CDC Work@Health® Program:

Phase 2 Training and Technical Assistance Evaluation

Revision

Supporting Statement: Part A

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- CDC established the comprehensive Work@Health® Program to raise employer knowledge and skills related to workplace health programs. The primary goals of the Work@Health® Program are to: 1) increase understanding of the training needs of employers and the best way to deliver skill-based training to them; 2) increase employers' level of knowledge and awareness of worksite health program concepts and principles; and; 3) increase the number of science-based worksite health programs, policies, and practices in place in participating employers' worksites resulting in opportunities for employees to participate in them.

- The Work@Health Program offers technical assistance and three training models for employers: a hands-on model, an online model, and a blended hands-on/online model. The fourth model is a Train-the-Trainer model. Over the next three years, CDC plans to provide training to 480 employers and 120 trainers. Information will be collected for Work@Health program management and evaluation.

- Each employer who participates in Work@Health® will submit an application form. Upon enrollment they will complete an online CDC Worksite Health ScoreCard and organizational assessment to assess their organizational level wellness program at two points in time. Training participants will complete an online KAB survey at two points in time to measure knowledge changes and will submit reaction and technical assistance surveys to evaluate program delivery. Case studies will be developed.

- Train-the-Trainer participants will receive training to develop knowledge and skill in how to deliver the Work@Health® curriculum to employers. CDC will assess the quality of training (once online at the end of training) and technical assistance (twice online). Trainees' ability to successfully train five employers on their own will be a prime outcome of interest (Wave 2 reaction survey).

- To improve the quality of the program design and delivery, training instructors and coaches will be interviewed and focus groups conducted.

- 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.

Section A. Justification

1. Circumstances Making the Collection of Information Necessary

CDC requests OMB approval for a three year revision to support continued implementation and evaluation of the Work@Health® Program: Phase 2 Training and Technical Assistance Evaluation (OMB No. 0920-1006, expiration date 1/31/2016). The Work@Health® Program is authorized through the Public Health Service Act (section 42 U.S.C. 280l-280l-1, Sections 399MM and 399MM-1; see Attachment A-1) and funded through the Patient Protection and Affordable Care Act Prevention and Public Health Fund (PPHF; P.L. 111-148, Section 4002; see Attachment A-2) which was enacted to address the underlying drivers of chronic disease and to help the country move from today's sick-care system to a true "health care" system that encourages health and well-being. The PPHF is designed to expand and sustain the necessary infrastructure to prevent disease, detect it early, and manage conditions before they become severe.

CDC's Work@Health® Program is a comprehensive worksite health training program. The primary goals of the Work@Health® Program are to: 1) increase understanding of the training needs of employers and the best way to deliver skill-based training to them; 2) increase employers' level of knowledge and awareness of worksite health program concepts and principles, and 3) increase the number of science-based worksite health programs, policies, and practices in place in participating employers' worksites resulting in opportunities for employees to participate in them.

Through the Work@Health® Program, CDC is providing employers with training in how to maximize employee engagement and participation in worksite health program offerings; raise employee awareness and education around health; and help establish a healthy work environment to address unhealthy behaviors and lifestyle choices and reduce employee risk for chronic disease and injury. The program curriculum has been developed around the use of evidence-based best practices and includes, but is not be limited to, the following worksite health topics:

- The health and economic impact of worksite health programs (i.e., the business case),
- Leadership and employee engagement,
- Principles, strategies, and tools for assessment, planning, implementation, and evaluation,
- Relevant and applicable laws, regulations, and legal requirements,
- Leveraging and integrating existing and new worksite health programs, strategies, and activities,
- Developing partnerships, community linkages, and peer learning networks among employers, and
- Special topics of interest to employers such as the aging of the workforce.

The Work@Health® curriculum uses a problem-based training approach requiring employers to complete authentic learning tasks to acquire and apply information and data about worksite health in areas such as obesity, nutrition, physical activity and their effects on job performance, current level of healthy lifestyle engagement, perceived barriers of access to healthy lifestyle activities and attitudes toward health/wellness programs. Learning tasks will require employers to construct their own responses to challenges rather than select from pre-formatted lists and to address challenges faced in the real world of their worksites. For example, when presented with a real-world worksite health problem to solve, employers will learn worksite health best practices and meet other employers in the process of developing a solution to the task.

The Work@Health® Program training is delivered through the following four training models: 1) a hands-on model of professionally instructed in-person workshops; 2) a self-paced online model; 3) a blended model combining in-person and online activities; and 4) a Train-the-Trainer model to prepare qualified professionals to train employers. Following their participation in one of the four Work@Health® training models, trainees receive technical assistance and have the opportunity to participate in peer learning networks. The technical assistance will be led by subject matter experts and will provide services, such as online coaching, Webinars, Go-To-Meeting discussions, and instant messaging to support trainees. The peer learning networks provide an opportunity for trainees to interact with their peers to share ideas, goals, and issues for collaborative problem-solving and program development and to share materials and templates developed during and after training for other employers to adopt or adapt in their worksites.

Since 2014, training has been delivered to employers and wellness practitioners nationwide to improve the health of workers and their families. CDC has collected information for program administration and evaluation. High average participant feedback scores generated through evaluation surveys have resulted in steady demand for additional employers and professionals to be provided the Work@Health® Program, and CDC has received additional funding to continue to offer and expand the reach of the program. A Certificate of Completion is awarded to employers or trainers who complete any of the 4 core Work@Health training curricula and assessment activities. Individuals who receive the Certificate of Completion are eligible to apply for enhanced training and technical assistance offered through CDC's Work@Health Advance Program (OMB No. 0920-1077, exp. 8/31/2018).

In this Revision, CDC requests OMB approval for three years to continue Phase 2 Work@Health data collection starting in Winter 2016 (approximately February 2016 – February 2019). There are no changes to information collection content or methods. Recruitment, training, and information collection will continue, as previously approved, with new cohorts of employers and trainers. With two exceptions, the target number of trainees for the upcoming three-year period is the same as the adjusted target number of participants for the initial OMB approval period (January 2014 to January 2016). During the period of this Revision request, the target number of train-the-trainer participants (T3) will decrease from 180 to 120 (-60). Since each T3 participant

trains 5 additional trainees, this change will also result in a reduction of 300 respondents for the Wave 2 survey.

2. Purpose and Use of the Information Collection

During the initial 2-year OMB approval period, CDC collected information to (1) select participants for the Work@Health® training; (2) assess trainees' reactions to the Work@Health® training, technical assistance and peer learning networks; and (3) evaluate outcomes and the ways in which participating trainees increased their knowledge and perceived ability to implement worksite health programs, policies, and environmental support changes that will improve employee health. A summary of program objectives as they relate to specific information collection instruments (Crosswalk) is provided in **Attachment C.** During the next three years, CDC will continue to collect qualitative and quantitative information needed to conduct assessments, select participants, document processes and outcomes of the Work@Health Program, and set the parameters for future worksite health activities. The outcome evaluation will include a descriptive component as well as statistical models to determine the extent to which the program affected the target outcomes. These analyses will be supplemented with interview data collected for case studies.

The Work@Health® Program has been successful and well received in its first two years. A number of lessons were learned during the initial Phase 2 implementation. Therefore, based on experience and feedback from trainers and trainees, a number of changes to program administration will be implemented in the next three-year program period. The changes do not affect the content of the information collection, but demonstrate how information is being used for program management and improvement.

First, CDC is requesting a three-year approval period to recruit, train, and assess experiences for the same target number of trainees. CDC has determined that distributing the effort over a three year period rather than two years will better support the existing internal capacity of the program to organize, deliver, and evaluate training while allowing sufficient time for program participants to fully engage and complete all program training and assessment activities. Additional CDC efforts to promote participant retention include improved outreach and marketing efforts to identity candidates who are most likely to benefit from and successfully complete the program, conduct a careful review of the application forms to gauge applicants' level of commitment and availability to complete Work@Health training and exercises, and streamline the curricula and program delivery methods to improve communications between trainers and trainees and reduce time commitments without sacrificing instructional content. 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 employer training 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.

CDC has analyzed information obtained from employers and Train-the-Trainer participants to assess their knowledge, attitudes, and behaviors related to worksite health and their reaction to the Work@Health® training, including their satisfaction with the training and opinions about whether it met their needs. In addition, the training models have been assessed in terms of the participating employers' changes in readiness to develop or enhance a worksite health program; environmental elements of the physical worksite such as facilities; aggregate employee participation in programs and community partnership activities; and elements of worksite structure, practices, and policies related to health and safety. Information collected to date has demonstrated significant improvements in participant knowledge related to the core concepts and principles of building comprehensive workplace health program taught in the curricula indicating the strength of the curricula. Furthermore, these knowledge gains and the skills developed through the technical assistance phase have translated into organizational improvements as measured through the CDC Worksite Health ScoreCard and organizational assessment. Train-the-trainer participants also benefited from their curricula and technical assistance experience.

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® Program will be shared among this broad group of federal stakeholders.

The lessons learned from this project may be of interest to several other ongoing activities including:

a. Provide feedback and support the implementation efforts of employers participating in the Work@Health® Program and the CDC National Healthy Worksite Program.

i. Improve technical assistance given to participating employers in both programs.

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

b. Inform future program efforts at CDC and other Federal agencies such as:

i. CDC will use this information to refine key success elements and best practices in worksite health training to operationalize future surveillance activities in framing potential questions that represent important elements of effective program training. These data would provide information on employer worksite health promotion training practices and gaps. CDC will also use the information gained and described from the Work@Health® Program to produce case studies and success stories to provide greater technical assistance to employers seeking guidance on building or maintaining worksite health promotion programs.

c. Provide models for replication through the development of tools, resources, and guidance.

i. CDC will develop tools, resources, and guidance to support broader worksite health efforts.

ii. Employers will be able to utilize the public domain curricula, training materials and aides for their own worksite health program planning, implementation, and evaluation efforts.

The continued collection of information is necessary for the successful planning, implementation, and evaluation of the core worksite health interventions.

3. Use of Improved Information Technology and Burden Reduction

CDC designed this information collection to minimize the burden to respondents and to the government, to maximize convenience and flexibility, maximize employer participation and engagement, and to ensure the quality and utility of the information collected. The primary method of data collection will be conducted online to maximize convenience to respondents. Paper-based surveys will be used for the Trainee Reaction Surveys for the Hands-on, Blended and Train-the-Trainer models including Wave 2 because trainings will be held in a variety of settings that may not provide ready access to an online survey. In addition, trainees in these models will be present at the time of survey administration making a paper and pencil version practical and efficient.

4. Efforts to Identify Duplication and Use Similar Information

The Work@Health® Program plans to continue its initiative to evaluate training on implementing and/or improving worksite health programs. An extensive review of the literature indicates that this is one of the few initiatives focused on the needs of small to midsized employers in the area of workplace wellness. The proposed revision 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 the Work@Health® Phase 2 evaluation were based on experiences in the Work@Health® Phase 1 pilot project (OMB No. 0920-0989, exp. 9/30/2014). Other information was derived from the broader field including the HHS Office of Disease Prevention and Health Promotion National Survey of Worksite Health Promotion Programs (OMB No. 0937-0149, exp. 7/31/1986), the HHS/DOL Wellness Programs Study (OMB No. 0990-0387, exp. 1/31/2015) which did not evaluate worksite health trainings and focused on larger sized employers, and prior CDC work including capacity building and training components of the National Healthy Worksite Program (OMB No. 0920-0965, exp. 5/31/2016) and the development of organizational worksite health assessment tools, such as the CDC Worksite Health Scorecard (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.

5. Impact on Small Businesses or Other Small Entities

Since the program is voluntary and the employer indicates their desire to participate by acknowledging an understanding of the eligibility criteria by completing the Employer and Train-the-Trainer Application Forms (**Attachment E-1 and Attachment G-1**), the impact of the data collection on respondents – including small employers – is expected to be minimal. Participation in Work@Health® training does not impose ongoing information collection or reporting requirements.

6. Consequences of Collecting the Data Less Frequently

Information collection will take place for approximately 36 months during the employer selection phase, pre- and post-program implementation phase, and program evaluation phase. Pre- and post-assessments are required to characterize changes resulting from program

training efforts. Less frequent reporting would not allow CDC to evaluate the following program goals:

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

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

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulation 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside of the Agency

A. Federal Register Notice. A 60-day Notice for the request for a revision to the CDC Work@Health® Program: Phase 2 Training and Technical Assistance Evaluation was published on August 4, 2015 (Volume 80, Number 149, pages 46282-46284; see **Attachment B-1**). CDC received one public comment (**Attachment B-2**).

B. CDC developed the data collection plan in collaboration with subject matter experts at CDC, ASHLIN Management Group, the Public Health Management Corporation, Accenture, and RTI International. CDC also discussed the Work@Health® Program and proposed data collection with a broad variety of colleagues that are members of the CDC National Center for Chronic Disease Prevention and Health Promotion Worksite Workgroup. CDC also pre-tested the survey materials for clarity, organization, and timing with a group of external employers (n=4) who would represent the target audience of the full scale Work@Health® training, and healthcare providers with experience in training (n=3).

Table 8-a. Staff within the Agency and Consultants outside the Agency Consulting on Data Collection Plan and Instrument Development

Staff from CDC	
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9. Explanation of Any Payment or Gift to Respondents

Respondents will not receive any payments or gifts from the program.

10. Assurance of Confidentiality Provided to Respondents

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

10.1 Privacy Impact Assessment

Overview of Information Collection

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

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

Work@Health® participants will be trained and supported by CDC's implementation contractor, ASHLIN Management Group Public Health Management Corporation (PHMC), ASHLIN's evaluation sub-contractor, is charged with the evaluation of the Work@Health®

Program. Both 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. A summary of program objectives as they relate to specific information collection instruments is provided as **Attachment C** and an outline of the timing of data collection for each instrument is presented in the Data Collection Flow Chart **(Attachment D)**.

Items of Information to be Collected

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

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

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

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

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

- **Employer-level.** Employer Application Form (**Attachment E-1**), the CDC Worksite Health Scorecard (**Attachment E-2),** the Organizational Assessment (**Attachment E-3**), and the Employer Follow-up Survey (**Attachment E-4**).

- **Trainee-level**. The Trainee KAB Survey (**Attachment F-1**), the Trainee Reaction Surveys (**Attachments F-2-F-4)**, Trainee Technical Assistance Survey (**Attachment F-5**), and Wave 2 Trainee Reaction Survey (**Attachment H-1**).

- **Train-the-Trainer-level.** The Train-the-Trainer Application Form (**Attachment G-1**), the Train-the-Trainer Participant Survey (**Attachment G-2**), the Train-the-Trainer Reaction Survey (**Attachment G-3**), and the Trainee Technical Assistance Survey **(Attachment G-4).**

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

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

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

The Privacy Act does not apply to information collections in which the respondent is

identifiable, but is not providing personal information (e.g., Employer/Employee case study discussion guides and surveys).

Nature of Response

Participation by employers in Work@Health® Program is completely voluntary. All respondents will receive background information about Work@Health® and will be assured that (1) their participation is voluntary (2) their responses will be kept privately and only seen by ASHLIN Management Group and/or PHMC evaluation staff, and (3) that there are no personal risks or benefits to them related to their participation. However, CDC seeks to identify employers and other organizations with strong potential for completing the Work@Health® Program. Organizations that participate in the training and evaluation are under no obligation to complete and/or submit the surveys and they may withdraw at any time. CDC will gauge an interested employer's level of commitment based on their responses to the Work@Health® Employer and Train-the-Trainer Application Forms (**Attachment E-1** and **Attachment G-1**).

Consent

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

Information Security Safeguards

Technical Safeguards. ASHLIN Management Group and Public Health Management Corporation (PHMC) the evaluation subcontractor to the implementation contractor, ASHLIN Management Group will be the only organizations to collect, store, and maintain individual level information. All electronic data will be password protected and only accessible to evaluation staff. Hard copy surveys will be stored in locked files that are only accessible to evaluation staff.

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

Identification of Website(s) and Website Content Direct at Children Under 13 Years of Age

No information collection involves children less than 13 years of age. The following instruments will be administered via a Web-based survey: CDC Worksite Health Scorecard, Organizational Assessment, Employer Follow-up Survey, Trainee KAB Survey, Trainee Reaction Survey Online Model, Train-the-Trainer Participant Survey, and Trainee Technical Assistance Surveys.

11. Justification of 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 collecting application information from 1,200 interested employers. From the list of applications, CDC will select 480 employers to participate in Work@Health® training and evaluation activities for the Hands-on, Online, and Blended models (180 employers in Online model and 150 employers in Hands-on and Blended models). Each employer may send up to 2 employees, for a total of 960 trainees. Case studies will be conducted with 6 of the employers. From an additional group of approximately 240 applicants, CDC will also select 120 participants for training and evaluation in conjunction with the Train-the-Trainer model. After completion of the Train-the-Trainer model, each of the 120 participants will train 5 employers (total of 600 Wave 2 employers), from whom CDC will also collect information. Finally, group discussions will be held with instructors and coaches associated with the providing the training and technical assistance to participants. The annualized number of respondents involved in each data collection activity is provided below, along with the estimated annualized burden hours.

Employers will be respondents for the following information collections.

- The Employer Application Form **(Attachment E-1)** will be completed once online by 1,200 employers who are interested in participating in training through the Work@Health® Program. The annualized number of respondents is 400 and the total estimated annualized burden is 133 hours (20 minutes per response). The information

collected on the application form will be used to select 480 participants and assign trainees to a training model.

- The CDC Worksite Health Scorecard (**Attachment E-2)** will be completed online by all 480 employers who are selected to participate in the Work@Health® Program. Each participating employer will complete the CDC Worksite Health Scorecard twice: once prior to training and again 12-15 months after training. The annualized number of respondents is 320 and the total estimated annualized burden is 160 hours (30 minutes per response).

- The Organizational Assessment (**Attachment E-3**) will be completed online by all 480 employers who are selected to participate in the Work@Health® Program. Each participating employer will complete the Organizational Assessment twice: once prior to training and again 12-15 months after training. The annualized number of respondents over the three-year clearance period is 320 and the total estimated annualized burden is 80 hours (15 minutes per response).

- The Employer Follow-up Survey (**Attachment E-4**) will be completed online by all 480 employers who are selected to participate in the Work@Health® Program once, 11-14 months after training. The annualized number of respondents is 160 and the total estimated annualized burden is 40 hours (15 minutes per response).

- CDC will select 6 employers to participate in Case Study Interviews with Senior Leadership (**Attachment E-5**). Each employer will complete one case study interview. The annualized number of respondents is 2 and the total estimated annualized burden is 2 hours (one hour per response).

- The Case Study Interviews with Employees **(Attachment E-6)** will be completed once by 1-2 employees (not trainees) affiliated with each employer that has been selected for a case study. The annualized number of respondents is 4 and the total estimated annualized burden is 4 hours (one hour per response).

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

- The Trainee KAB Survey (**Attachment F-1**) will be completed twice online by all 960 trainees who are designated to participate in the Work@Health® Program: prior to training and again 5-8 months after the training. The annualized number of respondents is 640 and the total estimated annualized burden is 213 hours (20 minutes per response).

The Trainee Reaction Survey – Hands-on Model (**Attachment F-2**) will be completed in paper form by 300 trainees (maximum 2 individuals for each of the 150 employers who participate in the Work@Health® Program Hands-on model). Each trainee will complete the Trainee Reaction Survey once – immediately upon completion of the Work@Health® Hands-on model. The annualized number of respondents is 100 and the total estimated annualized burden is 25 hours (15 minutes per response).

- The Trainee Reaction Survey – Online Model (**Attachment F-3**) will be completed online by 360 trainees (maximum 2 individuals for each of the 180 employers who participate in the Work@Health® Program Online model). Each trainee will complete the Trainee Reaction Survey once – immediately upon completion of the Work@Health® Online model. The annualized number of respondents is 120 and the total estimated annualized burden is 30 hours (15 minutes per response).

- The Trainee Reaction Survey – Blended Model (**Attachment F-4**) will be completed in paper form by 300 trainees (maximum 2 individuals for each of the 150 employers who participate in the Work@Health® Program Blended model). Each trainee will complete the Trainee Reaction Survey once – immediately upon completion of the Work@Health® Blended model. The annualized number of respondents is 100 and the total estimated annualized burden is 25 hours (15 minutes per response).

- The Trainee Technical Assistance Survey (**Attachment F-5**) will be completed online by 960 trainees who participate in the Work@Health® Program Hands-on, Online, and Blended models. Each trainee will complete the Trainee Technical Assistance Survey twice post training: 4-7 months after training and 12-15 months after training. The annualized number of respondents is 640 and the total estimated annualized burden is 160 hours (15 minutes per response).

- The Trainee Case Study Interviews with Selected Trainees (**Attachment F-6**) will be completed once by 30 employers. The interviews will be conducted 10-12 months after training. The annualized number of respondents is 10 and the total estimated annualized burden is 10 hours (one hour per response).

- The Focus Group with Trainees **(Attachment F-7)** will be conducted with 21 selected trainees who participated in the Work@Health® Program. Each of the 21 selected trainees will participate in one focus group lasting 1.5 hours which will be conducted immediately following in-person training sessions. The annualized number of respondents is 7 and the total estimated annualized burden is 11 hours.

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

- The Train-the-Trainer Application Form (**Attachment G-1**) will be completed once online by 240 employers, trainers, or facilitators who are interested in becoming Work@Health® Certified Trainers. The annualized number of respondents is 80 and the total estimated annualized burden to employers, trainers, and/or facilitators is 40 hours (30 minutes per response).

- The Train-the-Trainer Participant Survey **(Attachment G-2)** will be completed online by 120 Train-the-Trainer participants. Each participant will complete the Train-the-Trainer Participant Survey twice: once prior to training and again and 5-8 months post-training. The annualized number of respondents is 80 and the total estimated annualized burden is 27 hours (20 minutes per response).

- The Trainee Reaction Survey – Train-the-Trainer Model (**Attachment G-3**) will be completed online by 120 Train-the-Trainer participants. Each participant will complete the Train-the-Trainer Reaction Survey once – immediately upon completion of the Work@Health® Train-the-Trainer model. The annualized number of respondents is 40 and the total estimated annualized burden is 10 hours (15 minutes per response).

- The Train-the-Trainer Trainee Technical Assistance Survey (**Attachment G-4**) will be completed online by all 120 trainees who participate in the Train-the-Trainer model. Each trainee will complete the Trainee Technical Assistance Survey twice post training: 4-7 months after training and again12-15 months after training. The annualized number of respondents is 80 and the total estimated annualized burden is 20 hours (15 minutes per response).

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

- In Wave 2 of the Work@Health® Program, each of the 120 Train-the-Trainer participants will train 5 employers (for a total of 600 employers). These employers will be asked to complete the Wave 2 Trainee Reaction Survey (**Attachment H-1**) The Wave 2 Trainee Reaction Survey will be completed in paper form (Hands-on model). The annualized number of respondents is 200 and the total estimated annualized burden is 50 hours (15 minutes per response).

The following information collection will involve instructors and coaches.

- The Group Discussions with Instructors/Coaches (**Attachment I**) will be conducted with 21 selected Work@Health® instructors and/or coaches. Two group discussions will be held: shortly after formal training ends and again 5-8 months post training. The annualized number of respondents is 7 and the total estimated annualized burden is 4 hours (30 minutes per response).

The total estimated annualized burden hours are 1,044.

A.12.1 Estimated Annualized Burden Hours and Cost to Respondents

Table A. Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Interested Employer	Employer Application Form	400	1	20/60	133
Employers Participating in Work@Health®	CDC Worksite Health Scorecard	320	1	0.5	160
	Organizational Assessment	320	1	15/60	80
	Employer Follow-up Survey	160	1	15/60	40
	Case Study Interviews with Senior Leadership	2	1	1	2
	Case Study Interviews with Employees	4	1	1	4
Trainees Participating in the Work@Health® Program (Hands-on, Online, Blended models)	Trainee KAB Survey	640	1	20/60	213
	Trainee Reaction Survey – Hands-On Model	100	1	15/60	25
	Trainee Reaction Survey – Online Model	120	1	15/60	30

	Trainee Reaction Survey – Blended Model	100	1	15/60	25
	Trainee Technical Assistance Survey	640	1	15/60	160
	Case Study Interviews with Selected Trainees	10	1	1	10
	Trainee Focus Group Discussion Guide	7	1	1.5	11
Interested Train-the-Trainer Participants	Train-the-Trainer Application Form	80	1	0.5	40
Trainees Participating in the Work@Health® Program (Train-the-Trainer model)	Train-the-Trainer Participant Survey	80	1	20/60	27
	Trainee Reaction Survey – Train-the-Trainer Model	40	1	15/60	10
	Train-the-Trainer Trainee Technical Assistance Survey	80	1	15/60	20
Trainees participating in the Work@Health® Program Wave 2	Wave 2 Trainee Reaction Survey	200	1	15/60	50
Work@Health® Instructors/Coaches	Instructor/Coach Group Discussion Guide	7	1	0.5	4
Total					1,044

The total estimated annualized cost to respondents is $56,506.

Table A12-2. Estimated Annualized Cost to Respondents (based on burden hours)

Type of Respondent	Form Name	Number of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Hourly Wage Rate	Annualized Cost
Interested Employer	Employer Application Form	400	1	20/60	$54.88	$7,317
Employers Participating in Work@Health®	CDC Worksite Health Scorecard	320	1	30/60	$54.88	$8,781
	Organizational Assessment	320	1	15/60	$54.88	$4,390
	Employer Follow-up Survey	160	1	15/60	$54.88	$2,195
	Case Study Interviews with Senior Leadership	2	1	1	$54.88	$110
	Case Study Interviews with Employees	4	1	1	$54.88	$220
Trainees Participating in the Work@Health® Program (Hands-on, Online, Blended model$6424s)	Trainee KAB Survey	640	1	20/60	$54.88	$11,708
	Trainee Reaction Survey – Hands On Model	100	1	15/60	$54.88	$1,372
	Trainee Reaction Survey – Online Model	120	1	15/60	$54.88	$1,399
	Trainee Reaction Survey – Blended Model	100	1	15/60	$54.88	$1,372
	Trainee Technical Assistance Survey	640	1	15/60	$54.88	$8,781
	Case Study Interviews with Selected Trainees	10	1	1	$54.88	$549
	Trainee Focus Group Discussion Guide	7	1	1.5	$54.88	$576
Trainees Participating in the Work@Health® Program (Train-the-Trainer model)	Train-the-Trainer Application Form	80	1	30/60	$49.84	$1,994
	Train-the-Trainer Participant Survey	80	1	20/60	$49.84	$1,329
	Trainee Reaction Survey – Train-the-Trainer Model	40	1	15/60	$49.84	$498
	Train-the-Trainer Trainee Technical Assistance Survey	80	1	15/60	$49.84	$997
Trainee Participating in the Work@Health® Program Wave 2	Wave 2Trainee Reaction Survey	200	1	15/60	$54.88	$2,744
Work@Health® Instructors/Coaches	Instructor/Coach Group Discussion Guide	7	1	30/60	$49.84	$174

Total	$56,506

The national mean hourly rate of $54.88 for a human resource manager who plan, directs, or coordinates human resources activities and staff of an organization was used to calculate Estimated Annualized Cost to Employer participants as this type of individual has 1) been the most common type of Work@Health® Program participant to date, and 2) is typically the most knowledgeable person with respect to the information being collected through the Work@Health® Program (wage rate data accessed from: http://www.bls.gov/oes/current/oes113121.htm on 12/18/15). The national mean hourly rate of $49.84 for a medical and health services manager who plans, directs, or coordinates medical and health services in hospitals, clinics, managed care organizations, public health agencies, or similar organizations was used to calculate the Estimated Annualized Costs for Train-the-Trainer participants for the same reasons as the employer participants (accessed from: http://www.bls.gov/oes/current/oes119111.htm on 12/18/15). The national averages were used because Work@Health® training is offered to employers nationwide.

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

CDC does not anticipate that organizations / employers will incur any additional costs or burden for record keeping.

14. Annualized Cost to the Government

The current data collection costs include the cost of CDC personnel for oversight of worksite health training program planning, implementation and evaluation, and costs associated with the contract with ASHLIN Management Group (Greenbelt, Maryland) the worksite health training implementation contractor. A full-time CDC employee will serve as the technical monitor for the project, directing regular planning and coordination meetings with the contractor staff. These meetings serve to plan and coordinate the programs and activities of the Work@Health® Program including: communications with internal and external stakeholders; planning and developing protocols for the data collection and evaluation. The role of the CDC employee also involves regular reporting and review of all materials and products before acceptance by the government by coordinating input from multiple CDC National Center for Chronic Disease Promotion and Health Promotion Divisions (Division of Diabetes Translation, Division for Heart Disease and Stroke Prevention, Office on Smoking and Health, Division of Population Health, and Division for Nutrition, Physical Activity, and Obesity) and the CDC National Institute for Occupational Safety and Health targeting the health risk factors and health conditions of interest to the Work@Health® Program.

ASHLIN Management Group will provide operational management of the worksite health training program and coordinate activities among the Work@Health® Program participants.

ASHLIN's responsibilities include developing the Work@Health® training, and conducting the Work@Health® training, data collection and evaluation. ASHLIN will also provide guidance in establishing the program management infrastructure; assist in communication activities such as reporting progress to CDC and preparing reports and publication materials.

Under a subcontract with ASHLIN, the Work@Health® project team will receive additional support from the Public Health Management Group (PHMC). PHMC will provide expertise in data collection and training evaluation. PHMC will assist with development of the data collection instruments and management of the data collection and conduct de-identified linkage and analysis of the survey data.

The ongoing data collection costs and associated project support costs are assumed constant for the useful life of the program. The average annualized cost of the contracts with respect to data collection is estimated at $2,675,524per year for approximately 26,756 hours of labor (@$100/hour).

The total estimated annualized cost to the Federal government is $2,709,724 (TOTAL).

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

Cost Category	**Avg. Annual Cost**
Data Collection Implementation Contractor Evaluation Instrument Design $977,000 Data Collection $492,000 Data Analysis $280,000 Outreach and Recruitment $121,000 Work@Health® Training $805,524	$2,675,524
CDC GS-14 30% @ $114,000/year	$34,200
Total	**$2,709,724**

15. Explanation for Program Changes or Adjustments

This is a request for a revision of previously approved information collection. New cohorts of respondents will participate in 2016-2019. With two exceptions, the target number of trainees for the three-year period is the same as the adjusted target number of participants for the initial two-year OMB approval period (January 2014 to January 2016; including shifts in respondent groups described in a Change Request in 2014). The two actual changes are (1) reducing the total target number of train-the-trainer participants from 180 to 120 (-60) and(2) reducing the number

of trainees who will be trained by train-the-trainer participants. A summary of the target number of participants by project period, is provided in Table A.15-A.

Table A.15-A

Summary of Target # Participants, by Project Period (**Total, Non-annualized Ns**)			
Target # Participants	Initial Approval Period, January 2014 – January 2016	After the Adjustments in the 2014 Change Request	Proposed in this Revision ICR, 2016-2019
# Employer Applicants	**1200**	**1200**	**1200**
# Participating Employers	**540**	**480**	**480**
# Participating Trainees	**n=1080** (540 employers, 2 individuals per employer)	**n=960** (480 employers, 2 individuals per employer)	**n=960** (480 employers, 2 individuals per employer)
# Participants in the Hands-on Training Model	**n=360** (180 employers, 2 individuals per employer)	**n=300** (150 employers, 2 individuals per employer)	**n=300** (150 employers, 2 individuals per employer)
# Participants in the On-line Training Model	**n=360** (180 employers, 2 individuals per employer)	**n=360** (180 employers, 2 individuals per employer)	**n=360** (180 employers, 2 individuals per employer)
# Participants in the Blended Training Model	**n=360** (180 employers, 2 individuals per employer)	**n=300** (150 employers, 2 individuals per employer)	**n=300** (150 employers, 2 individuals per employer)
# Participants in the Train the Trainer (T3) Model	**n=120**	**n=180**	**n=120**
# Participants	**n=600**	**n=900**	**n=600**

Trained by T3 Participants	(5 individuals per T3 participant)	(5 individuals per T3 participant)	(5 individuals per T3 participant)

In this revision, the majority of changes in the annualized burden are produced by annualizing the same target number of respondents over a longer period of information collection (3 years instead of 2 years). A summary of the annualized target number of participants, by project period, is provided in Table A.15-B

Table A.15-B

Summary of Annualized Target # Participants, by Project Period			
	Annualized over 2 years		**Annualized over 3 years**
Target # Participants	Initial Approval Period, Jan. 2014 – Jan. 2016	After the Adjustments in the 2014 Change Request	Proposed in this Revision ICR, 2016-2019
# Employer Applicants	**600**	**600**	**400**
# Participating Employers	**270**	**240**	**160**
# Participating Trainees	**540**	**480**	**320**
# Participants in the Hands-on Training Model	**180**	**150**	**100**
# Participants in the On-line Training Model	**180**	**180**	**120**
# Participants in the Blended Training Model	**180**	**150**	**100**
# Participants in the Train the Trainer (T3) Model	**60**	**90**	**40**
# Participants Trained by T3 Participants	**300**	**450**	**200**

The changes in annualized burden by respondent type and information collection instrument are summarized in Table A.15-C

Table A.15-C

	Previous Approval (after 2014 change request)		Proposed Changes for Current Revision			
Information Collection Instrument	No. Respondents	No. Burden Hours	No. Respondents	No. Burden Hours	Change in Respondents	Change in Burden Hours
Employer Application Form	600	200	400	133	-200	-67
CDC Worksite Health Scorecard	480	240	320	160	-160	-80
Organizational Assessment	480	120	320	80	-160	-40
Employer Follow-up Survey	240	60	160	40	-80	-20
Case Study Interviews with Senior Leadership	3	3	2	2	-1	-1
Case Study Interviews with Employees	6	6	4	4	-2	-2
Trainee KAB Survey	960	320	640	213	-320	-107
Trainee Reaction Survey – Hands On Model	150	38	100	25	-50	-13
Trainee Reaction Survey – Online Model	180	45	120	30	-60	-15
Trainee Reaction Survey – Blended Model	150	38	100	25	-50	-13
Trainee Technical Assistance Survey	960	240	640	160	-320	-80

Case Study Interviews with Selected Trainees	15	15	10	10	-5	-5
Trainee Focus Group Discussion Guide	11	17	7	11	-4	-6
Train-the-Trainer Application Form	180	90	80	40	-100	-50
Train-the-Trainer Participant Survey	120	40	80	27	-40	-13
Trainee Reaction Survey – Train-the-Trainer Model	120	30	40	10	-20	-5
Train-the-Trainer Trainee Technical Assistance Survey	120	30	80	20	-40	-10
Wave 2 Trainee Reaction Survey	300	75	200	50	-100	-25
Instructor/Coach Group Discussion Guide	21	11	7	4	-14	-7
Total	5,096	1,603	3,310	1,047	-1,786	-556

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

Table 16A. Project Assessment Time Schedule

Respondents/Sources	Method	Content	Timing/Frequency	Attachment #
OMB Approval - Survey Instruments / Assessments (estimated)				
OMB Approval	N/A	N/A	January 2014	N/A
Employer Information:				
Interested Employers	Employer Application Form	Employer characteristics and motivation to implement worksite health program	Baseline	E-1
Employers Participating in Work@Health®	CDC Worksite Health Scorecard	Assess the extent to which employers have implemented evidenced-based health promotion interventions in their worksites and identify gaps in their health promotion activities.	1 month prior to training and Post Training (12-15 months after first administration)	E-2
	Organizational Assessment	Assess environmental elements of the physical worksite, assess aggregate employee participation in programs and community partnership activities	1 month prior to training and Post Training (12-15 months after first administration)	E-3
	Employer Follow-up Survey	Determine to what extent each employer is continuing to implement the healthy worksite elements, what changes have been made, what barriers have been encountered, and what lessons were learned.	11-14 months after training	E-4
	Case Study Interviews with Senior Leadership	Assess extent to which the program met their expectations, challenges to and strategies for successful program implementation, and plans for sustainability	10-12 months after training	E-5
	Case Study Interviews with Employees	Assess expectations for healthy changes, perceptions of changes in the worksite physical and social environment, their own experiences with healthy options and plans for continued healthy behaviors	10-12 months after training	E-6
Trainee Information:				
Trainees Participating in the Work@Health® Program (Hands-on, Online, Blended models)	Trainee KAB Survey	Assess changes in trainees' knowledge, awareness, skill, and behavior related to implementing worksite health programs	1 month prior to training and again 5-8 months post-training	F-1
	Trainee Reaction Surveys	Immediate reactions to training, any change in awareness of worksite health programs	Immediately following completion of training curriculum	F-2 – F-4
	Trainee	Capture how much trainees	Twice post-training: 4-	F-5

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

Instructors/Coaches	Instructor/Coach Group Discussion Guide	Feedback from instructors and coaches related to their perceptions Work@Health® the training, challenges trainees experienced, areas of high and low participation, and suggested improvements.	Shortly after formal training ends and 5-8 months post training	I

Analysis Plan

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

Descriptive Analysis

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

Analysis of Pre and Post Training Assessments

We will examine changes in key outcomes between the time of the baseline and follow-up data collection. These outcomes include employer characteristics (e.g., provide an employer health program, facility is conducive to healthy behaviors, have a written policy regarding tobacco use, staff engagement in healthy offerings) and attitudes (e.g., perceptions of worksite culture). The outcomes will also assess trainees' changes in knowledge, attitude, and behavior (e.g., increase in understanding about the core concepts of worksite health program, implemented or enhanced a worksite health program at their organization). The changes over time and between training methods will be summarized both numerically and graphically. Observed differences within and between time points will be tested for statistical significance with paired t-tests, chi-squared tests, and analysis of variance (ANOVA).

Statistical Modeling

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

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

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

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

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to this certification.

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