Form Approved

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**CDC Work@Health™ Train-the-Trainer Participant Survey**

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| --- | --- | --- | --- | --- | --- |
| Respondents/Sources | Method | Content | Timing | Respondents | Time per Respondent |
| Trainees selected for the Work@Health™ Train-the-Trainer model | Work@Health™ Train-the-Trainer Participant Survey (conducted online by PHMC) | * Measure facilitation skills
* Past training experience
* Confidence in training others
 | *2 times:* One month before training; and 12 months post training  | 60 | 0.33 hrs |

*This is a planned online survey of individuals who are participating in the Train-the-Trainer model of the Work@Health*™  *program. Work@Health*™  *is an employee-based program focused on the design, implementation, and evaluation of worksite health programs. This survey will be administered prior to and after the training has been completed to evaluate the effectiveness of the Work@Health*™  *training session.*

**Introduction**

Welcome to the Work@Health™ Program. You have been selected to participate in the Train-the-Trainer model. This model offers a knowledge- and skill-based training curriculum supported by an online coach and a professional instructor. The model establishes a core group of Work@Health™ Certified Trainers who are capable of providing basic comprehensive worksite health training to employers. The focus of this training will be on the development of knowledge and skills enabling participants to train others. This survey will assess your training and facilitation skills to train employers in the Work@Health™ Program.

*Informed Consent*

Before you get started, we’d like to give you some more information to help you decide whether or not you would like to participate.

* This project is funded by the Centers for Disease Control and Prevention (CDC). Many parts of this project are being managed by the ASHLIN Management Group (ASHLIN). ASHLIN is a private sector consulting firm with a focus in the area of health and human services and is based in Greenbelt, MD. They are helping CDC implement the Work@Health™ Program. The Public Health Management Corporation (PHMC), a non-profit, public health institute located in Philadelphia, PA, and part of the ASHLIN Team designed this survey.
* You are being asked to complete the survey because you will be participating in the Work@Health™ Program.
* The survey is designed to take about 20 minutes.
* There are no right or wrong answers or ideas – we want to hear about YOUR experiences and opinions.
* All of the comments you provide will be maintained in a secure manner. We will not disclose your responses or anything about you unless we are compelled by law. Your responses will be combined with other information we receive and reported in aggregate as feedback from the all respondents. In our project reports, your name and your employer’s name will not be linked to the information or comments you provide.
* There are no risks or benefits to you personally for participating in this survey.
* CDC is authorized to collect information for this project under the Public Health Services Act.
* If you have any questions, you can contact Kristin Minot. Her phone number is 215-985-2519 and her email is Kristin@phmc.org.

The focus of the Train-the Trainer training is on the development of knowledge and skills that will enable participants to train others. Before you begin the training, we would like to ask you a few questions about in-person and online training and facilitation.

1. Based on your past experiences with facilitating in-person and online trainings, please rate yourself on a scale of (1) Very Weak to (5) Very Strong on the following training skills.

|  |  |
| --- | --- |
| **Training Skills** | **Strength of Skill** |
| **KEY:** | Very Weak (1) | Weak(2) | Average? (3) | Strong(4) | Very Strong(5) |
| * Asking questions to gain information from individuals or a group
 | 1 | 2 | 3 | 4 | 5 |
| * Encouraging individual and group problem-solving
 | 1 | 2 | 3 | 4 | 5 |
| * Maintaining individual and group focus
 | 1 | 2 | 3 | 4 | 5 |
| * Giving verbal and written feedback
 | 1 | 2 | 3 | 4 | 5 |
| * Adjusting to verbal and written Feedback
 | 1 | 2 | 3 | 4 | 5 |
| * Providing guidance or direction for individual and group members
 | 1 | 2 | 3 | 4 | 5 |
| * Debriefing and summarizing discussions for individuals and groups
 | 1 | 2 | 3 | 4 | 5 |
| * Public and online speaking/presenting
 | 1 | 2 | 3 | 4 | 5 |
| * Setting measurable goals and learning objectives
 | 1 | 2 | 3 | 4 | 5 |

**The next set of questions is about effective trainers and trainings for worksite health programs.**

1. Which of the following are knowledge and skills of effective worksite health trainers? Check all that apply.
	1. Knowledge of, and preferably hands-on experience with, key elements and practices that comprise a comprehensive, integrated health and well-being program for companies of all sizes.
	2. Knowledge of evidence-based smoking cessation techniques.
	3. Knowledge of evidence-based weight loss techniques.
	4. Excellent presentation, motivational, and problem-solving skills.
2. A Hands-on Learning Model works best for which type of learning style? Check all that apply.
3. Auditory learners who learn best by hearing a lecture or panel discussion and participating in a discussion
4. Visual learners who learn best by looking at graphics, audiovisuals, demonstrations, or reading
5. Kinesthetic learners who learn best by doing an activity
6. Which type of Learning Model involves lecture, discussion, and interactive exercises?
7. Hands-on
8. Online
9. Blended
10. Why is evaluation important to worksite health programs?
11. To demonstrate the value of a program to Management
12. To provide a team building exercise for a wellness committee
13. To support program morale
14. Why is technical assistance valuable to employers building a worksite health program? Check all that apply.
15. Ensures success in building a worksite health program.
16. Extends knowledge and skills learned in training.
17. Builds employer recognition of worksite health programs.
18. Responds to employers’ needs.
19. To what extent do you feel prepared to train employers on a worksite health program?
20. Not at all prepared
21. A little bit prepared
22. Somewhat prepared
23. Quite a bit prepared
24. Very much prepared

[PROGRAMMING INSTRUCTIONS If answered “not at all”, “a little bit” or “somewhat” prepared GO TO NEXT QUESTION. OTHERWISE SKIP TO QUESTION #9]

1. Please explain briefly why you feel unprepared to train employers on developing a worksite health program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How confident are you in your ability to deliver a worksite health training program?
3. Not at all confident
4. A little confident
5. Confident
6. Very confident
7. Extremely confident

[PROGRAMMING INSTRUCTIONS If answered “Not at all confident”, or “A little confident” GO TO NEXT QUESTION. OTHERWISE SKIP TO QUESTION #11]

1. My confidence is not high because? Circle all that apply.
2. I do not have the necessary knowledge and skills
3. I do not have a clear picture of what is expected of me
4. I have other priorities
5. I do not have the necessary resources to do it
6. I do not have the support of my employer to do it
7. Other (please specify): \_\_\_\_
8. What challenges might prevent you from conducting a worksite health training program? Check all that apply
9. Locating space to conduct training
10. Marketing worksite training
11. Recruiting employers for training
12. Engaging participants during training
13. Lack of knowledge about worksite health programs
14. Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 12. How committed are you in your ability to deliver a worksite health and wellbeing training? (Circle one rating)

a. Not at all committed

b. A little committed

c. Somewhat Committed

d. Committed

e. Very Committed

 If you circled “Not at all committed,” “Al little committed,” or “Somewhat committed,” please answer the following question. Check all that apply [IF “COMMITTED” OR “VERY COMMITTED WERE SELECTED, PRE TRAINING SURVEY ENDS OR RESPONDENT CONTINUES TO QUESTION #14 DURING POST TRAINING SURVEY]

 13. My commitment is not high because:

a. I do not have the necessary knowledge and skills.

b. I do not have a clear picture of what is expected of me.

c. I have other priorities.

d. I do not have the necessary resources to do it.

e. Other (please explain):

POST TRAINING QUESTIONS ONLY

14. How many employers have you trained in the Work@Health™ Program?

 Number of employers trained \_\_\_\_\_\_\_\_\_\_\_\_

 Number of trainings held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you have trained fewer than 5, please explain

15. Did you provide technical assistance to Work@Health™ employers?

1. Yes
2. No [SKIP TO QUESTION #19]

16. Through which of the following interfaces did you provide technical assistance? Check all that apply.

1. Meet-ups
2. Real time videoconferences and coaching
3. Hands-on workshops
4. SmartBar
5. Integrated social media tools including colleague/team messaging, instant messaging, profile, or wikis
6. Webinar
7. Gotomeeting

Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Which of the following Work@Health™ technical assistance interfaces did you find best at engaging participants? Check all that apply.

1. Meet-ups
2. Real time videoconferences and coaching
3. Hands-on workshops
4. SmartBar
5. Integrated social media tools including colleague/team messaging, instant messaging, profile, or wikis
6. Webinar
7. Gotomeeting

Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Which of the following topics did you provide technical assistance for? Check all that apply.

* 1. Business Case
	2. Assessment
	3. Leadership Support
	4. Policy, Benefits, Environmental Supports
	5. Communications/Design
	6. Evaluation
	7. Program planning/Design
	8. Implementation
	9. Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. How would you rate your proficiency in training employers in Work@Health™?

1. I fully understand how to conduct a worksite health training program, can provide examples and answer pertinent questions to demonstrate my knowledge, and can implement the training curriculum.
2. I partially understand how to conduct a worksite health training program, can provide some examples and answer some questions to demonstrate my knowledge, and can probably implement the training curriculum.
3. I am familiar with and just beginning to understand how to conduct a worksite health training program.
4. I have no knowledge of how to conduct a worksite health training program.

20. How would you rate your proficiency in providing technical assistance to employers in Work@Health™?

1. I fully understand how to provide technical assistance, can provide examples and answer pertinent questions to demonstrate my knowledge, and can provide assistance through a variety of technical assistance interfaces.
2. I partially understand how to provide technical assistance, can provide some examples and answer some questions to demonstrate my knowledge, and can probably provide assistance through some of the technical assistance interfaces.
3. I am familiar with and just beginning to understand how to provide technical assistance.
4. I have no knowledge of how to provide technical assistance.

21. What challenges did you encounter as you held Work@Health™ trainings? (check all that apply)

1. Locating space to conduct training
2. Marketing worksite training
3. Recruiting employers for training
4. Engaging participants during training
5. Lack of knowledge about worksite health programs
6. Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. How did you overcome these challenges?

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Thank you for your time!