CDC Work@Health™ Program:

Phase 2 Training and Technical Assistance Evaluation

New

Supporting Statement: Part A

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Table of Contents

Section A

A-1 Circumstances Making the Collection of Information Necessary

A-2 Purpose and Use of the Information Collection

A-3 Use of Improved Information Technology and Burden Reduction

A-4 Efforts to Identify Duplication and Use of Similar Information

A-5 Impact on Small Businesses or Other Small Entities

A-6 Consequences of Collecting the Data Less Frequently

A-7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

A-8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A-9 Explanation of Any Payment or Gift to Respondents

A-10 Assurance of Confidentiality Provided to Respondents

A-11 Justification for Sensitive Questions

A-12 Estimate of Annualized Burden Hours and Costs

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

A-14 Annualized Cost to the Government

A-15 Explanation for Program Changes or Adjustments

A-16 Plans for Tabulation and Publication and Project Time Schedule

A-17 Reason(s) Display of OMB Expiration is Inappropriate

A-18 Exceptions to Certification for Paperwork Reduction Act Submissions

Attachments

Attachment A-1. Authorizing Legislation, Public Health Service Act

Attachment A-2. Funding Authority - Patient Protection and Affordable Care Act Prevention and Public Health Fund (P.L. 111-148, Section 4002)

Attachment A-3. Public Health Service Act, Research and Investigations Generally

Attachment B-1. Federal Register Notice – 60 Day

Attachment B-2. Summary of Public Comments

Attachment C. Work@Health™ Program Objective – Survey Instrument Crosswalk

Attachment D. Work@Health™ Data Collection Flow Chart

Attachment E-1. Work@Health™ Employer Application Form

Attachment E-2. Representative Screen Shots of Work@Health™ Employer Application Form

Attachment E-3. CDC Worksite Health Scorecard

Attachment E-4. Representative Screen Shots of CDC Worksite Health Scorecard

Attachment E-5. Work@Health™ Organizational Assessment

Attachment E-6. Representative Screen Shots of Work@Health™ Organizational Assessment

Attachment E-7. Work@Health™ Employer Follow-up Survey

Attachment E-8. Representative Screen Shots of Work@Health™ Employer Follow-up Survey

Attachment E-9. Work@Health™ Case Study Interviews with Senior Leadership

Attachment E-10. Work@Health™ Case Study Interviews with Employees

Attachment F-1. Work@Health™ Trainee KAB Survey

Attachment F-2. Representative Screen Shots of Work@Health™ Trainee KAB Survey

Attachment F-3. Work@Health™ Trainee Reaction Survey Hands-on Model

Attachment F-4. Work@Health™ Trainee Reaction Survey Online Model

Attachment F-5. Representative Screen Shots of Work@Health™ Trainee Reaction Survey Online Model

Attachment F-6. Work@Health™ Trainee Reaction Survey Blended Model

Attachment F-7. Work@Health™ Trainee Technical Assistance Survey

Attachment F-8. Representative Screen Shots of Work@Health™ Trainee Technical Assistance Survey

Attachment F-9. Work@Health™ Case Study Interviews with Selected Trainees

Attachment F-10. Work@Health™ Trainee Focus Group Discussion Guide

Attachment G-1. Work@Health™ Train-the-Trainer Application Form

Attachment G-2. Representative Screen Shots of Work@Health™ Train-the-Trainer Application Form

Attachment G-3. Work@Health™ Train-the-Trainer Participant Survey

Attachment G-4. Representative Screen Shots of Work@Health™ Train-the-Trainer Participant Survey

Attachment G-5. Work@Health™ Trainee Reaction Survey Train-the-Trainer Model

Attachment G-6. Work@Health™ Train-the-Trainer Trainee Technical Assistance Survey

Attachment G-7. Representative Screen Shots of Work@Health™ Train-the-Trainer Trainee Technical Assistance Survey

Attachment H-1. Work@Health™ Wave 2 Trainee Reaction Survey

Attachment I. Work@Health™ Instructor/Coach Group Discussion Guide

Attachment J. Work@Health™ Employer Training FAQ

Overview

This is a new Information Collection Request (ICR) supporting establishment and evaluation of CDC's Work@Health™ Program, a comprehensive worksite health training program which includes the development of a worksite 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 each aimed at raising employer knowledge and skill related to effective science-based worksite health programs, policies, practices, and strategies and supporting their adoption in the worksite. CDC plans to initiate full-scale implementation and evaluation of the Work@Health™ Program in Winter/Spring 2014 (Work@Health™ Phase 2). CDC conducted a Phase 1 needs assessment, pilot training and evaluation in Fall 2013 to inform the full-scale implementation phase of Work@Health (OMB No. 0920-0989, expiration date 9/30/2014).

In this new ICR, CDC requests two year OMB approval to initiate Phase 2 data collection in Winter/Spring 2014. A combination of qualitative and quantitative data elements will be collected for analysis. The outcome evaluation will include a descriptive component as well as statistical models to determine the extent to which the program affected the target outcomes. These analyses will be supplemented with interview data collected for approximately six case studies. Employers will be recruited to participate in the Work@Health™ training and evaluation scheduled to begin in December 2013. The training models will be evaluated by assessing the participating employers' changes in readiness to develop or enhance a worksite health program; environmental elements of the physical worksite such as facilities; aggregate employee participation in programs and community partnership activities; and elements of worksite structure, practices, and policies related to health and safety. CDC will also assess trainees' knowledge, attitudes, and behaviors related to worksite health and their reaction to the Work@Health™ training, including their satisfaction with the training and opinions about whether it met their needs. No individual-level health data will be collected.

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 worksite. The use of effective worksite 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 worksite health programs to help employees lower their risk of developing chronic diseases and maintain a healthy lifestyle.

Large employers are more likely to offer worksite 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 worksite health promotion program. Small employers are the least likely to offer comprehensive worksite health promotion programs.[3]

Furthermore, most published research about the effectiveness of worksite health programs is based on data collected from large employers.[4, 5] Information about the effectiveness of worksite 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 worksite 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 skills related to effective science-based worksite health programs, policies, practices, and strategies and support their adoption in the worksite. 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. CDC is also authorized to conduct information collection by section 241 of the Public Health Service Act, Research and investigations generally (**Attachment A-3**).

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 worksite health program concepts and principles as well as access to tools and resources to support the design, implementation, and evaluation of effective worksite health strategies and interventions.
3. Increase the number of science-based worksite 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 worksite 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 worksite health topics:

- The health and economic impact of worksite 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 worksite 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 worksite 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 pre-formatted lists and to address challenges faced in the real world of their worksites. For example, when presented with a real-world worksite health problem to solve, employers will learn worksite 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 worksite health programs. This model will consist of 8 modules which will be covered in one full-day workshop.

- 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 employers' knowledge and skills about worksite 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. The Online Model will consist of 8 modules, which will take approximately one full day to complete.

- 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 worksite 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. The Online portion will consist of 6 modules, which will take approximately 5 hours to complete, the Hands-on portion will consist of 2 modules which will be covered in one half-day workshop.

- 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, trainers, facilitators, and organizations that support employers (e.g., state or local health departments) interested in becoming certified trainers for the Work@Health™ Program. A professional instructor will lead trainees 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 Certified Trainer and receive a certificate of achievement that recognizes their role and levels of expertise and performance.

Following their participation in one of the four Work@Health™ training models, trainees will receive technical assistance and have the opportunity to participate in peer learning networks. The technical assistance will be led by subject matter experts and will provide services, such as online coaching, Webinars, Go-To-Meeting discussions, and instant messaging to support trainees. The peer learning networks will provide an opportunity for trainees to interact with their peers to share ideas, goals, and issues for collaborative problem-solving and program development and to share materials and templates developed during and after training for other employers to adopt or adapt in their worksites.

The primary reason for providing technical assistance to trainees is to ensure their success in building a comprehensive worksite health program. After trainees complete their initial training, they are expected to apply what they learned in their worksites to design and implement a comprehensive worksite health program. The goal of the technical assistance is to extend the trainees' knowledge and skills and build capacity for responding to challenges, problems, and needs specific to each company's mission and work environment. While the curricula for the training models are common to all employers and trainees, technical assistance is data-driven, customized, and responsive to the dynamic needs of the employers and their worksites.

The technical assistance will provide support to the Train-the-Trainer participants in increasing their knowledge and improving their training skills as they work to prepare for and deliver the Work@Health™ training to at least five employers. The technical assistance will include a review of a videotaped demonstration by each of the Train-the-Trainer participants delivering a brief Work@Health™ training episode. Feedback will then be given by their peers and an instructor.

CDC plans to select a group of 600 employers and other organizations (approximately 540 participants for the Hands-on, Online, and Blended models and 60 participants for the train-the-trainer model) 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., 20-100 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 Train-the-Trainer 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 worksite health efforts or have employers as members who can be trained in the Work@Health™ program.

To be eligible for participation in Work@Health™, employers must have at least 20 employees, a valid business license and have been in business for at least one year. Employers must at least have minimal worksite 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-training assessments), and agree to become active participants in Peer Learning Networks.

The timely identification of potential employer participants 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 implementation of the Work@Health™ Program.

Priority will be given to those gatekeepers 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 complete the Employer Application Form (**Attachment E-1 and E-2**).

After all eligibility and inclusion factors are considered, approximately 540 selected employers will be assigned to participate in either the Hands-on model, Online model, or Blended training model in roughly equal numbers of each (n=180). 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, industry sector and worksite health program maturity. Prior to registration and enrollment, employers will be informed that they 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 worksite health program knowledge and skills; 3) training skills and experience; and 4) experience with implementing worksite health programs.

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

- Phase 1: Needs assessment and pilot training evaluation of the program designed to include an employer needs assessment survey with 200 small employers and pilot training evaluations of the four training models involving 15 trainees per model needed to develop and refine a full-scale worksite health training curriculum and implementation schedule. CDC obtained OMB approval for Phase 1 formative evaluation tasks (Work @ Health Phase 1, OMB No. 0920-0989, exp. 9/30/2014). Findings have been used to inform the Phase 2 data collection.

- 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 participants. CDC may request additional changes to the Phase 2 data collection plan upon further analysis of Phase 1 findings.

The Phase 1 pilot test was conducted between October 28 and November 14, 2013 involving all four training models. Overall, the Work@Health™ program was positively received by participants. While the overall content of the course consistently scored well with participants, respondents indicated the pace of the course was fast and that the amount of information being presented was difficult to fully process. As a result of this feedback, CDC will be streamlining the course content and moving some level of detail into the technical assistance activities that will allow the pace to slow as well as dedicate more time to participant's check for understanding and questions. Initial findings of the Phase 1 needs assessment survey which is still being analyzed also indicated that the core principles and practices which are the focus of the course content are in line with employer needs and their current level of knowledge (majority of respondents rated these important or very important). The training curricula will not be altered in terms of specific learning objectives, modular structure, technology usage, or learning activities. Therefore, CDC does not anticipate corresponding changes to the Phase 2 training reaction surveys or KAB surveys. Retaining questions specific to the pace of the training and the level of detail in the formal training as well as questions about specific instructional concepts in the KAB survey will enable the course evaluation to understanding if the streamlining process was effective.

Based on the findings from the pilot evaluations, two significant changes to the application and evaluation forms for Phase 2 have been incorporated. The first is to reduce the minimum eligibility requirement for employer participation from 30 employees to 20 employees. This is due to the high interest from small employers to participate in the Work@Health™ program as well as evaluation findings that the training content with respective to small employers was relevant, appropriate, and useful to them. The second change involves terminology on multiple evaluation forms. The term "workplace" has been substituted for "worksite" to avoid confusion exhibited by participants in the pilot trainings as to whether

the health programs being designed and implemented by participants applied to a single worksite or multiple worksites. The term worksite is specific to a single work location whereas the term workplace can apply to multiple locations within a single organization. Since the main target audience for the Work@Health™ program are smaller employers that are more likely to operate out of a single location, a substitution in terminology was consistently made in the Phase 2 evaluation forms **(Supporting Statement B.4**).

OMB approval for the Phase 2 full scale implementation is requested. Information will be collected from interested employers and other organizations to (1) select participants for the Work@Health™ training; (2) assess trainees' reactions to the Work@Health™ training, technical assistance and peer learning networks; and (3) evaluate outcomes and the ways in which participating trainees increased their knowledge and perceived ability to implement worksite health programs, policies, and environmental support changes that will improve employee health.

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

CDC requests OMB approval by January 2014 in order to begin selecting employers and implementing the training beginning in winter 2014. Information will be collected over a period of two years.

Privacy Impact Assessment

Overview of Information Collection

Information will be collected from: (1) employers who indicate interest in participating in the Work@Health™ Program (2) employers who are selected for full participation in Work@Health™ (3) employees who participate in the Work@Health™ training (i.e., trainees), (4) senior leaders and employees at organizations selected for case studies who were not trainees but participate in worksite health programs that are developed as a result of their organization's participation in training, and (5) Work@Health™ Program instructors and coaches. Information will be collected over a two-year period consisting of a one-year implementation phase and a one-year follow-up evaluation phase. During the first year, information collection will be focused on employer recruitment and enrollment into Work@Health™; organizational assessments of the status of the employer's worksite health program; and assessments of trainees' knowledge, attitude, and behaviors related to worksite health and wellness and skills in leading worksite health training. In the second year, information will be collected to follow-up on the progress of employer-based worksite health program interventions, document changes in trainee knowledge, attitudes, and behaviors, capture strategies for successful program implementation and sustainability, and identify barriers to efficient program implementation. The primary modes of information collection will be online surveys, paper forms and semi-structured interviews.

No individual-level health information will be collected from trainees or employees within their organizations. Employers will not be asked to report on any individual-level health indicators from their employees.

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.

In order to measure changes over time in employer and trainee specific assessments, data collection forms will contain employer and trainee identification information. ASHLIN, PHMC, and RTI will be the only organizations to collect, store, and maintain information that identifies specific individuals or employers. Computer data files used for analysis will identify individuals and employers using ID numbers and will not include employers' names or contact information. ASHLIN, PHMC, and RTI have consulted with CDC information security experts to review the data acquisition, storage, and processing procedures proposed for Work@Health™.

Information collection and management will be conducted according to a plan that has been approved by CDC's Office of the Chief Information Security Office, 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** and an outline of the timing of data collection for each instrument is presented in the Data Collection Flow Chart **(Attachment D)**.

Items of Information to be Collected

At the organizational (employer) level for participating employers, CDC will assess: 1) readiness to develop or enhance a worksite health program; 2) environmental elements of the physical worksite such as facilities; 3) rates of employee participation in programs and community partnership activities; 4) elements of worksite structure, practices, and policies related to health and safety; and 5) the impact of the training on the worksite through the development of case studies.

At the trainee level CDC will assess: 1) the knowledge, attitudes, and behaviors related to worksite health of trainees participating in the Work@Health™ Program; 2) trainees' reactions to the Work@Health™ training, including their satisfaction with the training and perceived utility of the training; and 3) their involvement in and the impact of technical assistance and peer learning networks.

At the instructor and coach level, CDC will assess opinions about the successes and challenges of implementing the Work@Health™ training.

Respondents and their respective data collection assessments are categorized as follows:

A. Interested Employers. Includes employers who wish to be considered for inclusion in the Work@Health™ Program as Program Participants; these data represent organizational entities (employers), not individuals. A senior leader from each employer who has indicated that their organization meets the program eligibility requirements will be asked to complete an online Employer Application Form **(Attachment E-1 and E-2).** This form will collect information from interested employers related to the eligibility criteria, employer characteristics (e.g., number of employees, type of industry), and status of their worksite health program.

B. Selected Employers. CDC will select 540 employers to participate in Work@Health™ trainings. As described above, the selection process will take into consideration the size of the employer as well as the need for geographic and industry sector diversity. Information to be collected from the selected employers includes the CDC Worksite Health Scorecard, Organizational Assessment, Case Studies, and the Employer Follow-up Survey. Each of these instruments is described in more detail below.

The CDC Worksite Health Scorecard (**Attachment E-3 and E-4**) will collect information from the 540 employers selected to participate in Work@Health™ to assess the extent to which employers have implemented evidenced-based health promotion interventions in their worksites and identify gaps in their health promotion activities.

The Organizational Assessment (**Attachment E-5 and E-6**) will collect information from the 540 employers selected to participate in Work@Health™ to assess changes in environmental elements of the physical worksite such as facilities and settings where employees work, as well as access to opportunities and resources for health promotion in the surrounding community.

The Employer Follow-up Survey (**Attachment E-7 and E-8**) will be used to collect information from the 540 employers who participated in the Work@Health™ Program to assess maintenance and sustainability of worksite health and wellness programs, policies, and environmental changes.

The Evaluation Team will conduct a series of interviews with senior leaders, employees, and trainees to develop **Case Studies**. The interviews will take place during site visits and by

telephone between approximately March and June of 2015. From the worksites selected for the employer level case studies, a senior leader will be invited to discuss his or her experience with the program, using the Case Study Interviews with Senior Leadership discussion guide (**Attachment E-9**). These discussions will focus on the extent to which the program met their expectations, challenges to and strategies for successful program implementation, and plans for sustainability. The evaluation team will also conduct interviews with one to two employees (who were not trainees of the Work@Health™ Program) from case study sites who participated in worksite-based health promotion activities developed as a result of the applied knowledge gained through the training, using the Case Study Interviews with Employees discussion guide (**Attachment E-10**). These discussions will focus on the employees' expectations for healthy changes, perceptions of changes in the worksite's physical and social environment, their own experiences with healthy options, and plans for continued healthy behaviors. No personally identifiable information will be collected in these interviews. Data stored from these interviews will not contain names or other personal identifiers. The employer organization will be identified by ID number.

C. Trainee Participants. Each of the 540 employers selected to participate in Work@Health™ will assign a maximum of two employees to participate in the Work@Health™ training. These 1,080 trainee participants will participate in either the Hands-On, Online, or Blended Training Model. The instruments used to collect data from the trainees include a Trainee KAB Survey, Trainee Reaction Survey, Trainee Technical Assistance Survey, a Trainee Focus Group guide, and Case Study Interview guides for selected trainees. Each of these instruments is described in more detail below.

The Trainee KAB Survey (**Attachment F-1 and F-2**) will collect information from the 1,080 Work@Health™ trainee participants to assess changes in trainees' knowledge, awareness, skill, and behavior related to implementing worksite health programs.

The Trainee Reaction Survey includes a Trainee Reaction Survey for the Hands-on model (**Attachment F-3**), the Online model **(Attachment F-4 and F-5**), and the Blended model (**Attachment F-6**). The Reaction Surveys will assess trainees' reactions to the Work@Health™ training including their satisfaction with the training they received, whether the training was engaging, whether the facilitator, materials, and activities supported the goals of the training, whether the training met their needs, and their confidence in implementing or enhancing a health and wellness program at their place of employment. The trainees participating in either the Hands-on or Blended model will complete a paper and pencil survey at the end of the last in-person session. Trainees will be asked to seal their completed surveys in an envelope provided for the purpose to assure them that the facilitators will not see their answers. The trainees participating in the Online model will complete the trainee reaction survey online.

The Web-based Trainee Technical Assistance Survey **(Attachment F-7 and F-8)** will be conducted to capture how much trainees have used the technical assistance and their perceptions

about the utility of the technical assistance they received through the course of the program. Trainees will be asked to assess how useful different aspects of the technical assistance (e.g., topical Webinars, interactive discussions with peers and facilitators) were to their ability to transfer what they learned to their worksites.
From the worksites selected for the case studies, the individuals who participated in the training program will be invited to discuss their experiences, using the Case Study Interviews with Selected Trainees discussion guide (**Attachment F-9**). These discussions will focus on trainees' expectations for the program, their experiences in the training and trying to implement what they learned, their perceptions of the outcomes, and sustainability of the changes.

The Evaluation Team will observe two Hands-on training sessions and two Blended model in-person sessions. Evaluators will convene a focus group of trainees immediately following these sessions. The discussion will be guided by the questions in the Trainee Focus Group Discussion Guide (**Attachment F-10**).The purpose of the focus group will be to gather in-depth information from trainees about their perceptions of the training; content they expect to be useful; effectiveness of the instructor; the pace of the session; areas for additional technical assistance; and plans for participating in future technical assistance activities.

D. Interested Train-the-Trainer Participants. Individuals interested in participating in the Train-the-Trainer model of the Work@Health™ Program will be asked to complete a Train-the-Trainer Application Form (**Attachment G-1 and G-2**). The online form will be used to assess applicants' background experience in worksite health programs and training facilitation.

E. Selected Train-the-Trainer Participants. CDC will select 60 qualified employers, trainers, and facilitators to participate in the Train-the-Trainer model of the Work@Health™ Program. Information to be collected from the selected Train-the-Trainer participants includes a Train-the-Trainer Participant Survey, Train-the-Trainer Reaction Survey, and Train-the-Trainer Technical Assistance Survey. Each of these instruments is described in more detail below.

The Train-the-Trainer Participant Survey (**Attachment G-3 and G-4**) will collect information from the 60 Train-the-Trainer participants to assess changes in trainees' facilitation skills and ability to train others using the Work@Health™ curriculum. The Trainee Reaction Survey – Train-the-Train Model (**Attachment G-5**) will assess trainees' reaction to the Work@Health™ training including their satisfaction with the training they received, whether the training was engaging and whether the facilitator, materials, and activities supported the goals of the training, whether the training met their needs, and their confidence in training others in the Work@Health™ Program

Train-the-Trainer participants will complete the Trainee Technical Assistance Survey (**Attachment G-6 and G-7)** to capture how much trainees have used the technical assistance and their perceptions about the utility of the technical assistance they received through the course of the program. Trainees will be asked to assess how useful different aspects of the technical

assistance (e.g., topical Webinars, interactive discussions with peers and facilitators) were to their ability to transfer what they learned to their worksites.

F. Trainee Participants Wave 2. Each participant who completes the Train-the-Trainer curriculum (i.e., certified trainers) will be required to conduct the Work@Health™ training with five employer representatives known as Wave 2 Trainee participants. CDC will collect information from these 300 employer representatives (60 Train-the-Trainer participants * 5 employers per Train-the-Trainer participant) through the Wave 2 Trainee Reaction Survey (**Attachment H-1**) to assess their satisfaction with the training they received, whether the training was engaging, whether the facilitator, materials, and activities supported the goals of the training, whether the training met their needs, and their confidence in implementing or enhancing a health and wellness program at their place of employment..

G. Training Instructor and Coach Group Discussions (Attachment I) The Evaluation Team will gather information from training instructors and online coaches about their perceptions of the training, challenges trainees experienced, areas of high and low participation, and suggested improvements. The focus group discussions will take place by telephone.

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 following instruments will be administered via a Web-based survey: CDC Worksite Health Scorecard, Organizational Assessment, Employer Follow-up Survey, Trainee KAB Survey, Trainee Reaction Survey Online Model, , Train-the-Trainer Participant Survey, and Trainee Technical Assistance Surveys.

2. Purpose and Use of the Information Collection

CDC, through its program implementation and evaluation contractors, will conduct assessments throughout the program to 1) select participating employers, 2) document processes and outcomes of the Work@Health™ Program, and 3) set the parameters for future worksite health cooperative agreements or contracts. The collection of these data is necessary for the successful planning, implementation, and evaluation of the core worksite health interventions.

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.

ii. Identify effective and efficient ways to deliver worksite health training to employers with limited time, capacity, and competing priorities.

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 worksite 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 worksite 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 worksite 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 worksite health efforts.

ii. Employers will be able to utilize the public domain curricula, training materials and aides for their own worksite 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. The primary method of data collection will be conducted online to maximize convenience to respondents. Paper-based surveys will be used for the Trainee Reaction Surveys for the Hands-on, Blended and Train-the-Trainer models including Wave 2 because trainings will be held in a variety of settings that may not provide ready access to an online survey. In addition, trainees 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 worksite 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 worksite 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 worksite 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 the development of organizational worksite 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 20 employees. Approximately 75% of participating employers will be small (20-100 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 Employer and Train-the-Trainer Application Forms (**Attachment E-1 and E-2 and Attachment G-1 and G-2**), the impact of the data collection on respondents – including small employers – is expected to be minimal.

6. Consequences of Collecting the Data Less Frequently

Information collection will take place for approximately 20 months (December 2013 – July 2015) during the employer selection phase, pre- and post-program implementation phase, and program evaluation phase. Pre- and post-assessments are required to characterize changes resulting from program training efforts. Less frequent reporting would not allow CDC to evaluate the following program goals:

1. Increase employers' level of knowledge and awareness of worksite health program concepts and principles as well as tools and resources to support the design, implementation, and evaluation of effective worksite health strategies and interventions.
2. Increase understanding of the training needs of employers and the best ways to deliver skill-based training to them.
3. Increase the number of science-based worksite health programs, policies, and practices in place at participating employers' worksites and increase the access and opportunities for employees to participate in them.

If information is collected less frequently, CDC will not be able to effectively conduct the planning, implementation, and evaluation activities required to meet the program objectives and document outcomes. If the worksite health training program is not planned, implemented and evaluated effectively, the program will be ineffective and could potentially be harmful to the reputation of NCCDPHP, and undermine efforts to encourage employers to participate in future CDC programs.

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 July 24, 2013 (Volume 78, Number 142, pages 44564-44566; see Attachment B-1). CDC received two public comments and provided courtesy replies (**Attachment B-2**). One supportive comment emphasized the importance of relying upon qualified providers to deliver the Work@Health™ program which CDC agrees with and has incorporated more explicitly into the qualification and selection process for Work@Health™ instructors/coaches as well as train-the-trainer model applicants (**Attachment G-1 and G-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 Worksite Workgroup. CDC also pre-tested the survey materials for clarity, organization, and timing with a group of external employers (n=4) who would represent the target audience of the full scale Work@Health™ training, and healthcare providers with experience in training (n=3).

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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Implementation and Evaluation Contractors	
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Laura Linnan Department of Health Behavior and Health Education University of North Carolina	Phone: (919) 843-8044 Email: linnan@email.unc.edu
Employers/Participants (Pre-testers)	
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Melanie Zalewsky Accenture	Email: melanie.b.zalewsky@acenturefederal.com
William Rowan Schuylkill Health Counseling Center	Phone: (570) 621-4596 Email: wrowan@schuylkillhealth.com
Willetta Goldstein	Phone: (610) 983-1021

Phoenixville Hospital	Email: Willetta_Goldstein@chs.net
Lauren Williams Health Promotion Council	Phone: (215) 731-6106 Email: lwilliams@phmc.org
Natalie Levkovich Health Federation of Philadelphia	Phone: (215) 567-8001 Email: natlev@healthfederation.org
Sheva Cohen Jewish Federation of Greater Philadelphia	Phone: (215) 832-0818 Email: scohen@jfgp.org

9. Explanation of Any Payment or Gift to Respondents

Employer Funding Assistance

During the technical assistance phase of the Work@Health™ Comprehensive Curriculum, employers who send trainees to training will be eligible to receive funding to use in implementing a worksite health initiative within their respective organizations. There are 4 milestone stages during which employers can receive funding:

- **Assessment** - Employer performs a companywide assessment of the organization and its employees and submits to the Work@Health™ program staff for review.
- **Planning** - Based on results of the assessment, employer devises a plan to develop a worksite health program intervention 1) as part of a new program or 2) to address gaps in service provided by the existing worksite health program.
- **Implementation** - Employer submits a report illustrating the successful launch and progress of the worksite health intervention(s).
- **Evaluation** - Employer submits data or plan to demonstrate that systems have been set up to measure the impact of the worksite health program with respect to the organization's stated objectives.

The funding levels vary based upon employer size and funding milestone phase ranging from $500 for employers with over 1,000 employees to up to $5,000 for employers with 20 to 50 employees. The employer size categories and respective maximum funding levels are provided in the table below.

Size Category	Sub Category	Maximum Funding Level
SMALL	20 to 50 Employees	$5,000
	51 to 100 Employees	$4,000
MIDSIZE	101 to 250 Employees	$3,000
	251 to 500 Employees	$2,000
LARGE	501 to 1000 Employees	$1,000
	Over 1,000 Employees	$500

Smaller employers are less likely than large employers to have the resources available to implement a worksite health program, thus, smaller employers will be eligible for more funding than large employers. Employers in the small and midsize categories will eligible to receive up to 25% of their respective Maximum Funding Level after completing each Milestone Phase. Large employers will receive 100% of their funding only after the completion of the Evaluation Milestone Phase.

Train-the-Trainer Funding Assistance

Upon completion of the Train-The-Trainer model, each trainee will be authorized to deliver the Work@Health™ Core Curriculum to five employers (Wave 2 employers). During this period, they will receive technical assistance from their training instructor as well as up to $2,500 to support them in completing the following three components:

- **Planning and Preparation -** Trainees are expected to recruit and train five employers in the Work@Health™ Core Curriculum. Each trainee is responsible for budgeting, marketing, recruiting employers, securing a training venue, and executing a cohesive strategy of communicating with prospective employer participants as well as preparing themselves to deliver a Work@Health™ training. Each trainee is eligible for up to $1,000 to support this component.
- **Delivery -** Trainees are responsible for independently delivering a Work@Health™ training to five employers. The trainees must be able to demonstrate mastery of the subject matter, proficiency in delivering the content to the employers, and an ability to tailor the training to meet the needs and interests of the participating employers. These expectations will be documented as each trainee videotapes brief training episodes and uploads the video files to the YouTube® Work@Health™ channel for review by their peers and instructor. Each trainee is eligible for up to $1,000 to support this component.
- **Debrief and Lessons Learned -** Upon completing the delivery of the Work@Health™ Core Curriculum, the trainees will receive feedback from their respective instructors in a GoToMeeting session based on the training they provided to their respective employers. Trainees will be provided guidance and assistance to sharpen their training skills as well as given an opportunity to provide feedback about their experience that could prove useful to the Work@Health™ Curriculum Team. Each trainee is eligible for up to $500 to support this component.

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's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has reviewed this Information Collection Request and has determined that the Privacy Act applies to the identifiable employer-level, trainee-level, and

Work@Health™ staff-level information collected in the following forms. The applicable SORN is 0920-0136, Epidemiologic Studies and Surveillance of Disease Problems.

- **Employer-level.** Employer Application Form (**Attachment E-1 and E-2**), the CDC Worksite Health Scorecard (**Attachment E-3 and E-4),** the Organizational Assessment (**Attachment E-5 and E-6**), and the Employer Follow-up Survey (**Attachment E-7 and E-8**).
- **Trainee-level**. The Trainee KAB Survey (**Attachment F-1 and F-2**), the Trainee Reaction Surveys (**Attachments F-3-F-6)**, Trainee Technical Assistance Survey (**Attachment F-7 and F-8**), and Wave 2 Trainee Reaction Survey (**Attachment H-1**).
- **Train-the-Trainer-level.** The Train-the-Trainer Application Form (**Attachment G-1 and G-2**), the Train-the-Trainer Participant Survey (**Attachment G-3 and G-4**), the Train-the-Trainer Reaction Survey (**Attachment G-5**), and the Trainee Technical Assistance Survey **(Attachment G-6 and G-7).**

The Employer Application Form and the Train-the-Trainer Application Form will collect information to verify employer eligibility for Work@Health™ Program training and be used for select employers and trainers to participate in Work@Health™. ASHLIN Management Group and PHMC will have access to the file that links employee identifiers such as names to unique employee ID codes.

All other data collection instruments identified above will use a unique employer identifier code. The Work@Health™ Program evaluation contractors (PHMC and RTI) will use the unique employee ID code as the only identifier, or stripped of all identifiers and aggregated for analysis. Use of the unique employer ID code will enable reporting but will prevent inadvertent disclosure of personal assessment and evaluation information.

The CDC Worksite Health Scorecard, Organizational Assessment and Employer Follow-up Survey will be used to assess the employers' worksite health program status. No personal information about the respondent will be collected. The Trainee KAB Survey, Trainee Reaction Surveys and Trainee Technical Assistance Surveys will assess trainees' knowledge, attitudes, and behavior related to worksite health programs; knowledge about the Work@Health™ Program; proficiency in training; their reaction to the Work@Health™ training; and their reaction to the technical assistance. The Train-the-Trainer Participant Survey will assess the trainees' change in training facilitation skills related to worksite health programs, the Train-the-Trainer Trainee Reaction Survey will assess their reaction to the Work@Health™ training, and the Train-the-Trainer Technical Assistance Surveys will assess their reaction to technical assistance. No individual-level health indicators will be collected.

The Privacy Act does not apply to information collections in which the respondent is identifiable, but is not providing personal information (e.g., Employer/Employee case study discussion guides and surveys).

B. Safeguards

Technical Safeguards. ASHLIN Management Group, Public Health Management Corporation (PHMC) the evaluation subcontractor to the implementation contractor, ASHLIN Management Group, and Research Triangle Institute (RTI) International, the national evaluation contractor, will be the only organizations 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

C. Consent

Participation in the Work@Health™ data collection will be completely voluntary. In agreeing to voluntarily participate in the Work@Health™ Program, the employers also agree to complete the evaluation instruments. Advisements to respondents are provided at the beginning of each information collection instrument. Advisements for employers are located in the Employer Application Form (Attachments E-1/E-2), the Worksite Health Scorecard (Attachments E-3/E-4), the Organizational Assessment (Attachments E-5/E-6), and the Case Study Interview with Leadership (Attachment E-9). Advisements for employees/trainers are located in the Trainee KAB Survey (Attachment F-1), the Trainee Reaction Survey (Attachments F-2, F-3, F-4, and F-5), the Train the Trainer Application Form (Attachment G-1), and the Case Study Interview with Emloyees (Attachment E-10). Answers to frequently asked questions will be shared with all potential responders **(Attachment J).**

D. Nature of Response

Participation by employers in Work@Health™ Program is completely voluntary. All respondents will receive background information about Work@Health™ and will be assured that (1) their participation is voluntary (2) their responses will be kept privately and only seen by ASHLIN Management Group, PHMC and/or RTI evaluation staff, and (3) that there are no personal risks or benefits to them related to their participation. However, CDC seeks to identify employers and other organizations with strong potential for completing the Work@Health™ Program. Organizations that participate in the

training and evaluation are under no obligation to complete and/or submit the surveys and they may withdraw at any time. CDC will gauge an interested employer's level of commitment based on their responses to the Work@Health™ Employer and Train-the-Trainer Application Forms **(Attachment E-1 and E-2 and Attachment G-1 and G-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

OMB approval is requested for two years. Over this period, CDC anticipates collecting application information from 1,200 interested employers. From the list of applications, CDC will select 540 employers to participate in Work@Health™ training and evaluation activities for the Hands-on, Online, and Blended models (180 employers per model). Each employer may send up to 2 employees, for a total of 1,080 trainees (360 trainees per model). Case studies will be conducted with 6 of the employers. From an additional group of approximately 120 applicants, CDC will also select 60 participants for training and evaluation in conjunction with the Train-the-Trainer model. After completion of the Train-the-Trainer model, each of the 60 participants will train 5 employers (total of 300 Wave 2 employers), from whom CDC will also collect information. Finally, group discussions will be held with instructors and coaches associated with the providing the training and technical assistance to participants. The annualized number of respondents involved in each data collection activity is provided below, along with the estimated annualized burden hours.

Employers will be respondents for the following information collections.

- The Employer Application Form **(Attachment E-1 and E-2)** will be completed once online by 1,200 employers who are interested in participating in training through the Work@Health™ Program. The annualized number of respondents is 600 and the total estimated annualized burden is 200 hours (20 minutes per response). The information collected on the application form will be used to select 540 participants and assign trainees to a training model.

- The CDC Worksite Health Scorecard (**Attachment E-3 and E-4)** will be completed online by all 540 employers who are selected to participate in the Work@Health™ Program. Each participating employer will complete the CDC Worksite Health Scorecard twice: once prior to training and again in April/July 2015 (12-15 months

after training). The annualized number of respondents is 540 and the total estimated annualized burden is 270 hours (30 minutes per response).

- The Organizational Assessment (**Attachment E-5 and E-6**) will be completed online by all 540 employers who are selected to participate in the Work@Health™ Program. Each participating employer will complete the Organizational Assessment twice: once prior to training and again in April/July 2015 (12-15 months after training). The annualized number of respondents over the two-year clearance period is 540 and the total estimated annualized burden is 135 hours (15 minutes per response).

- The Employer Follow-up Survey (**Attachment E-7 and E-8**) will be completed online by all 540 employers who are selected to participate in the Work@Health™ Program once in April/July 2015 (12-15 months after training). The annualized number of respondents is 270 and the total estimated annualized burden is 68 hours (15 minutes per response).

- CDC will select 6 employers to participate in Case Study Interviews with Senior Leadership (**Attachment E-9**). Each employer will complete one case study interview. The annualized number of respondents is 3 and the total estimated annualized burden is 3 hours (one hour per response).

- The Case Study Interviews with Employees **(Attachment E-10)** will be completed once by 1-2 employees (not trainees) affiliated with each employer that has been selected for a case study. The annualized number of respondents is 6 and the total estimated annualized burden is 6 hours (one hour per response).

The following information collections will involve employees (trainees) who participate in Work@Health™ training and evaluation activities for the Hands-on, Online, and Blended training models.

- The Trainee KAB Survey (**Attachment F-1 and F-2**) will be completed twice online by all 1,080 trainees who are designated to participate in the Work@Health™ Program: prior to training and again 12 months after the training. The annualized number of respondents is 1,080 and the total estimated annualized burden is 360 hours (20 minutes per response).

  The Trainee Reaction Survey – Hands-on Model (**Attachment F-3**) will be completed in paper form by 360 trainees (maximum 2 individuals for each of the 180 employers who participate in the Work@Health™ Program Hands-on model). Each trainee will complete the Trainee Reaction Survey once – immediately upon completion of the Work@Health™ Hands-on model. The annualized number of

respondents is 180 and the total estimated annualized burden is 45 hours (15 minutes per response).

- The Trainee Reaction Survey – Online Model (**Attachment F-4 and F-5**) will be completed online by 360 trainees (maximum 2 individuals for each of the 180 employers who participate in the Work@Health™ Program Online model). Each trainee will complete the Trainee Reaction Survey once – immediately upon completion of the Work@Health™ Online model. The annualized number of respondents is 180 and the total estimated annualized burden is 45 hours (15 minutes per response).

- The Trainee Reaction Survey – Blended Model (**Attachment F-6**) will be completed in paper form by 360 trainees (maximum 2 individuals for each of the 180 employers who participate in the Work@Health™ Program Blended model). Each trainee will complete the Trainee Reaction Survey once – immediately upon completion of the Work@Health™ Blended model. The annualized number of respondents is 180 and the total estimated annualized burden is 45 hours (15 minutes per response).

- The Trainee Technical Assistance Survey (**Attachment F-7 and F-8**) will be completed online by 1,080 trainees who participate in the Work@Health™ Program Hands-on, Online, and Blended models. Each trainee will complete the Trainee Technical Assistance Survey twice post training: August/November 2014 (4-7 months after training) and April/July 2015 (12-15 months after training). The annualized number of respondents is 1,080 and the total estimated annualized burden is 270 hours (15 minutes per response).

- The Trainee Case Study Interviews with Selected Trainees (**Attachment F-9**) will be completed once by 30 employers. The interviews will be conducted between March - June 2015. The annualized number of respondents is 15 and the total estimated annualized burden is 15 hours (one hour per response).

- The Focus Group with Trainees **(Attachment F-10)** will be conducted with 21 selected trainees who participated in the Work@Health™ Program. Each of the 21 selected trainees will participate in one focus group lasting 1.5 hours which will be conducted immediately following in-person training sessions. The annualized number of respondents is 11 and the total estimated annualized burden is 17 hours.

The following information collections will involve trainees who participate in training and evaluation activities for the Train-the-Trainer model.

- The Train-the-Trainer Application Form (**Attachment G-1 and G-2**) will be completed once online by 120 employers, trainers, or facilitators who are interested in becoming Work@Health™ Certified Trainers. The annualized number of respondents is 60 and the total estimated annualized burden to employers, trainers, and/or facilitators is 30 hours (30 minutes per response).

- The Train-the-Trainer Participant Survey **(Attachment G-3 and G-4)** will be completed online by 60 Train-the-Trainer participants. Each participant will complete the Train-the-Trainer Participant Survey twice: once prior to training and again and 12 months post training. The annualized number of respondents is 60 and the total estimated annualized burden is 20 hours (20 minutes per response).

- The Trainee Reaction Survey – Train-the-Trainer Model (**Attachment G-5**) will be completed in paper form by 60 Train-the-Trainer participants. Each participant will complete the Train-the-Trainer Reaction Survey once – immediately upon completion of the Work@Health™ Train-the-Trainer model. The annualized number of respondents is 30 and the total estimated annualized burden is 8 hours (15 minutes per response).

- The Train-the-Trainer Trainee Technical Assistance Survey (**Attachment G-6 and G-7**) will be completed online by all 60 trainees who participate in the Train-the-Trainer model. Each trainee will complete the Trainee Technical Assistance Survey twice post training: August/November 2014 (4-7 months after training) and April/July 2015 (12-15 months after training). The annualized number of respondents is 60 and the total estimated annualized burden is 15 hours (15 minutes per response).

The following information collection will involve employers who receive training from individuals who completed the Work@Health™ Program Train-the-Trainer model

- In Wave 2 of the Work@Health™ Program, each of the 60 Train-the-Trainer participants will train 5 employers (for a total of 300 employers). These employers will be asked to complete the Wave 2 Trainee Reaction Survey (**Attachment H-1**) The Wave 2 Trainee Reaction Survey will be completed in paper form (Hands-on model). The annualized number of respondents is 150 and the total estimated annualized burden is 38 hours (15 minutes per response).

The following information collection will involve instructors and coaches.

- The Group Discussions with Instructors/Coaches (**Attachment I**) will be conducted with 21 selected Work@Health™ instructors and/or coaches. Two group discussions will be held: the first 4-7 months after formal training ends (August/November 2014) and again at the end of the program, 12-15 months post

training, following technical assistance (April/July 2015). The annualized number of respondents is 21 and the total estimated annualized burden is 11 hours (30 minutes per response)

The total estimated annualized burden hours are 1,601.

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	Employer Application Form	600	1	20/60	200
Employers Participating in Work@Health™	CDC Worksite Health Scorecard	540	1	0.5	270
	Organizational Assessment	540	1	15/60	135
	Employer Follow-up Survey	270	1	15/60	68
	Case Study Interviews with Senior Leadership	3	1	1	3
	Case Study Interviews with Employees	6	1	1	6
Trainees Participating in the Work@Health™ Program (Hands-on, Online, Blended models)	Trainee KAB Survey	1,080	1	20/60	360
	Trainee Reaction Survey – Hands-On Model	180	1	15/60	45
	Trainee Reaction Survey – Online Model	180	1	15/60	45
	Trainee Reaction Survey – Blended Model	180	1	15/60	45

	Trainee Technical Assistance Survey	1,080	1	15/60	270
	Case Study Interviews with Selected Trainees	15	1	1	15
	Trainee Focus Group Discussion Guide	11	1	1.5	17
Interested Train-the-Trainer Participants	Train-the-Trainer Application Form	60	1	0.5	30
Trainees Participating in the Work@Health™ Program (Train-the-Trainer model)	Train-the-Trainer Participant Survey	60	1	20/60	20
	Trainee Reaction Survey – Train-the-Trainer Model	30	1	15/60	8
	Train-the-Trainer Trainee Technical Assistance Survey	60	1	15/60	15
Trainees participating in the Work@Health™ Program Wave 2	Wave 2 Trainee Reaction Survey	150	1	15/60	38
Work@Health™ Instructors/Coaches	Instructor/Coach Group Discussion Guide	21	1	0.5	11
Total					1,601

The total estimated annualized cost to respondents is $38,813.

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	Annualized Cost

Interested Employer	Employer Application Form	600	1	20/60	$36.25	$7,250
Employers Participating in Work@Health™	CDC Worksite Health Scorecard	540	1	30/60	$36.25	$9,788
	Organizational Assessment	540	1	15/60	$36.25	$4,894
	Employer Follow-up Survey	270	1	15/60	$36.25	$2,447
	Case Study Interviews with Senior Leadership	3	1	1	$36.25	$109
	Case Study Interviews with Employees	6	1	1	$15.50	$93
Trainees Participating in the Work@Health™ Program (Hands-on, Online, Blended models)	Trainee KAB Survey	1,080	1	20/60	$15.50	$5,580
	Trainee Reaction Survey – Hands On Model	180	1	15/60	$15.50	$698
	Trainee Reaction Survey – Online Model	180	1	15/60	$15.50	$698
	Trainee Reaction Survey – Blended Model	180	1	15/60	$15.50	$698
	Trainee Technical Assistance Survey	1,080	1	15/60	$15.50	$4,185
	Case Study Interviews with Selected Trainees	15	1	1	$15.50	$233
	Trainee Focus Group Discussion Guide	11	1	1.5	$15.50	$264
Trainees Participating in the Work@Health™ Program (Train-the-Trainer model)	Train-the-Trainer Application Form	60	1	30/60	$15.50	$465
	Train-the-Trainer Participant Survey	60	1	20/60	$15.50	$310
	Trainee Reaction Survey – Train-the-Trainer Model	30	1	15/60	$15.50	$116
	Train-the-Trainer Trainee Technical Assistance Survey	60	1	15/60	$15.50	$233
Trainee Participating in the Work@Health™ Program Wave 2	Wave 2Trainee Reaction Survey	150	1	15/60	$15.50	$589
Work@Health™ Instructors/Coaches	Instructor/Coach Group Discussion Guide	21	1	30/60	$15.50	$163
Total						$38,813

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 worksite health training program planning, implementation and evaluation, and costs associated with two contracts: one with a worksite health training implementation contractor, ASHLIN Management Group (Greenbelt, Maryland), and one with a worksite 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 data collection and evaluation. 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 CDC National Center for Chronic Disease Promotion and Health Promotion Divisions (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 targeting the health risk factors and health conditions of interest to the Work@Health™ Program.

ASHLIN Management Group will provide operational management of the worksite health training program and coordinate activities among the Work@Health™ Program participants. ASHLIN's responsibilities include developing the Work@Health™ training, and conducting the Work@Health™ training, data collection and evaluation. ASHLIN will also provide guidance in establishing the program management infrastructure; assist in communication activities such as reporting progress to CDC and preparing reports and publication materials.

Under a subcontract with ASHLIN, the Work@Health™ project team 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 of the data collection instruments and management of the data collection 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. Some information such as Trainee KAB Survey and the Organizational Assessment will be collected by the implementation contractor staff, de-identified and shared with RTI. Other information such as the Final Employer Follow-up

Survey will be collected by RTI and linked with data previously collected by the implementation contractor to assess changes in employer health and wellness programs. 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 $3,481,170 per year for approximately 34,812 hours of labor (@$100/hour).

The total estimated annualized cost to the Federal government is $3,515,370 (TOTAL).

Table A.14-A Annualized Costs to the Government-

Cost Category	**Avg. Annual Cost**
Data Collection Implementation Contractor Evaluation Instrument Design $977,000 Data Collection $492,000 Data Analysis $280,000 Curricula Development and Design $783,976 Outreach and Recruitment $121,000 Work@Health™ Training $805,524	$3,459,500
Data Collection Evaluation Contractor Literature review: $9,560 Data Analysis: $7,330 Evaluation questions and measures: $4,780	$21,670
CDC GS-14 30% @ $114,000/year	$34,200
Total	**$3,515,370**

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

The estimated 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	December 2013	N/A
Employer Information:				
Interested Employers	Employer Application Form	Employer characteristics and motivation to implement worksite health program	Baseline	E-1 and E-2
Employers Participating in Work@Health™	CDC Worksite Health Scorecard	Assess the extent to which employers have implemented evidenced-based health promotion interventions in their worksites and identify gaps in their health promotion activities.	1 month prior to training and Post Training in April/July 2015	E-3 and E-4
	Organizational Assessment	Assess environmental elements of the physical worksite, assess aggregate employee participation in programs and community partnership activities	1 month prior to training and Post Training in April/July 2015	E-5 and E-6
	Employer Follow-up Survey	Determine to what extent each employer is continuing to implement the healthy worksite elements, what changes have been made, what barriers have been encountered, and what lessons were learned.	April/July 2015	E-7 and E-8
	Case Study Interviews with Senior Leadership	Assess extent to which the program met their expectations, challenges to and strategies for successful program implementation, and plans for sustainability	March – June 2015	E-9
	Case Study Interviews with Employees	Assess expectations for healthy changes, perceptions of changes in the worksite physical and social environment, their own experiences with healthy options and plans for continued healthy behaviors	March - June 2015	E-10

Trainee Information:				
Trainees Participating in the Work@Health™ Program (Hands-on, Online, Blended models)	Trainee KAB Survey	Assess changes in trainees' knowledge, awareness, skill, and behavior related to implementing worksite health programs	1 month prior to training and again 12 months post-training	F-1 and F-2
	Trainee Reaction Surveys	Immediate reactions to training, any change in awareness of worksite health programs	Immediately following completion of training curriculum	F-3 – F-6
	Trainee Technical Assistance Survey	Capture how much trainees used the technical assistance and their perceptions about the utility of the technical assistance they received through the course of the program	August/November 2014 (4-7 months after training) and April/July 2015 (12-15 months after training)	F-7 and F-8
	Case Study Interviews with Selected Trainees	Assess expectations for the program; their experiences in the training and trying to implement what they learned; their perceptions of the outcomes and sustainability of the changes	March - June 2015	F-9
	Trainee Focus Group Discussion	Assess trainees' perceptions of the training; content they expect to be useful; effectiveness of the instructor; the pace of the session; areas for additional technical assistance; and plans for participating in future technical assistance activities.	Immediately following in-person training sessions	F-10
Trainees Participating in the Work@Health™ Program (Train-the-Trainer model)	Train-the-Trainer Application Form	Assess applicants' background experience in worksite health programs and training facilitation	Baseline	G-1 and G-2
	Train-the-Trainer Participant Survey	Assess changes in trainees' facilitation skills and ability to train others using the Work@Health™ curriculum.	1 month prior to training and again 12 months post-training	G-3 and G-4
	Trainee Reaction Survey – Train-the-Trainer Model	Assess trainees' reaction to the Work@Health™ training including their satisfaction with the training they received, whether the training was engaging and whether the facilitator, materials, and activities supported the goals of the training, whether the training met their needs, and their confidence in training others in the Work@Health™ Program	Immediately following completion of training curriculum	G-5

	Train-the-Trainer Technical Assistance Survey	Capture how much trainees used the technical assistance and their perceptions about the utility of the technical assistance they received through the course of the program	August/November 2014 (4-7 months after training) and April/July 2015 (12-15 months after training)	G-6 and G-7
Trainees Participating in the Work@Health™ Program Wave 2	Wave 2 Trainee Reaction Survey	Immediate reactions to training, any change in awareness of worksite health programs	Immediately following completion of training curriculum	H-1
Instructors/Coaches	Instructor/Coach Group Discussion Guide	Feedback from instructors and coaches related to their perceptions Work@Health™ the training, challenges trainees experienced, areas of high and low participation, and suggested improvements.	4-7 months after formal training ends (August/November 2014) and again at the end of the program, 12-15 months post training, following technical assistance (April/July 2015)	I

Analysis Plan

A combination of qualitative and quantitative data elements will be used for the overall evaluation of Work@Health™. The outcome evaluation will include a descriptive component as well as statistical models to determine the extent to which the program affected the target outcomes. These analyses will be supplemented with interview data collected for approximately 6 case studies.

Descriptive Analysis
To describe the characteristics of the employers who volunteer for the training, we will examine characteristics such as number of employees, industry type and any previous experience with worksite health programs. We will compare the characteristics of employers in the different training models.

Analysis of Pre and Post Training Assessments
We will examine changes in key outcomes between the time of the baseline and follow-up data collection. These outcomes include employer characteristics (e.g., provide an employer health program, facility is conducive to healthy behaviors, have a written policy regarding tobacco use, staff engagement in healthy offerings) and attitudes (e.g., perceptions of worksite culture). The outcomes will also assess trainees' changes in knowledge, attitude, and behavior (e.g., increase in understanding about the core concepts of worksite health program, implemented or enhanced a worksite health program at their organization). The changes over time and between training methods will be summarized both numerically and

graphically. Observed differences within and between time points will be tested for statistical significance with paired t-tests, chi-squared tests, and analysis of variance (ANOVA).

Statistical Modeling

The primary statistical models in the outcome evaluation will be linear and non-linear regression models and hierarchical or multilevel models. The purpose of using these models is to relate the observed differences in outcomes to a set of observed characteristics. Of particular interest is how effective the training models are relative to each other.

For data aggregated at the worksite level, regression models will be the main analysis tool. When the outcome variable is continuous, linear regression models will be used (with transformations for non-normality when needed). When outcomes are discrete or fractional, nonlinear models such as the Logit model will be used. The models will predict which training factors increase trainee knowledge and behaviors related to health promotion programs. Applied to the baseline to follow-up changes in worksite outcomes, the models will determine which training was most effective in terms of reaching the desired outcomes.

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

The OMB expiration date will be displayed on all information collection instruments. No exceptions are requested.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to this certification.

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