surveys, the small number of participants in each pilot training (n=15) means that it would be possible to match the pilot survey responses to individual training participants based on employer information.

Information collection and management will be conducted according to a plan that has been approved by a CDC's Office of the Chief Information Security Officer, and will comply with the Privacy Act and required government data privacy and security procedures.

Only de-identified data will be used for program evaluation, and CDC will not attempt to identify individuals by data linkages involving demographic, geographic, or outcome information, contact individual participants, or disclose any participant level data. A summary of program objectives as they relate to specific information collection instruments is provided as **Attachment C**.

Items of Information to be Collected

For the Training Needs Assessment Survey **(Attachment D-1 and D-2)**, employers will be asked to describe the health and wellness programs provided by their businesses or organizations, including time in existence, policies and environmental supports for health programs, and motivators and barriers to implementing workplace health programs.

Employers will be asked to assess their need for training on various health/wellness curricula topics, their preferred method of training (e.g., in-person versus online), their preferred method of communicating and their interest in participating in worksite health/wellness training. CDC will collect information about employer characteristics, such as number of employees and type of industry. The needs assessment will be completed by a random sample of employers enrolled through one or two gatekeeper organizations (e.g., employer organizations/associations).

CDC will also assess employers' reactions to the pilot training **(Attachments E-H)**. CDC will assess participating employers' satisfaction with the trainings they received, whether the training was engaging and whether the facilitator, materials, and activities supported the goals of the training. CDC will assess whether the training met employers' needs and improved employers' confidence in implementing or extending a workplace health and wellness program at their place of employment. CDC will assess changes employers would recommend for the curriculum, how employers would best learn about a workplace health and wellness training, and what would encourage employers to attend training.

Participants in the pilot of the Online, Hands-on and Blended training will be enrolled through one or two gatekeeper organizations that are working in the region(s) where the pilot of these three models will be implemented. The eligibility requirements for the pilot are the same as the requirements for the full training. Employers in this region(s) with an interest in participating in the pilot of the Work@Health Program will be directed to complete the Pilot Employer Application Form (**Attachment I-1 and I-2**). This form will collect information from interested employers related to the eligibility criteria. The 45 employers who are selected for the pilot of these three models will be assigned to either the Online (n=15), Hands-on (=15) or Blended (n= 15) training model. Prospective pilot training participants will be informed prior to selection that they can express a preference for placement in a specific training model, but placement in that model cannot be guaranteed.

The 15 participants in the pilot of the Train-the-Trainer model will meet the special selection criteria for this model including being referred from local organizations in the region where the pilot of this model is implemented. Potential referring organizations include but are not limited to a State or local Health Department, employer membership organization, community-based health organization or a private/non-profit organization. Individuals who participate in the pilot of the Train-the-Trainer model will also be required to have:

- Workplace health program knowledge and skills gained from Work@Health training or demonstrated knowledge from on-the-job experience;
- Training skills in workplace health programs and intermediate technology skills in online and blended training models; and
- At least one year of successful leadership experience implementing a workplace

health program.

Identification of Website(s) and Website Content Direct at Children Under 13 Years of Age

No information collection involves children less than 13 years of age. The Employer Training Needs Assessment and the Online Pilot Training Evaluation surveys will be administered via a web-based survey.

2. Purpose and Use of the Data

CDC, through its program implementation and evaluation contractors, will conduct assessments both before (needs assessment and Work@Health Pilot Employer Application Form) and after the pilot training (pilot training evaluation surveys) to 1) select participating employers; 2) document processes and outcomes; and 3) set the parameters for full-scale implementation of the Work@Health Program. The collection of this information is necessary for the successful planning, implementation and evaluation of the full-scale training.

The needs assessment will serve to inform the content and format of the training curricula by giving CDC a better understanding of the training needs of employers and the most effective ways to reach employers and deliver skills-based training. Specifically, it will gather information from employers on a range of topics including, but not limited to:

- Special concerns related to employee health and safety and/or specific employee issues such as mental health or the aging of the workforce.
- Current health promotion activities, policies and environmental supports.
- Perceived motivations/reasons to implement a workplace health program.
- Perceived barriers to establishing effective workplace health programs, policies and practices.
- Needs for technical assistance and training related to workplace health programs, policies and practices.
- Level of interest in learning more about workplace health programs and policies.
- Preferences/opinions on the length and format of training.

Information garnered from the pilot training evaluation surveys (administered immediately after the pilot training) will help to inform the training used during the full-scale implementation of the Work@Health Program. The pilot evaluation will assess participants' immediate reactions to the training and change in awareness of workplace health programs. The pilot training evaluation will determine the following:

- Appropriateness, practicality, and likely success of training curricula.
- Whether proposed methods, instruments, and content are appropriate or too complicated.
- Feasibility of a full-scale training.
- Adequacy of content, supporting materials, and evaluation instruments.
- Whether the training approach is realistic and workable.

- Whether the training content meets employers' needs with respect to level of employer knowledge at the beginning of the training program.
- Likely success of proposed outreach and enrollment approaches.
- Logistical problems which might occur using proposed methods.
- Proposed data analysis techniques to uncover potential problems using preliminary data.
- Which resources (finance, staff) are needed for ongoing training.

Training methods, curricula, supporting materials, and evaluation instruments may be revised as a result of the pilot training evaluation.

The lessons learned from this project may be of interest to several other ongoing activities including:

a. Provide feedback and support the implementation efforts of employers participating in the Work@Health Program and the CDC National Healthy Worksite Program.

   i. Improve technical assistance given to participating employers in both programs.

b. Inform future program efforts at CDC and other Federal agencies such as:

   i. CDC will use this information to refine key success elements and best practices in workplace health training to operationalize future surveillance activities in framing potential questions that represent important elements of effective program training. These data would provide information on employer workplace health promotion training practices and gaps. CDC will also use the information gained and described from the Work@Health Program to produce case studies and success stories to provide greater technical assistance to employers seeking guidance on building or maintaining workplace health promotion programs.

c. Provide models for replication through the development of tools, resources, and guidance.

   i. CDC will develop tools, resources, and guidance to support broader workplace health efforts.

   ii. Employers will be able to utilize the public domain curricula, training materials and aides for their own workplace health program planning, implementation, and evaluation efforts.

3. Use of Improved Information Technology and Burden Reduction

CDC designed this information collection to minimize the burden to respondents and to the government, to maximize convenience and flexibility, maximize employer participation and engagement, and to ensure the quality and utility of the information collected. Needs

assessments and pilot training evaluation surveys of the Online training model will be collected via an online survey tool to maximize convenience to respondents. Pilot training evaluation surveys of the Hands-on, Blended and Train-the-Trainer models will use paper-based surveys because trainings will be held in a variety of settings that may not provide ready access to an online survey. In addition, participants in these models will be present at the time of survey administration making a paper and pencil version practical and efficient.

4. Efforts to Identify Duplication and Use Similar Information

The Work@Health Program is a new initiative with new requirements to evaluate training on implementing and/or improving workplace health programs. An extensive review of the literature indicates that there is no publicly available information that would allow CDC to understand small employers' needs for workplace health policy training specifically and give CDC the information needed to evaluate these training programs for employers.

The data collection instruments for this ICR were derived in part from information available from the broader field including the HHS Office of Disease Prevention and Health Promotion National Survey of Worksite Health Promotion Programs (OMB No. 0937-0149, exp. 7/31/1986), the HHS/DOL Wellness Programs Study (OMB No. 0990-0387, exp. 1/31/2015) which did not evaluate workplace health trainings and focused on larger sized employers, and prior CDC work including capacity building and training components of the National Healthy Worksite Program (OMB No. 0920-0965, exp. 5/31/2016 and OMB No. 0937-0194, exp. 12/31/1992) and the development of organizational workplace health assessment tools, such as the CDC Worksite Health Scorecard. The program team carefully considered the content, need, and structure of the questions so that they are brief, easy to use, understandable, and relevant to the program objectives.

5. Impact on Small Businesses or Other Small Entities

The Work@Health Program is open to employers with at least 30 employees. Approximately 75% of participating employers will be small (30-100 employees) and mid-size employers (101-500 employees).

Since the program is voluntary and the employer indicates their desire to participate by acknowledging an understanding of the eligibility criteria by completing the Pilot Employer Applications Form (**Attachment I-1 and I-2**), the impact of the data collection on respondents – including small employers – is expected to be minimal.

The pilot training evaluation will help CDC to determine the least burdensome method of collecting the information needed to implement and evaluate the program.

6. Consequences of Collecting the Data Less Frequently

Each participant in the needs assessment and pilot training evaluation surveys will complete the data collection instrument only once.

Information collection will take place in summer 2013 for the needs assessment, followed by approximately 3 months of evaluation data collection during the pilot phase (beginning fall, 2013). The needs assessment is required to inform the design of the training curricula; the pilot training assessment is required to measure employers' reaction to the training and any change in knowledge and understanding of workplace health programs. Less frequent reporting would not allow CDC to evaluate the first Work@Health Program goal to increase understanding of the training needs of employers and the best way to deliver skill-based training to them.

Without the proposed Phase 1 pilot evaluation, the full scale Phase 2 program may be less effective.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulation 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside of the Agency

A. Federal Register Notice. A 60-day Notice was published in the Federal Register on May 16, 2013 (Volume 78, Number 95, pages 28850-28851; see Attachment B-1). CDC received and replied to three public comments (Attachment B-2).

B. CDC developed the data collection plan in collaboration with subject matter experts at CDC, ASHLIN Management Group, the Public Health Management Corporation, Accenture, and RTI International. CDC also discussed the Work@Health Program and proposed data collection with a broad variety of colleagues that are members of the CDC National Center for Chronic Disease Prevention and Health Promotion Workplace Workgroup. CDC also pre-tested the survey materials for clarity, organization, and timing with a group of external employers (n=2), public health departments (n=2) and a health insurance provider (n=1) who would represent the target audience of the pilot training evaluation as well as the full scale Work@Health training.

Table 8-a. Staff within the Agency and Consultants outside the Agency Consulting on Data Collection Plan and Instrument Development

Staff from CDC	
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Theresa Lovely, MS Kentucky Department for Public Health	Phone: (270) 202-1585 Email: Teresa.lovely@ky.gov

9. Explanation of Any Payment or Gift to Respondents

No payments or gifts will be offered to employers that complete the training needs assessment or participate in the pilot training evaluations.

10. Assurance of Confidentiality Provided to Respondents

Data collection for the Work@Health Program is for the purpose of program evaluation, and does not constitute research with human subjects. IRB approval is not required.

A. Privacy Act Determination

CDC has reviewed this Information Collection Request and has determined that the Privacy Act applies to the identifiable employer-level information collected in the Pilot Employer Application form (**Attachment I-1 and I-2**). The only entity that will have access to information in identifiable form is CDC's implementation contractor, ASHLIN Management Group. Information will be managed as specified by the applicable System of Records Notice, 09-20-0160, Records of Subjects in Health Promotion and Education Studies.

The pilot employer eligibility form will be used to collect contact and employer characteristic information from employers who self-identify that they meet the eligibility criteria for the Work@Health Program and that they are located in the pilot training region(s). The Pilot Employer Application Form will be available on the Work@Health website for employees to complete as well as available in paper form during meetings

held with gatekeeper organizations and their employer members. The information will be stored in a secure database at Public Health Management Corporation (PHMC) the evaluation subcontractor to the implementation contractor, ASHLIN Management Group.

The Privacy Act does not apply to 1) collections that are conducted without identifiers, or 2) information collections in which the respondent is identifiable, but not providing personal information. The needs assessment and pilot training evaluation surveys will be collected at the employer level; personal information will not be requested. Responses to the online needs assessment will be anonymous. Respondents will only be asked to specify their role/position within their organization.

Employers will be given the opportunity to indicate if they are interested in participating in the full-scale training or if they would like to learn more about the Work@Health Program. Those employers who are interested in the full-scale training or learning more about Work@Health will be asked to provide their contact information. The purpose of collecting this contact information will be to aid in the recruitment of the full-scale training. The employers who complete the needs assessment will be given the option of providing their contact information directly on the online survey form or clicking on a link that will take them directly to the Work@Health Program website. Responses to the needs assessment will not be linked to any contact information that the respondents may give.

Employers who participate in the pilot training will complete the pilot training evaluation survey that corresponds to their training model (Hands-on; Online; Blended; Train-the-Trainer). Pilot training evaluation survey respondents will not be asked to provide their names or the names of their organizations on the surveys. Respondents will be asked to provide their role/position within their organization.

B. Safeguards

Technical Safeguards. Public Health Management Corporation (PHMC) the evaluation subcontractor to the implementation contractor, ASHLIN Management Group, will be the only organization to collect, store, and maintain individual level information. All electronic data will be password protected and only accessible to evaluation staff. Hard copy surveys will be stored in locked files that are only accessible to evaluation staff.

Additional Safeguards. Survey results will only be reported in aggregate. Individual level data will not be reported. In addition, pilot evaluation survey results representing small cell sizes that may be identifiable, such as a small industry sector will not be reported.

C. Consent

Participation in the Training Needs Assessment Survey will be completely voluntary. All potential needs assessment respondents will receive background information about Work@Health and will be assured that (1) their participation is voluntary (2) they will not be asked for their name, the name of their company, or any other identifying information, (3) their responses will be maintained in a secure manner and only seen by the PHMC evaluation staff, and (4) that there are no personal risks or benefits to them related to their participation. Answers to frequently asked questions will be shared with all potential needs assessment responders **(Attachment J).**

Participation in the pilot training is also completely voluntary. In agreeing to voluntarily participate in the pilot, the employers also agrees to complete the pilot training evaluation survey.

D. Nature of Response

Participation by employers in the needs assessment and the pilot training evaluation is strictly voluntary; however, CDC seeks to identify employers and other organizations with strong potential for completing the needs assessment and pilot evaluations. Organizations that participate in the needs assessment and/or the pilot training (and evaluation) are under no obligation to complete and/or submit the surveys and they may withdraw at any time. CDC will gauge interested employer's level of commitment based on their responses to the Work@Health Pilot Employer Application Form **(Attachment I-1 and I-2)**.

11. Justification of Sensitive Questions

CDC does not expect to collect any data that would be considered personal or sensitive.

12. Estimates of Annualized Burden Hours and Costs

A. Burden Hours

Phase 1 approval is requested for one year. The burden hours for completing each data collection activity are described below.

The Training Needs Assessment Survey (**Attachment D-1 and D-2**) will be completed by approximately 200 employers who are interested and willing to contribute to the development of the Work@Health training. The results of this survey will inform the content

and format of the training with a focus on small and mid-size employers to ensure that the needs of employers in these categories are addressed. The total estimated annualized burden is 67 hours (20 minutes per response).

The Pilot Employer Application Form **(Attachment I and I-2)** will be completed by 400 employers who are interested in participating in the pilot training of the Work@Health Program training. The total estimated annualized burden is 33 hours (5 minutes per response). The information collected on the application form will be used to select 60 participants and assign each one to a training model.

The Pilot Training Evaluation Survey (Hands-on model) (**Attachment E)** will be completed by 15 employers. The survey will be provided in hard copy and guided by the instructor. The total estimated annualized burden to respondents is 4 hours (15 minutes per response).

The Pilot Training Evaluation Survey (Online model) (**Attachment F-1 and F-2)** will be completed by 15 employers. The survey will be provided online with instructions for completion. The total estimated annualized burden to respondents is 4 hours (15 minutes per response).

The Pilot Training Evaluation Survey (Blended model) (**Attachment G)** will be completed by 15 employers. The survey will be provided in hard copy and guided by the instructor. The total estimated annualized burden to respondents is 5 hours (20 minutes per response).

The Pilot Training Evaluation Survey (Train-the-Trainer model) (**Attachment H)** will be completed by 15 employers and organizations who support employers. The survey will be provided in hard copy and guided by the training instructor. The total estimated annualized burden to respondents is 4 hours (15 minutes per response).

The total estimated annualized burden hours are 117.

A.12.1 Estimated Annualized Burden Hours and Cost to Respondents

Table A. Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Interested Employer	Training Needs Assessment Survey	200	1	20/60	67

Participating Employer	Pilot Employer Application Form	400	1	5/60	33
	Pilot Training: Hands-on Model Evaluation Survey	15	1	15/60	4
	Pilot Training: Online Model Evaluation Survey	15	1	15/60	4
	Pilot Training: Blended Model Evaluation Survey	15	1	20/60	5
	Pilot Training: Train-the-Trainer Evaluation Survey	15	1	15/60	4
Total					117

Table A12-2. Estimated Annualized Cost to Respondents (based on burden hours)

Type of Respondent	Form Name	Number of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Hourly Wage Rate	Total Cost
Interested Employer	Training Needs Assessment Survey	200	1	20/60	$36.25	$2,417
Participating Employer	Pilot Employer Application Form	400	1	5/60	36.25	$1,208
	Pilot Training: Hands-on Model Evaluation Survey	15	1	15/60	$15.50	$58
	Pilot Training: Online Model Evaluation Survey	15	1	15/60	$15.50	$58
	Pilot Training: Blended Model	15	1	20/60	$15.50	$78

	Evaluation Survey					
	Pilot Training: Train-the-Trainer Evaluation Survey	15	1	15/60	$15.50	$78
					Total	$3,897

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

CDC does not anticipate that organizations / employers will incur any additional costs or burden for record keeping.

14. Annualized Cost to the Government

The current data collection costs include the cost of CDC personnel for oversight of workplace health training program planning, implementation and evaluation, and costs associated with two contracts: one with a workplace health training implementation contractor, ASHLIN Management Group (Greenbelt, Maryland), and one with a workplace health training evaluation contractor, Research Triangle Institute (RTI) International (Research Triangle Park, North Carolina). A full-time CDC employee will serve as the technical monitor for the project, directing regular planning and coordination meetings with the contractor staff. These meetings serve to plan and coordinate the programs and activities of the Work@Health Program including: communications with internal and external stakeholders; planning and developing protocols for the employer needs assessment and pilot test evaluations. The role of the CDC employee also involves regular reporting and review of all materials and products before acceptance by the government by coordinating input from multiple units within CDC's National Center for Chronic Disease Promotion and Health Promotion Division (Division of Diabetes Translation, Division for Heart Disease and Stroke Prevention, Office on Smoking and Health, Division of Population Health, and Division for Nutrition, Physical Activity, and Obesity) and the CDC National Institute for Occupational Safety and Health.

ASHLIN Management Group will provide operational management of the workplace health training program and coordinate activities among the Work@Health Program participants. ASHLIN's responsibilities include conducting employer needs assessments, pilot training planning and evaluation and data collection. ASHLIN will also provide guidance in establishing the program management infrastructure, assist in communication activities such as reporting progress to CDC, and prepare reports and publication materials.

Under a subcontract with ASHLIN, Work@Health Program participants will receive additional support from the Public Health Management Group (PHMC). PHMC will provide expertise in data collection and training evaluation. PHMC will assist with development and analysis of the needs assessment and pilot training evaluations and conduct de-identified linkage and analysis of the survey data.

RTI will be responsible for evaluation of the Work@Health Program using a mix of qualitative and quantitative methods. RTI will conduct analyses to describe adoption, reach, and sustainability of the training intervention offered through Work@Health.

The ongoing data collection costs and associated project support costs are assumed constant for the useful life of the program. The average annualized cost of the contracts with respect to data collection is estimated at $1,608,692 per year for 16,087 hours of labor (@$100/hour).

The total estimated annualized cost to the Federal government is $1,642,892.

Table A.14-A Annualized Costs to the Government

Cost Category	Avg. Annual Cost
Data Collection Implementation Contractor Needs Assessment Development $71,320 Pilot Training Evaluation Development $64,788 Data Analysis $136,108 Curricula Development and Design $783,976 Pilot Training $530,830	$1,587,022
Data Collection Evaluation Contractor Literature review: $9,560 Data Analysis: $7,330 Evaluation questions and measures: $4,780	$21,670
CDC GS-14 30% GS-14 @ $114,000/year	$34,200
Total	**$1,642,892**

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

The assessment and project timeline are outlined below in Table 16A.

Table 16A. Project Assessment Time Schedule

Respondents/Sources	Method	Content	Timing/Frequency	Attachment #
OMB Approval - Survey Instruments / Assessments (estimated)				
OMB Approval	N/A	N/A	summer, 2013 (estimated) for survey instruments	N/A
Employer Information:				
Employers (All worksites)	Training Needs Assessment	Status of worksite policy/practices/programs across priority health areas, interests in training topics, employee characteristics	Baseline	D-1; D-2
Interested Employers	Pilot Employer Application form	Contact information and description of employer characteristics	Baseline	I-1; I-2
Pilot Training Evaluations:				
Participants in Hands-on Training Model	Pilot Training Evaluation Survey (Hands-on model)	Immediate reactions to training, any change in awareness of workplace health programs	Immediately following pilot training	E
Participants in Online Training Model	Pilot Training Evaluation Survey (Online model)	Immediate reactions to training, any change in awareness of workplace health programs	Immediately following pilot training	F-1; F-2
Participants in Blended Training Model	Pilot Training Evaluation Survey (Blended model)	Immediate reactions to training, any change in awareness of workplace health programs	Immediately following pilot training	G
Participants in Train-the-Trainer Training model	Pilot Training Evaluation Survey (Train-the-Trainer model)	Immediate reactions to training, any change in awareness of workplace health programs	Immediately following pilot training	H

Analysis Plan

Data analysis for the formative evaluation component of the Work@Health Program will primarily be descriptive since the sample sizes, especially for the pilot evaluation survey are small and responding to the evaluation questions does not require multivariate analysis. Frequencies for each item on the Employer Needs Assessment survey will provide an overall picture of employer needs and interest in training, current workplace health/wellness program activities, preferred training format/durations and motivation to participate in training. Results of the needs assessment will, at a minimum be compared for employers of different sizes (small, medium, large) and level of current workplace health/wellness programming (based on extent of programs and policies and program maturity). Differences in responses based on industry size and program maturity will be useful in informing format, content and

level of training. We will also compare responses from employers from different industry types if sample size allows for valid comparisons.

Descriptive analysis of data from the pilot evaluation surveys will include frequencies for the pilot training overall (across models) for questions that are on each survey; surveys completed by training participants in each model will also be examined separately and compared with responses to the same questions for other models. Based on the analysis of the pilot surveys, we will provide recommendations for changes in the format and content of the full training.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The OMB expiration date will be displayed on all assessments used for formative evaluation purposes (employer needs assessment and pilot evaluation surveys).

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to this certification.

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