

CDC Work@Health™ Program
Phase 2 Training and Technical Assistance Evaluation
New

Supporting Statement: Part B

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Table of Contents

Section B Collection of Information Employing Statistical Methods

- B-1 Respondent Universe and Sampling Methods
- B-2 Procedures for the Collection of Information
- B-3 Methods to Maximize Response Rates and Deal with No Response
- B-4 Tests of Procedures or Methods to Be Undertaken
- B-5 Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Attachments

- Attachment A-1. Authorizing Legislation
- 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 Hands-on Model
- Attachment I. Work@Health™ Instructor/Coach Group Discussion Guide
- Attachment J. Work@Health™ Employer Training FAQ

Section B. Collection of Information Employing Statistical Methods

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

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

The formative phase (Phase 1) of the program focused on the first goal of Work@Health™ by using a needs assessment survey and a pilot test of 4 training models (Work@Health Phase 1, OMB No. 0920-0989, exp. 9/30/2014). The full-scale implementation of the program (Phase 2) focuses on the remaining two goals. Approximately 540 employers will participate in one of 3 worksite health training models and receive follow-up technical assistance. Another 60 employers, trainers, facilitators, and organizations who support employers (e.g., state or local health departments) will participate in a Train-the-Trainer model to learn how to administer the Work@Health™ training to employers.

1. Respondent Universe and Sampling Methods

The respondent universe for the Hands-on, Online, and Blended models of Phase 2 of this project is all employers in the United States with a minimum of 20 full-time employees who have a valid business license and have been in business for at least one year. These employers must also have minimal worksite health program knowledge and experience as well as offer health insurance to their employees. Because a goal of the Train-the-Trainer model is to teach participants to train others in the program, different selection criteria will be used to select individuals, not necessarily employers, who have experience training others, possess the knowledge and skills related to worksite health programs, and have implemented worksite health programs in the past. For this reason, the Train-the-Trainer model will be described separately from the Hands-on, Online, and Blended models in the following sections.

The Work@Health™ Program will work with national and regional organizations and associations (i.e., gatekeepers) to spread awareness of the program and encourage eligible

employers to apply to be part of this training. Because three of the four training models included in the Work@Health™ Program involve face-to-face meetings, the country will be divided into four regions for the purposes of recruiting employers for the training: West, Southeast, Northeast, and Central. For the Hands-on, Online, and Blended training models of the Work@Health™ Program, the project's Outreach Team will work with gatekeeper organizations in each region to inform employers about the project, encourage them to visit the Work@Health™ website, and invite employers to complete an online Employer Application Form (**Attachment E-1 and E-2**) if they believe they fit the eligibility criteria. A total of 180 employers will be selected for each of the three training models (540 employers total), with the goal of selecting a diverse group based on the amount of experience they have with worksite health programs, industry, and geography. This will ensure that trainees for each model include a diverse range of employer sizes, with small and mid-size employers forming at least three-fourths of the sample.

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 Hands-on, Online, or Blended models to implement the Work@Health™ curriculum. The individuals who participate in the Train-the-Trainer model will be recruited from health departments, professional organizations, business coalitions, private employers, and non-profit organizations. Those interested in participating in the Train-the-Trainer model of the Work@Health™ Program will also be instructed to view the Work@Health™ website and fill out an online Train-the Trainer Application Form (**Attachment G-1 and G-2**). The 15 Train-the-Trainer participants from the pilot test (Phase 1) will also be invited to participate in the full-scale implementation of the Work@Health™ Program. CDC will publicize the opportunity to participate and encourage eligible participants to enroll in the Train-the-Trainer model by reaching out to employers and organizations that support employer worksite health program efforts identified from a compiled list. The 60 participants selected to participate 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.

One way that CDC plans to minimize attrition will be to collect information from employers indicative of motivation, engagement, and commitment on the Employer Application Form and Train-the-Trainer Application Form, to choose participants who are motivated and committed. To ensure that the sample size is maintained, CDC will create a waiting list of employers who can be invited to participate in the training if a selected employer is not able to participate.

2. Procedures for the Collection of Information

Overview

Pending OMB approval by December 2013, information will first be collected from interested employers using the Employer Application Form (**Attachment E-1 and E-2**). The Work@Health™ Program will train selected employers in worksite health with three models: Hands-on, Online, and Blended. CDC will use pre- and post-training assessments to evaluate changes in knowledge, attitudes, behaviors, organizational culture, employee participation, and environmental elements of the physical worksite. Those participating in the Train-the-Trainer model of training will complete a pre-and post-training assessment to evaluate changes in facilitation skills. CDC will also conduct surveys to measure trainee reactions to all four models of Work@Health™ training sessions and trainees' opinions about the post-training technical assistance and peer learning networks.

In addition to the information collected from employers, two group discussions will be held to get feedback from instructors and coaches related to their participation in Work@Health™ and the support they received. The discussion will be held 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) with both instructors and technical assistance (TA) coaches. Finally, CDC will interview trainees, senior leadership at participating employers, and employees (not trainees) who participate in healthy worksite programs or activities that are implemented as a result of their organization's participation in training to develop a set of case studies. An outline of the timing of data collection for each instrument is presented in the Data Collection Flow Chart (**Attachment D**) and an outline of the timing and purpose of each instrument is presented in the Crosswalk of Instruments (**Attachment C**).

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

A. Employers. As stated above, the Outreach Team will connect with employers through gatekeeper organizations and encourage employers who meet the eligibility requirements to apply for the Hands-on, Online, and Blended models of the Work@Health™ Program. A senior leader from each employer who has indicated that their organization meets the program eligibility requirements and submitted their contact information on the CDC program website as part of the employer participation / certification process will be asked to complete an online Employer Application Form (**Attachment E-1 and E-2**). This form will collect information from interested employers to assess motivation, engagement, and commitment to the Work@Health™ Program so that only employers with the highest levels will be selected to participate. CDC will select 540 employers from those who have completed the form. Each selected employer will be invited to send up to two individuals to the training. A waiting list of

50 employers, chosen from those not selected initially, will be used to fill the sample in case some of the chosen employers are not able to participate.

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 Scorecard will be administered online to all employers one month prior to participating in one of the Work@Health™ training models and again post-training in April/July 2015 (12-15 months after training).

The Organizational Assessment (**Attachment E-5 and E-6**) will be completed by the 540 employers selected to participate in Work@Health™ to assess 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 Organizational Assessment will be administered online to all employers one month prior to participating in one of the Work@Health™ training models and again post-training in April/July 2015 (12-15 months after training).

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 of worksite health and wellness programs, policies, and environmental changes. The Employer Follow-up Survey will be administered online to all employers who participated in the Work@Health™ training. It will be administered 12-15 months after the training in April/July 2015.

The Evaluation Team will conduct a series of interviews with senior leaders, employee participants, and trainees to develop **Case Studies**. The interviews will take place during site visits and by telephone between 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 that are implemented as a result of their organization's participation in 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 names or identifiers will be collected in these employee interviews.

B. Trainee Participants. 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 KAB Survey will be collected from all trainees twice: one month before training and 12 months after training.

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 Trainee Reaction Survey will be collected from all 1,080 trainees once – immediately upon their completion of the Work@Health™ training. The trainees participating in the Hands-on and Blended model will complete a paper and pencil survey. The trainees participating in the Online model will complete the survey online.

The web-based Trainee Technical Assistance Survey (**Attachment F-7 and F-8**) will be conducted to capture how much participants 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. The survey will be conducted two times: once 4-7 months after training and again 12-15 months post-training.

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 one or more Hands-on training sessions and convene a focus group of trainees immediately following the session. 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.

C. 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. CDC anticipates 120 individuals will complete the form. 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.

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 survey will be collected online twice: one month before training and 12 months after training.

The Train-the-Trainer Reaction Survey (**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™ curriculum. The Train-the-Trainer Reaction Survey will be collected online from the 60 trainees once – immediately upon their completion of the Work@Health™ training.

Train-the-Trainer participants will complete the same Trainee Technical Assistance Survey (**Attachment G-6 and G-7**) as participants in the Hands-on, Online, and Blended models. These will be collected online twice post training: August/November 2014 (4-7 months after training) and April/July 2015 (12-15 months after training) to assess trainees' use of technical assistance.

D. Trainee Participants Wave 2. Each participant who completes the Train-the-Trainer curriculum will be required to conduct the Work@Health™ training with five employer representatives. CDC will collect information from these 300 employer representatives (60 Train-the-Trainer participants * 5 employers per Train-the-Trainer participant) also known as Wave 2 Trainee participants. A paper version of the Wave 2 Trainee Reaction Survey (**Attachment H-1**) will be administered upon completion of the training to evaluate the Train-the-Trainer participants' training sessions.

E. Instructor and Coach Group Discussion Guide (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 discussions will take place by telephone 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).

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

For all instruments being used in the Work@Health™ Program, CDC designed the procedures for collecting information to minimize the burden to respondents and to the government, to maximize convenience and flexibility, and to ensure the quality of the information collected. The Work@Health™ Program will seek to identify eligible, motivated, engaged, and committed participants through the information collected on the Employer and Train-the Trainer Application forms. This includes an awareness and understanding of program requirements, including data collection.

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

The Work@Health™ Program Outreach Team will work with gatekeeper organizations to inform employers and organizations that support employers in worksite health about the project, encourage them to visit the Work@Health™ website, and invite them to complete the Employer Application Form (Attachment E-1 and E-2) or Train-the-Trainer Application Form (Attachment G-1 and G-2). All interested employers and trainers must complete this form online. Because the CDC Worksite Health Scorecard (Attachment E-3 and E-4) and Organizational Assessment (Attachment E-5 and E-6) are required as part of the program's enrollment process, CDC anticipates that all employers who are interested in participating in Work@Health™ will welcome the opportunity to complete these assessments as part of the process of developing their worksite health program.

For all online surveys related to participating in a training model, including the Trainee KAB Survey (Attachment F-1 and F-2), Trainee Reaction Survey (Online model) (Attachment F-4 and F-5), and Trainee Technical Assistance Surveys (Attachment F-7 and F-8 and Attachment G-6 and G-7), the evaluation contractor will actively encourage trainees to complete the surveys and will provide detailed instructions to ensure accurate responses. The surveys are designed to be easy to complete and will provide respondents with an opportunity to begin to think about issues in worksite health both prior to and after being trained. Trainees will receive reminders at regular intervals about completing the surveys by the deadline. The opportunity to give information about themselves and feedback about the TA they received should also encourage trainees to complete the survey.

The paper-form Trainee Reaction Surveys (**Attachment F-3, F-6, G-5**) will be collected immediately after training for those trainees in the Hands-on, Blended, and Train-the-Trainer models. In agreeing to voluntarily participate in the Work@Health™ training session, trainees also agree to complete the Trainee Reaction Survey. This survey is brief, clearly written and easy to understand and will give trainees an opportunity to provide their reactions to the training they received.

Participation of employers and trainees in the Work@Health™ Program is strictly voluntary. Employers and trainees may withdraw from Work@Health™ at any time simply by notifying the implementation or evaluation contractor staff.

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

4. Tests of Procedures or Methods to be Undertaken

The Work@Health™ team, including subject matter experts from CDC, ASHLIN Management Group (the implementation contractor) and its team leaders - including the evaluation team leader and the training and curriculum team - provided input on the content of the required data and assessment tools to adequately capture the data required for implementation and evaluation of the different training models, as well as the frequency of data capture.

Hard copies of the Trainee Surveys (**Attachments F-2-F-4, G-3**) were pre-tested tested with six implementation contractor employees, including representatives from the evaluation and training and curriculum teams and were used in the Phase 1 pilot of the Work@Health™ Program. The average completion time for the pilot evaluation surveys was 15 minutes.

Hard copies of the Trainee KAB Survey and Organizational Assessment were pre-tested tested with 4 employers unfamiliar to the Work@Health™ Program. The average completion time for the Trainee KAB Survey is 17 minutes and the average completion time for the Organizational Assessment is 13 minutes.

Additionally, hard copies of the Train-the-Trainer Participant Survey were pre-tested by 3 trainers with years of experience in conducting health-related trainings. The average completion time for the Train-the-Trainer Participant Survey is 14 minutes.

The Phase 1 pilot test (Work @ Health Phase 1, OMB No. 0920-0989, exp. 9/30/2014) was conducted between October 28 and November 14, 2013 involving all four training models

(hands-on, online, blended, and train-the-trainer). 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 understand if the streamlining process was effective.

A few immediate changes were noted and have been reflected in the Phase 2 application and evaluation instruments. They include:

- A reduction to 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 respect to small employers was relevant, appropriate, and useful to them. The questions in the application and evaluation forms were changed to an open ended question asking employers for the total number of employees they have and were further clarified by defining total number of employees as inclusive of both full and part time workers.
- Substitute the term “workplace” for “worksites” consistently through the evaluation forms, FAQs and other supporting documents 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. A discussion of this terminology as well as a similar consistent change in the use of “worksites” is being made to the training curricula and instructional materials.

- Substitute the term “training course” for “training” consistently through the evaluation forms. This also provided some confusion for pilot participants who were considering all aspects of the training program (“course”) including ongoing technical assistance and consultation in addition to the formal training workshops or lectures in their responses. When asked about just the “training” they consistently recognized this only applied to their reactions to the formal training workshops or lectures for which the questions are intended to measure.

Based on its initial review of the pilot evaluations and ongoing analysis of the needs assessment survey, CDC does not anticipate further changes to the Phase 2 application and evaluation forms. The results of pilot training indicated that the learning objectives and specific activities which are measured in the instruments were meaningful and relevant to participants and will not necessitate changes.

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

CDC will provide overall program management for the Work@Health™ Program, directing regular planning and coordination meetings with the contractor staff including the data collection plan and reporting to participating employees, employers, and in the aggregate. The implementation contractor, ASHLIN Management Group, Inc., will provide operational management of the worksite health promotion training program and coordinate program activities. Public Health Management Corporation (PHMC) has responsibility for collecting and analyzing results from the Employer Application Form, initial CDC Worksite Health Scorecard and Organizational Assessment, Trainee KAB Surveys (pre- and post-training), Trainee Reaction Surveys, initial Trainee Technical Assistance Survey, and all materials from the Train-the-Trainer participants.

RTI, the national evaluator for the project, will be responsible for the national evaluation of the Work@Health™ Program using a mix of qualitative and quantitative methods. RTI’s responsibilities include collecting data and developing the Case Studies; conducting Instructor/Coach Discussion Groups; and fielding the Employer Follow-up Survey and the second CDC Worksite Health Scorecard and Trainee Technical Assistance Survey. Other information collected by PHMC will be aggregated/de-identified and shared with RTI. RTI will comparatively evaluate the Work@Health™ training models on employer adoption of worksite health programs, policies, and practices.

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