

## **Change Request**

October 10, 2014

### **CDC Work@Health™ Program: Phase 2 Training and Technical Assistance Evaluation**

OMB No. 0920-1006, exp. 1/31/2016

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#### **Summary**

The Work@Health Program is an employer training program aimed at providing participants with core concepts and key principles to assist them in building effective workplace wellness programs. A comprehensive workplace health training curriculum has been developed, built on a problem-based training approach and focused on improving employer knowledge and skill. The training is offered in four distinct models: three models are specifically for direct employer training, and one model is a train-the-trainer model. CDC also provides technical assistance after completion of a training model.

CDC received OMB approval to collect evaluation information from 600 participants enrolled in full-scale implementation of the Work@Health training and technical assistance program. Participants are asked to indicate their preferences with respect to training model assignment. The evaluation information to be collected from each participant is tailored to the training model.

CDC initially estimated that 60 of the 600 trainees would request the train-the-trainer model and that the remaining 540 trainees would be roughly equally distributed over the three employer training models (180 trainees per model). After conducting outreach with interested employers and organizations, CDC found much higher interest and demand for the train-the-trainer model than originally estimated. In this Change Request, CDC seeks OMB approval to increase the number of participants assigned to the train-the-trainer training model (and associated data collection), and reduce the number of participants assigned to two of the lower-demand employer training models (hands-on and blended) and associated data collection. The proposed reassignment will allow CDC to be more responsive to the expressed needs and interests of participants and to obtain richer evaluation information about the high-demand train-the-trainer model. This Change Request also describes minor changes to forms.

There is no change in the target number of trainees (600). There is a slight increase in total annualized burden hours.

## Overview of Training

One of the following three models will be offered to participating employers by a professional instructor/facilitator:

- Online model, involving knowledge-and skill-based training conveyed through lectures, seminars, case studies, practical demonstrations and delivered through distance-based or e-learning mechanisms such as webinars, teleconference and/or streaming videos.
- Hands-on model involving a knowledge-and skill-based training in which employers are brought together on a local, state or regional level in an interactive workshop or classroom format and provided content through a variety of approaches including lectures, skill lessons, practical demonstrations, case studies, participant discussion and interaction, and exercises.
- Blended model involving a knowledge-and skill-based training that uses a combination of distance-based or e-learning (online model) and in-person classroom sessions (hands-on model).

A fourth model will be delivered to organizations that support employer workplace health efforts (e.g., health departments, business coalitions, trade associations) that have completed the Work@Health Program or have demonstrated the requisite knowledge present in the curricula.

- Train-the-trainer model involving a knowledge-and skill-based training delivered by a professional instructor/facilitator that creates a team of certified trainers who are capable of providing basic comprehensive workplace health training to employers more broadly. The focus of this training will be on the development of skills enabling participants to train others.

CDC received OMB approval to conduct the trainings and an evaluation of their effectiveness. Information will be collected about individual participant knowledge, attitudes, and behavior changes as well as changes in organizational practice resulting from the application of knowledge gained through the formal training and the ongoing technical assistance provided to participants after conclusion of their training. CDC's initial participation targets included offering the Work@Health program to 540 employers and 60 train-the-trainer participants. As the program began the process of outreach to interested employers and organizations, we found much higher interest and demand for the train-the-trainer model than originally estimated. This change request includes a shift in overall participation between these two respondent groups (i.e., employers and train-the-trainer participants). This change request asks for a reduction in the overall number of participants in the employer training from 540 to 480 (-60) and a commensurate increase in the number of participants in the train-the-trainer group from 60 to 120 (+60). All instruments and forms associated with these respondent group types have been adjusted in the attached revised annualized burden table to reflect this overall shift in participant totals. Forms and instruments that apply to the employer organization as a whole have been reduced by 60 participants. Forms and instruments that apply to individual employer participants have been reduced by 120 because each employer can send 2 individuals to participant in the Work@Health program and trainee reaction surveys distributed across participants according to employer interest in the program. Forms and instruments that apply to train-the-trainer participants have been increased to 120 total participants. This includes the

Trainee reaction survey which is delivered to all participants at the conclusion of their formal training and the Wave 2 Trainee reaction survey participants (+300) where each additional train-the-trainer (+60) will deliver Work@Health to 5 employers (60 x 5 = 300). Additional elements of this change request include minor modifications to a few survey instruments which are described below.

## Detailed Justification of Changes

Four types of changes are proposed:

1. Minor changes in wording are proposed for two data collection instruments. The changes are designed to improve the usability of the instruments by aligning terminology with other Work@Health™ documentation. These changes do not affect instrument content or burden per response (i.e., the amount of time each individual respondent will take to complete the instrument). The revised instruments were pre-tested for clarity, organization, and timing with a group of external employers (n=4) who represent the target audience of the full scale Work@Health training, and health care providers with experience in training (n=3) who represent the Train-the-Trainer group.
2. Addition of two new questions to the Train-the-Trainer Technical Assistance survey. The changes are designed to better understand the relationship developed between the technical assistance provider and trainee so that it can be replicated and incorporated into the preparation of future technical assistance providers. Adding a question to the Train-the-Trainer Technical Assistance Survey regarding length of past experience (Q#1) will assist with future marketing and enrollment efforts to reach out to those candidates best qualified and matched to the Work@Health curricula to enhance successful completion of the program based on pre-requisite knowledge and experience. Adding a second question to the Train-the-Trainer Technical Assistance Survey regarding the usefulness of the feedback received during the debriefing (Q#2f) will assess the impact of the technical assistance process as well as evaluate the impact of the debriefing milestone stage for train-the-trainer participants so that these processes can be examined and improved over time. These changes do not affect the burden per response (i.e., the amount of time each individual respondent will take to complete the instrument). As noted above (1.), the revised instruments were pre-tested for clarity, organization, and timing with a group of external employers (n=4) who represent the target audience of the full scale Work@Health™ training, and health care providers with experience in training (n=3) who represent the Train-the-Trainer group.
3. Adding additional response choice to base questions for the Employer Training Technical Assistance Survey and the Train-the-Trainer Technical Assistance Survey. The Employer Training Technical Assistance Survey had one additional response choice provided for Q#3 regarding the amount of technical assistance (TA) provided to participants; one additional response choice for Question #7 and #7a with respect to the accessing the Work@Health website as a resource for technical assistance tools; and one additional response choice for Q#11 regarding the relationship between the technical assistance provider and participants. All the additional choices provided have been included to evaluate the impact of technical assistance and the optimal delivery methods among

participants. This information will be utilized to strengthen/update further versions of the program and provide a better experience to participants. The Train-the-Trainer Technical Assistance Survey has two additional response choices for Q#2 and Q#3 to also evaluate the overall technical assistance package for train-the-trainer including planning for, delivery of, and debriefing on their training experiences with 5 employers. The changes provide additional clarity about some of these distinct milestone stages as well as the relationship with their direct technical assistance provider.

4. Adjustments to the estimated number of respondents for multiple forms.
  - a. Four training models are being evaluated: On-line, Hands-on, Blended (On-line and Hands-on), and Train-the-Trainer. Employer interest in the Hands-on and Blended models was previously overestimated, and demand for the Train-the-Trainer model was underestimated. CDC fully supports increased employer interest in the Train-the-Trainer training model, as this strategy is important for long-term Work@Health™ program growth and sustainability. Therefore, the number of respondents participating in each model has been revised to address the target audience needs and interests. The revised estimates call for 480 employer participants in the on-line, hands-on, and blended training modules, a decrease of 60 participants. A corresponding increase of 60 participants in the train-the-trainer model is expected taking the total number of respondents in this group from 60 to 120. Associated surveys for each respondent type have been adjusted according to the overall changes in the number of participants and listed individually in the updated burden table. Because the employer training models utilize several of the same survey instruments, the burden table does not distinguish by training model for most instruments unless otherwise noted (e.g., Training Reaction Surveys).
  - b. All employer trainees, regardless of training model, will be asked to complete the Trainee Technical Assistance Survey. The original request called for delivering the Technical Assistance Survey according to each training model. Practical experience has identified that no significant differences exist between participants in each training model with respect to the technical assistance being provided. The main difference occurs with the formal training they receive. To streamline the data collection, burden such that participants will no longer need to carefully read the survey instructions and only answer questions or adhere to skip patterns pertaining to their specific training model, and analysis of data, the request is to make all questions available to all participants with respect to technical assistance (i.e., Q#7 and Q#8) regardless of training model.

The proposed changes will increase the total estimated annualized burden hours from 1,601 to 1,603, a net increase of 2 burden hours.

CDC plans to administer the revised instruments in October 2014.

## **Changes to the CDC Work@Health™ Technical Assistance Surveys**

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: online, hands-on and blended. Approximately 480 employers will participate in one of these three worksite health training models and receive follow-up technical assistance. Another 120 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. CDC is making this change request for the Work@Health™ surveys that address the follow-up technical assistance provided to employer and train-the-trainer trainees. The change request is described below.

### **CDC Work@Health™ Trainee Technical Assistance Survey**

Changes in the CDC Work@Health™ Trainee Technical Assistance Survey are requested primarily to bring the survey in line with a change in the delivery of the technical assistance. When the technical assistance component of Work@Health™ was originally conceived, the plan was to match the technical assistance approach to the training model. For example, employer trainees who participated in the online training would receive all of their technical assistance online. Similarly, those trainees who participated in the hands-on training would receive their technical assistance using only hands-on/in-person methods. Trainees who participated in the blended model would have access to both online and in-person technical assistance. The CDC Work@Health™ Trainee Technical Assistance Survey was designed so that trainees would only be asked about the technical assistance support services that were provided for their training model.

During the fall of 2013, as the technical assistance component was being fine-tuned, the development team decided that all employer trainees, regardless of training model, should have access to all forms of technical assistance. As a result of this change, CDC is requesting that the Trainee Technical Assistance Survey be revised so that all employer trainees will rate all of the technical assistance support services (online and hands-on) that are provided by Work@Health™. The result of this change is that a skip pattern logic for each training model has been removed and all questions are now available to all participants regardless of training model. Survey respondents should find the revisions including the instructions to adhere to only questions pertaining to their specific training model to be more straightforward lessening the complexity of the survey and the respondent burden to accurately complete the instrument.

The questions that refer to the technical assistance in general remain the same except for minor wording changes that align the language in the survey with that used by Work@Health™ to describe the technical assistance services and resources. CDC is also requesting permission to change the titles of the webinars listed in the survey to match the final webinar titles (Q#6). These working titles were not finalized and approved until after the original information collection request had been submitted to OMB. Additionally, one response choice has been added (Q#11g) to better understand the relationship developed between the technical assistance provider and trainee so that the training given to technical assistance providers can be replicated to strengthen the overall technical assistance experience for all employer trainees. One additional response choice for Question #7 and #7a with respect to the accessing the Work@Health website

as a resource for technical assistance tools has been added to capture a resource that was not yet developed at the time of the original submission but has since become available and is a potential valuable technical assistance resource. And one additional response choice has been provided for Q#3 regarding the amount of technical assistance (TA) provided to participants to evaluate the impact of technical assistance based on dose/response. These changes will not affect the time that it will take to complete the survey. The number of respondents is, however, expected to decrease from 1,080 to 960 because of the request to reallocate the number of available training opportunities for individual and organizations through each of the four training models based on expected need, interest, and demand.

### **CDC Work@Health™ Train-The-Trainer Trainee Technical Assistance Survey**

CDC is requesting minor changes to the Train-The-Trainer Trainee Technical Assistance Survey. Most of the requested changes will align the language and terminology in the survey with the language and terminology currently used for Work@Health™. For example, the individuals who will be providing the technical assistance to the train-the-trainer participants are referred to as “coaches” rather than “instructors” in the original survey. Two new response choices have been added. The first asks the trainee to rate how useful the technical assistance was in helping them with their training of five employers (Q#2a). The second (Q#3g) looks to better understand the relationship developed between the technical assistance provider and trainee so that the training given to technical assistance providers can be replicated to strengthen the overall technical assistance experience for all employer trainees.. Additionally, two new questions have been added. One question asks about the usefulness of the feedback they received from their peers during debrief sessions (Q#2f) to evaluate the impact of the technical assistance process and improve service delivery for future participants. . The second question (Q#1) asks the respondent about their level of past professional experience in workplace health which will be used to evaluate how well the Work@Health curricula is matched to the trainee’s prior level of knowledge and experience. Future enrollment efforts will be targeted to an appropriate level of past experience. Both the requirement to train five employers and feedback from peers have become increasingly important during the technical assistance development process so the addition of questions in these two areas is requested. Finally, the number of train-the-trainer respondents is expected to increase from 60 to 120 because of the interest and demand for participation in this Work@Health™ train-the-trainer model. There is no change to the estimated burden per response as the revised instruments have been pre-tested with a small group of health care providers with experience in training (n=3) who represent the Train-the-Trainer group who completed the updated survey in the same amount of time as the original.