

CDC Work@Health Program
Phase 1 Needs Assessment and Pilot Training Evaluation
New

Supporting Statement: Part B

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Section B. Collections of Information Employing Statistical Methods

The Work@Health Program seeks to raise employer knowledge and skill related to effective science-based workplace health programs, policies, practices, and strategies and supporting their adoption in the workplace. The Work@Health Program will develop, test and compare four different training models with the primary goals to:

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

The formative phase (Phase 1) of the program focuses on the first goal of Work@Health. As such, the formative evaluation will include a training needs assessment survey (**Attachment D-1 and D-2**) to be completed by a sample of approximately 200 employers and a pilot test of 4 training modules that will enroll a total of 60 participants (employers and organizations who support employers).

1. Respondent Universe and Sampling Methods

The respondent universe for this project is employers in the United States with a minimum of 30 full-time employees who have a valid business license and have been in business for at least one year. Additionally, employers must also have minimal workplace health program knowledge and experience as well as offer health insurance to their employees. Because previous research on workplace health has focused on large employers, more information is needed particularly about the needs, motivations and capacity for workplace health initiatives of small employers as well as models that are best suited to their organizations.

Respondents for both the training needs assessment survey (**Attachment D-1 and D-2**) and the training pilot tests will be selected from lists of employer members of national and regional organizations and associations (i.e., gatekeepers). CDC has compiled a list of national and regional business organizations and associations that will raise awareness of the Work@Health Program through their members. For the training needs assessment survey, potential participants will be selected from national organizations whose members include employers of all sizes, but which serve a significant number of small businesses across

industry types. We will partner with these organizations to reach out to their small business members with information about the Work@Health Program and to invite them to complete the training needs assessment survey (**Attachment D-1 and D-2**) if they are selected to participate.

In conjunction with these gatekeeper organizations, we will draw a random sample of employers who represent small businesses of different industry types, and locations. A random number generator will be used to select 600 employers from the list of members of each organization. The gatekeeper organizations will be asked to send the link to the online survey to the chosen sample of their members. Given our expected response rate of approximately 33%, the initial sample of 600 employers is expected to result in our planned sample size of 200 participants.

Because three of the four training models included in the pilot test involve face-to-face meetings, recruitment for the pilot test will focus on specific site locations. For the Hands-on, Online, and Blended models of the pilot test, the project's Outreach Team will work with gatekeeper organizations in the region to inform employers about the project, encourage them to visit the Work@Health website, and invite them to complete an online Pilot Employer Application Form (**Attachment I-1 and I-2**) if they believe they fit the eligibility criteria. It is anticipated 400 employers who are interested in participating in the pilot training of the Work@Health Program training will complete the Pilot Employer Application form which will be used to select participants and assign each to one of the four distinct pilot training models.

A total of 45 participants (15 participants for the hands-on, online, and blended models) will be selected from these forms based on the amount of experience they have with workplace health programs, industry, and geography. This will ensure that trainees for each model include a diverse range of employer sizes, with small and mid-size employers forming at least three-fourths of the sample.

Additionally, 15 participants in the Train-the-Trainer model will be selected to pilot test the Work@Health Program. They will also be invited to view the Work@Health website and fill out an online Pilot Employer Application Form (**Attachment I-1 and I-2**). To bring awareness to the opportunity to participate and encourage eligible participants to enroll in the train-the-trainer pilot test, CDC will reach out to employers and organizations who support employer workplace health program efforts identified from a compiled list. Those selected to participate in the Train-the-Trainer model will have all of the following:

1. A referral from one of, but not limited to, the following types of organizations
 - a. State or local Health Department
 - b. Employer membership organization
 - c. Community-based health organization

- d. Private/non-profit organization
- 2. Workplace health program knowledge and skills as evidenced by:
 - a. Completion of the Work@Health Program Online, Blended OR Hands-on training model OR
 - b. Knowledge and skills that are substantively equivalent to those expected in the Work@Health curriculum as demonstrated within a workplace health/wellness program or on-the-job and documented in a portfolio assessment.
- 3. Training skills and experience including:
 - a. At least one year of successful experience instructing, coaching or facilitating employers/employees in workplace health/wellness knowledge and skills;
 - b. Intermediate proficiency and comfort using technology in online and blended training models.
- 4. Implementing workplace health programs
 - a. At least one year of successful experience in a leadership role implementing a workplace health/wellness program in a business, agency or organization.

2. Procedures for the Collection of Information

Pending OMB approval by summer 2013, information will be collected first by a Training Needs Assessment survey (**Attachment D-1 and D-2**) in summer 2013, administered to a sample of approximately 200 small (30-100 employees) employers to assess their needs for workplace health and wellness training and program implementation support. While the training needs assessment survey is being conducted, the Outreach Team will connect with employers through gatekeeper organizations and encourage them to apply for the pilot training. A Pilot Employer Application form will be completed by 400 employers and other organizations who are interested in participating in the pilot testing of the Work@Health Program training. The information collected on the application form will be used to select 60 participants and assign each one of the four distinct training models. After collecting Pilot Employer Application Forms from interested employers who meet eligibility criteria and selecting 60 participants, pilot testing of the Work@Health Program will begin in fall-winter 2013-2014.

Training Needs Assessment Survey

The training needs assessment survey will be conducted using an online tool (**Attachment D-1 and D-2**). Potential respondents will receive an email from one of the gatekeeper trade or membership business organizations that is working with Work@Health, informing them about the project and inviting them to take the survey. Selected employers will then click on the link in the email to take them to the training needs assessment survey.

The first screen of the training needs assessment survey will include OMB control number and expiration date, information needed for informed consent, including the purpose of the program and this survey, the topics covered, the amount of time needed to complete the

survey and any possible risks to participation. Respondents will be asked to click on Agree to indicate their consent to participate.

Data collected as part of the training needs assessment survey will be anonymous. Respondents will not be asked for their names or the names of their businesses. The employer's location will be indicated by zip code only. If respondents choose to request additional information about Work@Health, they 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. Responses to the training needs assessment survey (**Attachment D-1 and D-2**) will not be linked to any contact information that respondents may give. Respondents to the training needs assessment survey can also click on a link to the Work@Health Program website to learn more about the program and provide their contact information.

Requests for additional information and applications for training that contain contact information of interested respondents will be sent using a secure file transfer protocol to the implementation contractor, ASHLIN Management Group. This identifying information will not be connected to the survey responses in the data file.

Pilot Training Evaluation Surveys

Participants in the pilot test for each workplace health training model (Hands-on, Online, Blended, and Train-the-Trainer) will be asked to complete a pilot training evaluation survey at the end of the training (**Attachments E-H**). For participants who are receiving the Online model, the pilot training evaluation will be electronic and included at the end of the last training module. Participants will complete and submit the pilot training evaluation using the same internet link used for the online training. The other three models involve in-person meetings. In these instances, the pilot training evaluation surveys will be distributed in paper form to participants after their last training session and they will be asked to complete the survey before they leave.

Respondents to the pilot test evaluation surveys will not be asked for their names or the names of their businesses/employers on the survey form, however, the employer's location will be indicated by zip code. Respondents will be asked to report whether they completed all the training sessions in their assigned model. Since the number of participants in the pilot trainings is small (n=15) for each model, it would be possible to match survey responses to the employer information collected from each participant as part of the registration process. The privacy of all pilot training evaluation survey responses will be maintained with security procedures followed by all evaluation staff. Electronic data files will not contain any personal identifying information and will be kept on a password-protected file server. Only the evaluation staff conducting data analysis will have access to the data file. When it is

necessary to share data files with CDC investigators, a secure file transfer protocol will be used. No data will be sent using email.

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

For both the training needs assessment survey of workplace health training needs and the pilot training evaluation surveys, CDC designed the procedures for 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.

CDC's implementation contractor, ASHLIN Management Group, was selected in part because of their experience and expertise in planning and managing similar training initiatives and working successfully with content and technical experts of the type required for the current Work@Health initiative. Specific methodologies and strategies associated with each collection tool are described below.

As described in the prior section, two types of information are going to be collected during Phase 1: a) a **Training Needs Assessment Survey (Attachments D-1 and D-2)** will be administered to a sample of approximately 200 small (30-100 employees) employers to assess their needs for workplace health and wellness training and program implementation support; and b) **a pilot training evaluation survey (Attachments E-H)** will be administered to a sample of employers who agree to participate in one of four different workplace training models to gauge their assessment of both the content and format of the training. A sample of employers who have expressed an interest in the Work@Health Program will participate in the Hands-on (n=15), Online (n=15), and Blended (n=15) models of the pilot training. The purpose of the pilot training evaluation surveys following these models is to assess the content and format of the pilot training.

The individuals who participate in the pilot of the Train-the-Trainer model (n=15) will be recruited from health departments, professional organizations, business coalitions, private employers, and non-profit organizations.. The purpose of the Train-the-Trainer pilot training evaluation is to assess the effectiveness of the training in preparing the participants to train others in workplace health programs. See **Attachment D-1 and D-2** for the training needs assessment survey and **Attachments E-H** for the pilot training evaluation surveys for each training model.

We plan to maximize both staff efficiency and increase response rates by working with national membership and business organizations (i.e., gatekeeper organizations) to both publicize the Work@Health Program pilot test and the training needs assessment survey. These organizations will publicize Work@Health and the training needs assessment survey to their member employers via newsletters and regular communications. Randomly selected employers will be sent an email invitation, including a link to a website that will allow them

to immediately take the training needs assessment survey online. All employers who are recruited to take part in the training needs assessment survey will receive the initial email and then two reminders, one week apart, to encourage their completing the survey.

Based on prior experience with these types of survey response rates, we expect a response rate of approximately 33% to get 200 completed training needs assessments surveys. Since employee health programs are increasingly becoming a concern for employers we expect that this will also increase response rates to the training needs assessment survey. The survey will also be programmed to require that questions are answered in sequence and answered completely before exiting the online survey. Based on the current training needs assessment survey, it will take an employer no more than 20 minutes to complete the survey, thereby increasing the number of completed surveys received.

In terms of the pilot training evaluation surveys, (**Attachments E-H**) they will be administered immediately after receiving training either online or in-person, depending upon the training model that was administered. Participation in the pilot training evaluation is strongly encouraged for those who agree to participate in the pilot. In agreeing to voluntarily participate in the pilot, they also agree to complete the pilot training evaluation survey. Similar to the training needs assessment survey, the pilot training evaluation surveys are clearly written and easy to understand and will encourage employers to provide their reactions to the training they received.

4. Tests of Procedures or Methods to be Undertaken

The training needs assessment survey and the pilot training evaluation were designed to adequately capture the data required for employer needs assessment and pilot testing of the different training models. Input was obtained from the Work@Health team, comprised of subject matter experts from CDC, ASHLIN Management Group (the implementation contractor) and its team leaders, including the evaluation team leader and the training and curriculum team.

Hard copies of the training needs assessment survey (**Attachment D-1 and D-2**) and the pilot training evaluation surveys (**Attachments E-H**) were pilot tested with six implementation contractor employees, including representatives from the evaluation and training and curriculum teams. The average completion time for the training needs assessment survey is 20 minutes and the completion time for the pilot evaluation surveys ranges from 15-20 minutes.

Additionally, the training needs assessment survey and the pilot training evaluation surveys were pre-tested 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.

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

CDC will provide overall program management for the Work@Health Program, 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. The implementation contractor, ASHLIN Management Group, Inc., will provide operational management of the workplace health promotion training program and coordinate program activities. Data collection for the training needs assessment survey and pilot training evaluation surveys will be conducted by the project’s evaluation team at Public Health Management Corporation (PHMC). PHMC’s responsibilities include collecting and analyzing results from the training needs assessment survey and getting feedback from pilot test participants through pilot training evaluation surveys.

RTI, the national evaluator for the project, will be responsible for the national evaluation of the Work@Health Program using a mix of qualitative and quantitative methods. Some information such as the training needs assessment survey will be self-reported. Other information such as the pilot training evaluation surveys 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 training intervention offered through Work@Health.

The principal contacts for each organization are listed below:

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