

CDC Work@Health<sup>®</sup> Advance Program:  
Evaluation of Train-the-Trainer and Advanced Technical Assistance Programs

New

**Supporting Statement: Part A**

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July 30, 2015

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- The CDC Work@Health® Advance Program builds on previous Work@Health Program efforts. Over a three-year period, 360 employers (approximately 75% are small employers) of the projected 900 who have completed the Work@Health core curriculum will receive advanced technical assistance to help prepare for accreditation through an external organization. Participating organizations will be selected based on performance. In addition, updated Train-the-Trainer trainings will be offered to 300 professional participants of the 600 participants in the basic program. Those selected will have demonstrated workplace health knowledge and experience that represent health departments, business coalition, or other organizations that work directly with employers.
- The primary goal of the Work@Health® Advance Program is to a) evaluate the new technical assistance components of the program that provide more sophisticated and advanced level concepts and principles who have completed the basic level of training to further build/enhance workplace health programs for employers with the intent to prepare employer participant to pursue and successfully obtain third party accreditation and/or recognition for their workplace health programs; and b) continue to build capacity across the nation for employers to be trained in core workplace health program principles and practices. This will be accomplished through the education of train-the-trainers using revised methods. Participants will be selected based on qualifications a motivation to effectively train employers.
- CDC established the Work@Health® Program to raise employer knowledge and skills related to workplace health programs. In 2013, CDC conducted a needs assessment, pilot training, and pilot evaluation of the Work@Health® curriculum (OMB No. 0920-0989, Exp. Date: 09-30-2014). In 2014, CDC obtained OMB approval to evaluate the implementation of the Work@Health Basic curriculum using four training models (OMB No. 0920-1006, Exp. Date 01-31-2016).
- Each employer who participates in the advanced training and technical assistance program will submit an initial organizational accreditation readiness assessment, followed by a technical assistance survey at two points in time, and a final follow-up accreditation survey which will be administered online to determine progress toward and achievement of third party accreditation/recognition. CDC will also conduct a follow-up survey with the employer's sponsoring organization to be administered by telephone
- Train-the-Trainer participants will receive enhanced training in how to deliver the Work@Health curriculum to employers. CDC will assess trainees' knowledge, attitudes, and behaviors related to workplace health at two points in time, and their satisfaction with the training and opinions about whether it met their needs which will all be administered online. Trainees' ability to successfully train five employers on their own will be the prime outcome of interest.
- For both employers and trainers qualitative analysis will be used to examine and characterize motivating factors, barriers, costs, and best practices. In addition observed differences within employer demographic characteristics and between time points will be described and compared using paired t-tests, chi-squared tests, and analysis of variance (ANOVA). CDC will use pre/post comparison information for program improvement
- Findings will be used to determine the most effective training methods and other resources needed to improve worksite-based health promotion programs.

## **Section A. Justification**

### **1. Circumstances Making the Collection of Information Necessary**

CDC requests OMB approval for three years to support implementation and evaluation of the Work@Health Advance Program. The Work@Health® Program is authorized through the Public Health Service Act (section 42 U.S.C. 2801-2801-1, 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.

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 workplace. However, the use of effective workplace 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 of chronic diseases such as absenteeism and improved worker productivity.<sup>1,2</sup> As a result, many employers are turning to workplace health programs to help employees lower their risk of developing chronic diseases and maintain a healthy lifestyle.

Most of the published research about the effectiveness of workplace health programs is based on data collected from large employers,<sup>3,4</sup> and information about the effectiveness of workplace health programs at small and mid-size companies is lacking.<sup>5</sup> An analysis of the 2004 National Worksite Health Promotion Survey, sponsored by the Robert Wood Johnson Foundation and Partnership for Prevention, found that small employers (i.e., those with fewer than 100 employees) were less likely to offer comprehensive workplace health promotion programs<sup>6</sup> (e.g., smoking cessation programs), screenings or counseling (e.g., cancer screenings), or disease management programs (e.g., diabetes management) 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. However, 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.<sup>7</sup> As a result, CDC is actively working to support this population and to meet the Healthy People 2020 developmental goal of increasing the number of small and mid-size employers that offer a health promotion program to their employees.<sup>8</sup> One effective and cost-efficient method to increase the number of employers, particularly small employers, that implement workplace health program is through the offering of free training and technical support. The Work@Health® Program was created to offer this training and technical assistance to build awareness, knowledge, and develop skills among employers so that they can support their own workplace health program and grow them over time to be effective at improving employee and the organization's bottom line.

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 workplace health programs, policies, practices, and strategies and support their adoption in the workplace.

The primary goal of Work@Health® is to: increase the number of science-based workplace health programs, policies, and practices in place at participating employers' workplaces and increase the access and opportunities for employees to participate in them. Work@Health Program activities are designed to (a) increase employers' level of knowledge and awareness of workplace health program concepts and principles as well as access to tools and resources to support the design, implementation, and evaluation of effective workplace health strategies and interventions, and (b) increase understanding of the training needs of employers and the best way to deliver skill-based training to them.

Through the Work@Health® Program, CDC is providing employers with training in how to maximize employee engagement and participation in workplace 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 curriculum has been developed around the use of evidenced-based best practices and includes, but is not limited to, the following workplace health topics:

- The health and economic impact of workplace 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 workplace 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<sup>®</sup> curriculum uses a problem-based training approach requiring employers to complete authentic learning tasks to acquire and apply information and data about workplace health in areas such as obesity, nutrition, and 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 require employers to construct their own responses to challenges rather than select from ones presented and to address challenges faced in the real world of their workplaces. For example, when presented with a real-world workplace health problem to solve, employers learn workplace health best practices and meet other employers in the process of developing a solution to the task. At the conclusion of the Core Curriculum training program, CDC provides participating employers with a Certificate of Completion.

The Work@Health<sup>®</sup> program also provides a Train-the-Trainer training experience which promotes large-scale dissemination of the Work@Health<sup>®</sup> Program. In 2014, more than 100 individuals completed on-line and in-person training sessions and received technical assistance to prepare them for the delivery of the Work@Health<sup>®</sup> curriculum to employers. Each Train-the-Trainer participant then conducted a training of their own, resulting in the training of approximately 300 employers.

CDC obtained OMB approval to collect the information needed for Work@Health Program implementation and improvement (“CDC Work@Health Program: Phase 2 Training and Technical Assistance Evaluation,” OMB No. 0920-1006, exp. 1/31/2016). Service delivery, information collection, and analysis of findings are ongoing. Preliminary findings have provided evidence that worksite health programs can work to influence social norms, improve health knowledge and skills, promote healthy behaviors, help employees get necessary health screenings, immunizations and follow-up care, and reduce on the job exposure to substances and hazards. Evaluation findings have also identified opportunities for program improvement and expansion. As a result, the technical assistance and training plans have been revised for usability and to support a key new objective: assisting employers in obtaining recognition for successful implementation of workplace health programs.

The Work@Health<sup>®</sup> Advance Program thus builds on of the success of the Work@Health<sup>®</sup> Program in two ways. First, employers who have successfully completed the Work@Health<sup>®</sup> Core Curriculum and technical assistance milestones may apply to receive advanced

technical assistance over a 12-month period. Participants will be mostly small employers of various industry sectors with less than 250 employees who are least likely to offer comprehensive workplace health programs and would benefit most from this type of training program. The primary purpose of the advanced technical assistance is to help these employers prepare to seek accreditation of their worksite wellness program by an external organization. Each employer will determine which type of accreditation to seek, based on a variety of accreditation options. Through the Work@Health® Advance Program, CDC will provide each participating employer with an organizational accreditation readiness assessment, followed by assessment-driven technical assistance to help the employer meet its accreditation goals. Advanced technical assistance will be focused on organizational alignment, population health management, and data, outcomes, and reporting. The accreditation readiness assessment has been designed to address issues that are common to most of the existing accreditation/recognition programs available to employers. Following the baseline completion of the instrument, the employer working closely with their technical assistance provider will create a roadmap of the strategies and intervention contained in the readiness assessment tool that are of high priority, interest, and need of the employer. These will be the issues and strategies that the employer and technical assistance provider will work on in the intervening months. The follow up readiness assessment will mark progress and changes in organizational performance and position the employer to be “ready” to apply for and successfully obtain the external accreditation/recognition which is viewed as highly valuable to employers and will provide the motivation to fully engage with the Work@Health® Advance Program.

In addition, the Work@Health Advance Program will offer expanded Train-the-Trainer training, thus strengthening Work@Health® program dissemination and sustainability. Train-the-Trainer candidates will be experienced health promotion professionals who represent organizations with a health centric mission and the ability and/or experience to work with the employer community such as health departments or business coalitions. The expanded training includes an overview of the revised employer core training curricula which has been streamlined to lessen the amount of training time needed for improving retention rates as well as revised to include the most recent statistics and data available on the outcomes from the workplace health promotion field. The expanded training also includes administrative changes in the application and evaluation forms to enable the Work@Health® to select the strongest candidate most likely to meet the program’s requirements as well as more effectively evaluate the retention of knowledge and ability to train employers. The selection criteria are for participating in Advance is scoring in the top 50%. In the Phase 2 (Basic) assessment, trainees assessed the Train-the-Trainer curriculum for delivery to employers through a Hands-on format, an Online format, or a Blended (combination Hands-on and Online format). Based on that assessment, participants in the Train-the-Trainer training for the Work@Health Advance program will be prepared to deliver Work@Health training in



both the online and in-person environments. Participants will also have access to updated support materials and an online peer learning platform.

CDC requests OMB approval for three years to support implementation and evaluation of the Work@Health Advance Program. Information collection for employers who participate in the 12-month Work@Health Advance technical assistance will consist of: a CDC Work@Health Accreditation Readiness Assessment Tool (**Attachment E**), completed once at baseline and once 7 months into the technical assistance period; a CDC Work@Health Advanced Technical Assistance Survey (**Attachment F**), collected twice during the 12-month technical assistance period; a one-time CDC Work@Health Follow-up Accreditation Survey (**Attachment G**), collected 10 months post-baseline; and a one-time CDC Work@Health Advance Employer Follow-Up Survey (**Attachment H**), collected one year after completion of the 12-month technical assistance program.

Information collection for the Train-the-Trainer program component will consist of: a one-time Train-the-Trainer Application Form (**Attachment I**); and the CDC Work@Health Train-the-Trainer Knowledge and Skills Survey (**Attachment J**), collected at two time points: one month before training, and again six-months after training. The Train-the-Trainer Application form is designed to more effectively recruit more experienced and seasoned professionals with a strong commitment and motivation to train employers locally in the Work@Health® curricula. Questions to achieve this include a description of the applicant's workplace health experience, training experience, and ability to identify and recruit employers for training. Stronger trainees will not only produce a better training experience for the employers trained by the Train-the-Trainers, but mitigate attrition rates which were approximately 15% of the original cohort. The Train-the-Trainer Knowledge and Skills Survey also looks to strengthen the trainees once enrolled in the program. The Work@Health® Program has an obligation to adequately prepare and support trainees who will train in the name of the program. The Train-the-Trainer Knowledge and Skills Survey is a new instrument designed to measure pre/post changes in the knowledge, attitudes, and beliefs of trainees and a mastery of the training content similar in design and intent to the employer KAB survey in CDC Work@Health Program: Phase 2 Training and Technical Assistance Evaluation," OMB No. 0920-1006, exp. 1/31/2016.

CDC requests OMB approval in June 2015 in order to begin soliciting applicants in the summer of 2015. During this period, the target number of employer participants is 360 and the target number of train-the-trainer participants is 300. CDC anticipates that a one-year extension will be needed to complete follow-up for employers and trainees whose participation begins in the third year of this information collection request. The primary mode of information collection will be online surveys.

## **2. Purpose and Use of the Data**

The information collection plan for the Work@Health Advance Program incorporates lessons learned during the Work@Health Phase 2 evaluation (OMB No. 0920-1006) as well as objectives that are specific to the Work@Health Advance Program (e.g., accreditation preparation). In addition, the information collection plan for the Work@Health Advance Program includes a new Employer Follow-Up survey to provide CDC with information about program maintenance and sustainability for employer graduates of the Work@Health<sup>®</sup> Advance Program.

CDC will use the information collected to select participating employers and trainers, document processes and outcomes of the Work@Health<sup>®</sup> Advance Program, and set the parameters for future workplace health cooperative agreements or contracts. The collection of this information is necessary for the successful planning, implementation, and evaluation of the core workplace health interventions. CDC also plans to widely disseminate the outcomes of the study within the federal government and outside of it with the business community through the development of case studies, scientific presentations, peer-reviewed publications, and tools and resources developed for employers. CDC will immediately share the results within the agency with the National Institute for Occupational Safety and Health as well as the National Center for Chronic Disease Prevention and Health Promotion. Both groups participate in an agency workplace health working group. CDC also participates in a federal government wide workplace working group that includes representatives from the Departments of Health and Human Services, Labor, Defense, Education, and State as well as Parks and Recreation, Federal Occupational Health, among others. Updates and outcomes from CDC's Work@Health<sup>®</sup> Program will be shared among this broad group of federal stakeholders.

Specifically, information will be collected to (1) determine employers' accreditation objectives and deliver assessment-driven technical assistance, (2) assess changes in employers' knowledge over the period of their participation in the technical assistance phase of the Work@Health Advance Program, (3) assess employers' capacity to acquire accreditation for their worksite health program by an external organization and their organization's ability to maintain and sustain their workplace health program, (4) select participants for the Train-the-Trainer module, (5) assess trainees' reactions to the Work@Health<sup>®</sup> technical assistance and peer learning networks, and (6) assess outcomes and describe the ways in which trainees increased their knowledge and perceived ability to provide training to employers in workplace health programs, policies, and practices. A summary of program objectives as they relate to specific information collection instruments (Crosswalk) is provided in **Attachment C**. An information collection flow chart is provided in **Attachment D**.

Information collection for employers is summarized below:

- The information collected on the CDC Work@Health Accreditation Readiness Assessment Tool (**Attachment E**) will be used to assess the status of each employer's workplace health program, tailor appropriate technical assistance, and assess the impact of the technical assistance on readiness for accreditation. Each employer will complete the Accreditation Readiness Assessment twice, once at baseline and once at 7 months after the start of technical assistance. A scoring algorithm was developed for the CDC Work@Health Accreditation Readiness Assessment Tool to stratify training participants into different levels of expertise and worksite capacity (novice, intermediate, and advanced) so that technical assistance could best be tailored and targeted to their needs and skill level. Each question was assigned a point value for four main domains: Organizational Alignment, Population Health Management, Data, and Outcomes and Reporting.
- The CDC Work@Health Advanced Technical Assistance Survey (**Attachment F**) will be conducted twice during the 12-month technical assistance period, once at 3 months and once at 7 months after the start of technical assistance.
- The CDC Work@Health Follow-up Accreditation Survey (**Attachment G**) will be completed online by employers who participate in the Work@Health<sup>®</sup> Advance technical assistance. Each employer will complete the Follow-up Accreditation Survey once, 10 months post-baseline. The information collected will assess the impact of the program on participants' ability to apply for and receive accreditation.
- The CDC Work@Health Advance Employer Follow-Up Survey (**Attachment H**) will be completed by telephone by employers who have completed the Work@Health program (either basic training or Work@Health Advance). Each employer will complete the Follow-up Survey once approximately 12 months following program participation. The information will assess program maintenance and sustainability and determine to what extent each employer is continuing to implement the Work@Health elements, what changes have been made, what barriers have been encountered, and what lessons were learned after the formal program participation has ended.

Information collection for the Train-the-Trainer activity is summarized as follows:

- The Train-the-Trainer Application Form (**Attachment I**) will be completed by individuals who are interested in this program component. The form will be used to assess applicants' background experience in workplace health programs and training facilitation. The form will be completed once online. Based on attrition trends observed in the Phase 2 evaluation, the Train-the-Trainer Application for the Work@Health Advance Program has been revised to better reflect motivation, engagement, and

commitment of the applicants. In the first year of the program (2014-2015), 480 employer were enrolled in Work@Health®. Of this group, 30% (n=144) were lost to attrition due to several factors including leadership and/or staffing changes within the organization; change in organizational priorities shifting time and attention away from Work@Health®; or failure to meet all training and technical assistance requirements including participation in all training activities; meeting regularly with the participant's technical assistance provider; or submitting all progress reports and completion logs describing progress made in furthering their worksite's health promotion efforts. The remaining 70% of participants (n=336) met the basic program requirements and received a certificate of completion. This group of participants (n=336) represents the eligible applicant pool for Work@Health® Advance in year 1. We will select approximately 120 employers per year based on performance. It is expected that the Work@Health® Program will be continued and a similar number of participants will be eligible for the advanced technical assistance program each year. However, the total number of employer candidates may vary year to year due to demand for the program and employer attrition resulting in failure to complete the core curricula training and technical assistance milestones.

- CDC will use these application questions to select only the most motivated and committed applicants, therefore minimizing attrition from the program. To ensure that the sample size is maintained, CDC will create a waiting list of applicants who can be invited to participate in the training if a selected applicant is not able to participate.
- The CDC Work@Health Train-the-Trainer Knowledge and Skills Survey (**Attachment J**) will be collected from the selected Train-the-Trainer participants to assess levels of knowledge about workplace wellness, as well as trainees' facilitation skills and ability to train others using the Work@Health® curriculum. The survey will be collected twice: one month before training and six-months after training.

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.
  - i. Improve technical assistance given to participating employers and trainers.
- 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 workplace 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 workplace 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 workplace health promotion programs.
- ii. CDC also plans to widely disseminate the outcomes of the study within the federal government through the development of case studies, scientific presentations, peer-reviewed publications, and tools and resources developed for employers. CDC will share the results within the agency with the National Institute for Occupational Safety and Health as well as the National Center for Chronic Disease Prevention and Health Promotion. Both groups participate in an agency workplace health working group. CDC also participates in a federal government wide workplace working group that includes representatives from the Departments of Health and Human Services, Labor, Defense, Education, and State as well as Parks and Recreation, Federal Occupational Health, among others. Updates and outcomes from CDC's Work@Health® Program will be shared among this broad group of federal stakeholders.
  - c. Provide models for replication through the development of tools, resources, and guidance.
    - i. CDC will develop tools, resources, and guidance to support broader workplace health efforts.
    - ii. Employers will be able to utilize the public domain curricula, training materials and aides for their own workplace 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 information collection is online surveys which maximize convenience to respondents and minimize burden. The Employer Follow-Up Survey will be administered by telephone. This method was selected to enhance response rates because it contains several open-ended questions which can be captured by the survey administrator reducing burden on the participant who only needs to give their answers verbally as well as allowing the administrator to clarify any issues on the questions answered during the telephone interview.

### **4. Efforts to Identify Duplication and Use Similar Information**

The Work@Health® Advance Program builds on the Work@Health® initiative with the goal of improving workplace health programs. An extensive review of the literature indicates that this is one of the few initiatives focused on the needs of small to mid-sized employers in the area of workplace wellness. The proposed new program elements will assist CDC to understand small employers' needs for training around workplace wellness programs and

policies, and give CDC the information needed to evaluate these training programs for employers. Small employers consisted of approximately 75% of the initial Work@Health® program employer cohort. These employers tend to have fewer resources, less capacity, and less robust employee health and wellness programs when compared to larger employers, thus making them an underserved community. The Work@Health® Program is appealing because it is free and addresses many of the barriers and challenges experienced by small employers who are motivated to provide workplace health program but do not possess the skills and capacity to do so.

The information collection instruments for this ICR were based on the previously reviewed instruments developed for Work@Health® (OMB No. 0920-0989 Exp. Date: 09-30-2014) and OMB No. 0920-1006, Exp. Date 01-31-2016) and are designed to collect more detailed information on aspects of workplace health that were not well documented in the previous project. Other information was derived from the broader field including the HHS Office of the Assistant Secretary for Health (OASH) 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 workplace health trainings and focused on larger sized employers, and the HHS/OASH National Survey of Worksite Health Promotion Activities (OMB No. 0937-0194, exp. 12/31/1992). Prior CDC work included capacity building and training components of the National Healthy Worksite Program (OMB No. 0920-0965, exp. 5/31/2016) and the development of organizational workplace health assessment tools, such as the CDC Worksite Health Scorecard (OMB No. 0920-1014, exp. 4/30/2017). 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. The main addition to the Work@Health® Program for the Train-the-Trainers is inclusion of a new Train-the-Trainer Knowledge and Skills Survey. This survey will measure pre/post changes in the knowledge, attitudes, and beliefs focused on the core principles and concepts of the employer curricula which the Train-the-Trainer will deliver to their own training groups. To be effective trainers, the Train-the-Trainers need to demonstrate a command and mastery of the core curricula. The Skills Survey is adapted from the employer trainee version of this survey which was used to measure the effectiveness of the training curricula for employers. The Skills Survey also provides the opportunity for technical assistance to providers to identify gaps and weaknesses in the Train-the-Trainer group which can be remediated and strengthened following completion of their training and prior to the time when they deliver their own training to employers.

## **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). The Work@Health® Advance advanced technical

assistance will be limited to employers who have completed the basic Work@Health® training and technical assistance. This information collection imposes minimal additional requirements on small businesses.

The Work@Health® Program changed the structure of the delivery of the program to minimize program attrition and non-response. A new user online platform has been created to allow for better interaction between trainer/technical assistance providers and program participants. This enhanced communication makes it easier to notify participants when surveys will be collected, the nature of the data collection, and the methods to submit information. Additionally, the system has created a calendar and notification system to improve communication and the Work@Health Program team has also developed issue notices to also be more proactive in communicating the program's evaluation needs. Better scrutiny applied to prospective employers for the advanced technical assistance program and the Train-the-Trainer program prior to enrollment, including discussions of time commitments, program expectations, and barriers to completion, have been incorporated into the program to minimize attrition. However, with a free, voluntary program, attrition cannot be eliminated completely and the program has based its enrollment figures on the experienced rate of program attrition (30% for employers and 15% Train-the-Trainers).

## **6. Consequences of Collecting the Data Less Frequently**

Information collection will take place during trainee selection, pre- and post-program implementation, and program evaluation. 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 trainees' level of knowledge and awareness of workplace health program concepts and principles as well as tools and resources to train other employers in the design, implementation, and evaluation of effective workplace health strategies and interventions.
2. Increase understanding of the training needs of employers and the best way to deliver skill-based training to them.
3. Increase the number of science-based workplace health programs, policies, and practices in place at participating employers' workplaces 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 workplace health training program is not planned, implemented and evaluated, the program will be less effective 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 February 18, 2015 (Volume 80, Number 32, pages 8657-8659; see **Attachment B-1**). CDC received and responded to two public comments (**Attachment B-2**). These comments were general observations about the collection of information by government agencies and did not deal specifically with this program’s proposed information collection procedures or instruments.

B. CDC developed the information collection plan in collaboration with subject matter experts at CDC, ASHLIN Management Group, and the Public Health Management Corporation. CDC also discussed the Work@Health® Program and proposed information collection with a broad variety of colleagues that are members of the CDC National Center for Chronic Disease Prevention and Health Promotion Workplace Workgroup.

An expert panel was convened to provide input into the development of the Advance training program tools and instruments. The experts included state public health agencies (Wisconsin State Health Department); non-profit professional organizations (American Heart Association, American College of Environmental and Occupational Medicine); tribal organizations (Cherokee Nation Businesses); academia (University of Washington); employers (Advancing Wellness) and third party accreditation bodies (Health Lead). The purpose was to identify the most effective workplace health strategies common to available third party accreditations that could be the focus of the participant’s technical assistance program and would be assessed prior to training and upon completion of the program to prepare participants for pursuing third party accreditation after completing the Work@Health® Advance training.

**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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## **9. Explanation of Any Payment or Gift to Respondents**

Respondents will not receive any payments or gifts for participating in this information collection.

## **10. Assurance of Confidentiality Provided to Respondents**

Information collection for the Work@Health<sup>®</sup> Program is for the purpose of program evaluation, and does not constitute research with human subjects. IRB approval is not required.

### **10.1 Privacy Impact Assessment**

#### Overview of Information Collection

Information will be collected from: (1) employers who have previously completed the Work@Health<sup>®</sup> training and who wish to receive advanced technical assistance and (2) individuals who apply to participate in the train-the-trainer model. Information will be collected over a three-year period. The primary mode of information collection will be online surveys. One follow-up survey will be conducted by telephone.

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

Work @Health<sup>®</sup> participants will be trained and supported by CDC's implementation contractor, ASHLIN Management Group. Public Health Management Corporation (PHMC), ASHLIN's evaluation sub-contractor, is charged with the evaluation of the Work@Health<sup>®</sup> Program. These organizations are experienced in the collection and management of personal, identifiable, and/or sensitive information.

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.

#### Items of Information to be Collected

At the organizational (employer) level for participating employers, CDC will collect information to assess: 1) readiness to apply for accreditation for their workplace health program; 2) satisfaction with the elements of advanced technical assistance provided by the program; 3) experience applying for and receiving accreditation after completing the

Work@Health® Advance Program; and 4) the ability to sustain and maintain workplace health programs.

For Train-the-Trainer participants, CDC will collect information to assess: 1) applicants' previous experience implementing workplace wellness programs, as well as their training skills and experience; and 2) participants' knowledge, attitudes, and skills related to workplace health and providing training to employers.

The CDC Work@Health Accreditation Readiness Assessment Tool and the CDC Work@Health Follow-up Accreditation Survey will be used to assess the employers' workplace health program status and their experience applying for accreditation. The Advanced TA survey will collect information about participants' utilization of technical assistance elements and their satisfaction with the services provided. The CDC Work@Health Advance Employer Follow-Up Survey will evaluate the employer's ability to maintain and sustain their worksite-based wellness programs. No personal information about the respondent will be collected.

The Train-the-Trainer Application Form will collect information to verify eligibility for Work@Health® Program training and be used to select trainers to participate in Work@Health®. The CDC Work@Health Train-the-Trainer Knowledge and Skills Survey will assess changes in participants' knowledge about workplace health and improvement in training facilitation skills. No individual-level health indicators will be collected.

Aside from the Train-the-Trainer Application Form, all other information collection instruments identified above will use a unique employer identifier code. The Work@Health® Program evaluation contractors (PHMC) 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. ASHLIN Management Group and PHMC will have access to the file that links employee identifiers such as names to unique employee ID codes.

#### How Information will be Shared and its Purpose

In order to deliver Work@Health program services and measure change over time in employer and trainee specific assessments, information collection forms will contain employer and trainee identification information. ASHLIN, PHMC, and CDC 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.

#### Privacy Act Determination

CDC has reviewed this Information Collection Request and has determined that the Privacy Act does not apply to the identifiable employer-level and Train-the-Trainer-level information collected in the following forms:

- **Employer-level.** CDC Work@Health Accreditation Readiness Assessment Tool (**Attachment E**), the CDC Work@Health Advanced Technical Assistance Survey (**Attachment F**), the CDC Work@Health Follow-up Accreditation Survey (**Attachment G**), and CDC Work@Health Advance Employer Follow-Up Survey (**Attachment H**).
- **Train-the-Trainer-level.** The Train-the-Trainer Application Form (**Attachment I**), and the CDC Work@Health Train-the-Trainer Knowledge and Skills Survey (**Attachment J**).

Information collection relates to workplace related activities and is not personal in nature.

#### Nature of Response

Participation by employers in the Work@Health® Advance Program is strictly voluntary. 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.

#### Consent

Consent language is found on the cover page of each survey instrument prior to the instrument instructions and questions (**Attachments E-J**). For the telephonic survey (**Attachment H**), the information will be read to each participant.

#### Information Security Safeguards

Technical Safeguards. ASHLIN Management Group, Public Health Management Corporation (PHMC) the evaluation subcontractor to the implementation contractor, ASHLIN Management Group, and CDC will be the only organizations to collect, store, and maintain individual level information. All electronic information will be password protected and only accessible to evaluation staff. ASHLIN and PHMC 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.

Additional Safeguards. Survey results will only be reported in aggregate. Individual level information will not be reported.

### 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: Accreditation Readiness Assessment; Advanced TA Survey; Follow-up Accreditation Survey, Train-the-Trainer Application Form; and the Train-the-Trainer Knowledge and Skills Survey.

## **11. Justification for Sensitive Questions**

No personal or sensitive information will be collected.

## **12. Estimates of Annualized Burden Hours and Costs**

### **A. Burden Hours**

OMB approval is requested for three years. Over this period, CDC anticipates working with 360 employers who have completed the Work@Health® training and who choose to continue to advanced technical assistance. CDC also anticipates collecting application information from 600 (200 per year) interested train-the-trainer applicants over three years. From the list of applications, CDC will select 100 participants annually for training and evaluation in conjunction with the Train-the-Trainer model. The annualized number of respondents involved in each information collection activity is provided below, along with the estimated annualized burden hours.

In the first year of the program (2014-2015), 480 employers participated in Work@Health®. There was approximately 30% (n=144) attrition due to a number of internal factors such as leadership changes or a shift in organizational priority. The remaining participants (n=336) completed the program with varying degrees of success and would be eligible for the Work@Health® Advance Program. CDC anticipates approximately 300 participants will complete the program annually forming an ongoing pool of candidates for the advanced technical assistance program. Expecting similar attrition rates from the basic program to the advance program (30%) and accepting approximately 50% of the remaining eligible participants into the program, CDC plans to select 120 employer participants each year. The Work@Health® Program will apply and utilize the employer's CDC Worksite Health ScoreCard and Organizational Assessment results as well as the KAB survey results and technical assistance provider case notes to identify and select the candidates in the top 50% of their cohort who met the basic program requirements. Applying careful criteria including the largest magnitude of change in organizational practice, demonstrated mastery of basic concepts and practices, and full participation in all training events, seminars, and skills building sessions, and a recommendation from their technical assistance provider will substantially minimize attrition in the Work@Health® Advance Program. In addition, the goals of program to prepare employers for obtaining external accreditation is a powerful

incentive for employers and will impact engagement and successful completion of the advance technical assistance program.

Employers will be respondents for the following information collections.

- The CDC Work@Health Accreditation Readiness Assessment Tool (**Attachment E**) will be completed online by employers who have completed the Work@Health<sup>®</sup> training and are interested in participating in advanced technical assistance. The annualized number of respondents is 120 and each respondent will complete the assessment two times, once at the beginning of advanced technical assistance and once 7 months after baseline, at the end of their technical assistance period. The total estimated annualized burden is 120 hours (30 minutes per response).
- The CDC Work@Health Advanced Technical Assistance Survey (**Attachment F**) will be completed online by employers who participate in the Work@Health<sup>®</sup> Advance technical assistance. Each employer will complete the CDC Work@Health Advanced Technical Assistance Survey twice during the 7-month technical assistance period, once at 3 months and once at 7 months after the start of technical assistance. The annualized number of respondents is 120 and the total estimated annualized burden is 80 hours (20 minutes per response).
- The CDC Work@Health Follow-up Accreditation Survey (**Attachment G**) will be completed online by employers who participate in the Work@Health<sup>®</sup> Advance technical assistance. Each employer will complete the CDC Work@Health Follow-up Accreditation Survey once, 10 months after the baseline. The annualized number of respondents is 120 and the total estimated annualized burden is 20 hours (10 minutes per response).
- The CDC Work@Health Advance Employer Follow-Up Survey (**Attachment H**) will be completed by telephone by employers who participate in Work@Health<sup>®</sup> Advance. The survey will be conducted by telephone. The annualized number of respondents is 120 and the total estimated burden to respondents for the employer follow-up survey is 30 hours for participating employers (15 minutes per response).

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 I**) will be completed online by employers, trainers, or facilitators who are interested in becoming Work@Health<sup>®</sup> Certified Trainers. The annualized number of respondents is 200 and the total

estimated annualized burden to employers, trainers, and/or facilitators is 100 hours (30 minutes per response).

- The CDC Work@Health Train-the-Trainer Knowledge and Skills Survey **(Attachment J)** will be completed online by Train-the-Trainer participants. Each participant will complete the CDC Work@Health Train-the-Trainer Knowledge and Skills Survey twice: once prior to training and again 6 months post-training. The annualized number of respondents is 100 and the total estimated annualized burden is 100 hours (30 minutes per response).

**A.12.1 Estimated Annualized Burden Hours and Cost to Respondents**

**Table A. Estimated Annualized Burden Hours**

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hr)	Total Burden (in hr)
Employers	CDC Work@Health Accreditation Readiness Assessment Tool	120	2	30/60	120
	CDC Work@Health Advanced TA Survey	120	2	20/60	80
	CDC Work@Health Follow-up Accreditation Survey	120	1	10/60	20
	CDC Work@Health Advance Employer Follow-Up Survey	120	1	15/60	30
Interested New Train-the-Trainer Participants	Train-the-Trainer Application Form	200	1	30/60	100
New Train-the-Trainer Participants in the Work@Health <sup>®</sup> Program	CDC Work@Health Train-the-Trainer Knowledge and Skills Survey	100	2	30/60	100
Total					450

The total estimated annualized burden hours are 450 and the total estimated annualized cost to respondents is \$ 6,975.



Table A12-2. Estimated Annualized Cost to Respondents

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hr)	Avg. Hourly Wage Rate	Total Cost
Employers	CDC Work@Health Accreditation Readiness Assessment Tool	120	2	30/60	\$15.50	\$1,860
	CDC Work@Health Advanced TA Survey	120	2	20/60	\$15.50	\$1,240
	CDC Work@Health Follow-up Accreditation Survey	120	1	10/60	\$15.50	\$310
	CDC Work@Health Advance Employer Follow-Up Survey	120	1	15/60	\$15.50	\$465
Interested New Train-the-Trainer Participants	Train-the-Trainer Application Form	200	1	30/60	\$15.50	\$1,550
New Train-the-Trainer Participants in the Work@Health <sup>®</sup> Program	CDC Work@Health Train-the-Trainer Knowledge and Skills Survey	100	2	30/60	\$15.50	\$1,550
Total						\$6,975

### 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

Information collection costs include the cost of CDC personnel for oversight of workplace health training program planning, implementation and evaluation, and costs associated with

the workplace health training implementation contractor, ASHLIN Management Group (Greenbelt, Maryland). A full-time CDC employee will serve as the technical monitor for the project, directing regular meetings with the contractor staff. These meetings serve to plan and coordinate the programs and activities of the Work@Health<sup>®</sup> Program including: communications with internal and external stakeholders; planning and developing protocols for the information 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 units within CDC's National Center for Chronic Disease Promotion and Health Promotion (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.

The CDC technical monitor will devote 30% time to this program. An onsite health scientist contractor from Carter Consulting will provide day-to-day support to the CDC technical monitor at 50% time through the duration of the program.

ASHLIN Management Group will provide operational management of the workplace health training program and coordinate activities among the Work@Health<sup>®</sup> Program participants. ASHLIN's responsibilities include developing the Work@Health<sup>®</sup> training, and conducting the Work@Health<sup>®</sup> training, information 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<sup>®</sup> project team will receive additional support from the Public Health Management Group (PHMC). PHMC will provide expertise in information collection and training evaluation. PHMC will assist with development of the information collection instruments and management of the information collection and conduct of the survey data.

The ongoing information 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 information collection is estimated at \$1,158,300 per year for 11,583 hours of labor (@\$100/hour).

The total estimated annualized cost to the Federal government is \$1,234,300.00.

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

<b>Cost Category</b>	<b>Avg. Annual Cost</b>
ASHLIN Information Collection Implementation Contractor Evaluation Instrument Design \$35,000 Information Collection \$140,000 Information Analysis \$128,300 Curricula Development and Design \$325,000 Work@Health® Training \$475,000	\$1,103,300
PHMC Data Collection Evaluation Contractor Literature review: \$10,000 Information Analysis: \$25,000 Evaluation questions and measures: \$20,000	\$55,000
CDC GS-14 30% GS-14 @ \$120,000/year	\$36,000
Health Scientist (Contractor) 50% @80,000/year	\$40,000
<b>Total</b>	<b>\$1,234,300</b>

**15. Explanation for Program Changes or Adjustments**

This is a new information collection.

**16. Plans for Tabulation and Publication and Project Time Schedule**

CDC plans to widely disseminate the outcomes of the study within the federal government and outside of it with the business community through the development of case studies, scientific presentations, peer-reviewed publications, and tools and resources developed for employers. Additional dissemination channels may include publications that are commonly read and of interest to employers and human resources staff who regularly manage workplace health programs.

The assessment and project timeline are outlined below in Table 16A.

Table 16A. Project Assessment Time Schedule

<b>Respondents/Sources</b>	<b>Method</b>	<b>Content</b>	<b>Timing/Frequency</b>	<b>Attachment #</b>
<i>OMB Approval - Survey Instruments / Assessments (estimated)</i>				
OMB Approval	N/A	N/A	June 2015	N/A
<b>Employer Information:</b>				
Employers who completed Work@Health® Training and are continuing to Advanced Technical Assistance	CDC Work@Health Accreditation Readiness Assessment Tool	Assess employers' readiness to apply for workplace health accreditation by measuring Organizational Alignment, Population Health Management, Information Collection, Outcomes and Reporting	Baseline (starting September 2015) and 7 months Post Baseline (starting April 2016)	E
	CDC Work@Health Advanced TA Survey	Assess participation in various elements of technical assistance and examine utility of and satisfaction with elements of the program.	3 months (starting December 2015) and 7 months Post Baseline (starting April 2016)	F
	CDC Work@Health Follow-up Accreditation Survey	Determine whether participants have been able to apply for and receive accreditation.	10 months Post Baseline (starting July 2016)	G
Employer Graduates of Work@Health	CDC Work@Health Advance Employer Follow-Up Survey (conducted by RTI)	Program continuation; Employee participation; Challenges & strategies for success	Approx 12 months post participation	H
<b>Trainee Information:</b>				
Trainees Participating in the Work@Health® Program (Train-the-Trainer model)	Train-the-Trainer Application Form	Assess applicants' background experience in workplace health programs and training facilitation	Baseline (starting Summer 2015)	I
	CDC Work@Health Train-the-Trainer Knowledge and Skills Survey	Assess changes in trainees' knowledge, facilitation skills and ability to train others using the Work@Health® curriculum.	Baseline (starting December 2015) and 6 months Post Baseline (starting June 2016)	J

## Analysis Plan

A combination of qualitative and quantitative data elements will be used for the overall evaluation of the Work@Health® Advance Program. 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.

### Descriptive Analysis

Characteristics of employers who choose to enroll in advanced TA will be compared with those of employers who chose not to enroll and those who did not complete the Work@Health® training program. Characteristics include employer size, industry type, and length of experience implementing workplace health policies and programs.

To describe the characteristics of the participants in the train-the-trainer component, we will examine characteristics such as experience implementing workplace health programs and training experience, as well as characteristics of their organization such as number of employees and industry type.

### Analysis of Pre and Post Training Assessments

Scores on the CDC Work@Health Accreditation Readiness Assessment Tool before the start of advanced technical assistance will be compared with scores at the end of the 12 month technical assistance period. Change scores will be compared for employers of different sizes, industry types and level of workplace health experience. In addition, employers' success in applying for and obtaining accreditation will be examined with information from the CDC Work@Health Follow-up Accreditation Survey. Employer who complete the baseline Accreditation Readiness Tool will be stratified into three tiers – a novice tier, intermediate, and advanced tier – based on score. These scores will be used to assign the appropriate technical assistance provider to the employer, establish smaller group cohorts for the exchange of information and small group training and technical assistance activities, and to provide initial priority recommendations from the Work@Health® Program in establishing the specific employer technical assistance roadmap and schedule that will be the focus of ongoing technical assistance interactions for the duration of the program. Post-assessment changes will examine if employers have progressed in tier. A candidate in the highest, advance tier should have the minimal elements required of the common accreditation/recognition programs to be ready to submit an application and undergo the accreditation progress with a good change to successfully obtain one or more of them.

For Train-the-Trainer participants, we will examine changes in key outcomes between the time of the baseline and follow-up information collection. These outcomes include trainees' changes in knowledge about workplace health and increases in training skills and

competencies. The changes over time 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.

For information aggregated at the workplace 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 elements of training and technical assistance increase trainee knowledge and behaviors related to health promotion programs, obtaining accreditation, and success in training employers.

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

The OMB expiration date will be displayed on all information collection instruments.

### **18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to this certification.

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