

FREQUENTLY ASKED QUESTIONS

THE CDC WORK@HEALTH™ PROGRAM

1. What is the Work@Health™ Program?

Work@Health™ is a comprehensive workplace health training program that will support 600 employers of various sizes, industry sectors, and geographic areas as well as other participants who support employer workplace health efforts such as health departments, business coalitions, and trade associations. The program will help develop a basic skill set and capacity to build or enhance a science-based workplace health program through participation in the training aimed at employers with a basic and intermediate level of knowledge and skill. The program will enroll 540 employers to participate in training through 1 of 3 training models (online, hands-on, and a blend of online and hands-on), and 60 participants (employers and other organizations) that will participate through a train-the-trainer model. The training curricula will be supplemented with additional technical assistance and funding support to assist these participants in establishing effective workplace health programs or training others.

2. What will be the main focus of the Work@Health™ Program?

The Work@Health™ Program will build employer knowledge and skill as well as capacity to implement, grow, and sustain effective workplace health promotion and protection strategies. The ultimate aim of the program is to improve the organizational health of participating employers and certified trainers, with strategies to reduce chronic disease and injury risk to employees and improve overall worker productivity.

3. What are the goals of the Work@Health™ Program?

The program is designed to train employers how to improve the health of their workers and their families through science-based prevention and wellness strategies using interventions that principally address chronic health conditions; specifically, heart disease, stroke, cancer, diabetes, arthritis, and obesity. Work@Health™ is aimed at achieving the following four goals:

- Increase understanding of the training needs of employers and the best way to deliver skill-based training to them.
- Increase employers' level of knowledge and awareness of workplace health program concepts and principles as well as tools and resources to support the design, implementation, and evaluation of effective workplace health strategies and interventions. The training is meant to improve employer skills and capacity for developing or expanding workplace health programs.
- Increase the number of science-based workplace health programs, policies, and practices in place at participating employers' work sites and increase the access and opportunities for employees to participate in them.
- Promote peer-to-peer community-based employer cooperation and mentoring.

4. Who is eligible to participate in the Work@Health™ Program?

The Work@Health™ Program is designed to provide resources, technical assistance, and support to employers of various sizes (particularly small businesses), geographic distribution, and industries. The program is open to employers with 20 or more full-time employees. Employers must have been in operation for at least 1 full year prior to February 1, 2013. In addition, employers must complete the CDC Worksite Health ScoreCard organizational assessment and have Internet connectivity available to its employees for training participation. Employers must sign a participation agreement and identify a senior leadership level individual to serve as signatory authority acting on its behalf.

5. What are the qualifications for the train-the-trainer model?

The Work@Health™ train-the-trainer model is designed to prepare qualified individuals to acquire the knowledge and skills needed to train other employers and organizations through online, hands-on, or blended models to implement the Work@Health™ Curriculum. Each candidate must have a referral from one of the following types of organizations: state or local health department, business coalition, community-based health organization, or nonprofit organization. In addition, participants should have completed the Work@Health™ online, hands-on, or blended training model. As an alternative, participants should be able to demonstrate experience, knowledge, and skills that are substantially equivalent to those expected in the Work@Health™ Curriculum. To qualify, the person should have at least 1 year of successful experience in a leadership role implementing a workplace health or wellness program in a business, agency, or organization.

6. How was the Work@Health™ Program established and how long will it last?

The program was established with funds from the Affordable Care Act's (ACA) Prevention and Public Health Fund and training and technical support will be provided over the course of 12 months to support the implementation of science-based prevention and wellness strategies. Recruitment for participation in the Work@Health™ training program will take place in the fall of 2013, and the program is expected to be rolled out in 2014. The total training hours will be determined by the findings of the pilot testing phase. Work@Health™ will try to balance respect for the employers' time, against the level of detail necessary to deliver the workplace health program information. Follow-up evaluations with employers, focused on the sustainability of their workplace health programs, will continue for an additional 12 months post-training.

7. How is the Work@Health™ Program similar to the National Healthy Worksite Program™ (NHWP)?

The NHWP and Work@Health™ programs are sister initiatives that aim to assist primarily small- and medium-sized U.S. employers to build sustainable workplace health programs that will help improve the health of their employees, especially those at risk of, or with, chronic diseases. These programs are expected to help employers and employees raise their productivity and lower their health care costs. Both programs are built around a comprehensive workplace health approach that targets both the individual employee and the organization as a whole. Both have training components emphasizing teaching employers how to build and sustain their own programs but the NHWP is focusing on direct on-site intensive professional support to employer participants to implement their programs while Work@Health™ will focus on the knowledge transfer and skill building of employers delivered through training, technical assistance peer support to build their own programs. Both also stress community linkages and building partnerships because small employers typically have fewer resources, capacity, and expertise and may benefit from local collaboration. Both provide some financial support and other resources to help participants kick-start these programs.

8. What is the difference between the Work@Health™ Program and the NHWP?

The NHWP is a direct program support initiative. The implementation contractor, Viridian Health Management, hired local directors and coaches to work directly on-site with 104 small (100 or less employees), medium (101–250 employees), and large (251–1,000 employees) employers in 8 U.S. communities to build comprehensive worksite health programs involving a core set of 3–5 program, policy, and environmental support interventions to address the following risk factors: physical activity, nutrition, and tobacco use. The program also involves building employer capacity through leadership engagement, training and infrastructure, and slowly turning the operations of the program over to the employers to manage after 1 year.

Work@Health™ focuses on the training of employers as the means to have workplace health programs, policies, and environmental support interventions adopted by participants. This method of knowledge and skill building allows for broader participation. Work@Health™ will involve 600 U.S. employers and other participants throughout the country, including organizations that work to support employers, such as state and local health departments. Participants will not be expected to implement a complete comprehensive workplace health program during the program but rather focus on putting into place a few key workplace health strategies and interventions while building toward a comprehensive approach in the intervening years. There is no participation restriction on employer size for Work@Health™. The primary target audience of both programs, however, is small employers.

Work@Health™ will be evaluated using the RE-AIM model to determine employers' changes in training knowledge, skill, and capacity; the reach and adoption of the interventions through a pre- and post-assessment of organizational workplace health programs, policies, and practices; the process of implementing them; and how well they are maintained over time. Best practices and models for implementing workplace health training will be part of a comparative evaluation of the different training methods and approaches to see what works best in small employer settings. The effectiveness of train-the-trainer participants in delivering the Comprehensive Workplace Health Curriculum to other employers also will be evaluated.

9. When will the Work@Health™ Program be available to employers?

Work@Health™ will begin with a pilot program consisting of about 70 employers in fall 2013 that will test the 4 training delivery models using the basic comprehensive workplace health training curriculum. The object of the pilot test will be to evaluate the procedures, methods, content, and strategies of the training models to ensure that they will work in practice before applying them on a larger scale. The full-scale training will begin in 2014.

10. Is there a cost to the employers to apply?

No. Employers will not be assessed any fee to participate.

11. How will the Work@Health™ training be delivered?

Work@Health™ offers two training curricula to develop and improve comprehensive workplace health programs in small, medium, and large businesses.

- A Comprehensive Workplace Health curriculum for employers with a basic and intermediate level of knowledge and skill.
- A Train-the-Trainer curriculum to train qualified individuals who can, in turn, train employers to develop and implement the Comprehensive Workplace Health curriculum.

The following three training models will deliver the same Comprehensive Workplace Health curriculum to participating employers:

- **Hands-on Model**—Four regional Work@Health™ workshops will be held. A professional instructor will lead employers through lectures, skill lessons, practical demonstrations, case studies, participant discussions, and a peer learning network aimed at increasing employers' knowledge and skills.
- **Online Model**—Employers will learn independently by completing self-paced training activities on a computer connected to the Internet and a Web-based learning platform. Training activities will include e-learning modules, Webinars, teleconferences, streaming videos, an online coach, and a peer learning network aimed at increasing employers' knowledge and skills.
- **Blended Model**—Four regional Work@Health™ workshops will be held. Training activities will include a combination of hands-on and online learning strategies aimed at increasing employers' knowledge and skills about comprehensive workplace health. Employers will participate in regional workshops with the blended training model and cohorts of employers will be organized. Following the regional workshops, employers will complete training via the online training activities. Each cohort will meet again for a roundtable session to receive continued training and support. Employers also will participate in their cohort's online peer learning network.

A fourth training model will be delivered to qualified employers and individuals referred by workplace health organizations (e.g., state or local health departments, employer membership organizations, business coalitions, trade associations, community-based health organizations, nonprofit organizations). This training model will focus on developing knowledge and skills to enable participants to train employers in the Basic Comprehensive Workplace Health curriculum.

- **Train-the-Trainer Model**—Four regional Work@Health™ workshops will be held for qualified individuals who are interested in becoming trainers for Work@Health™. These individuals will have completed the hands-on model, online model, or blended model or have demonstrated the requisite knowledge and skills present in the Comprehensive Workplace Health Curriculum. A professional instructor will lead online, hands-on, blended, and peer learning training activities to assist participants to acquire the knowledge and skills needed to train other employers in the Comprehensive Workplace Health Curriculum. Participants who demonstrate expected levels of proficiency and successfully trained other employers in the curriculum will be awarded the title of certified trainer and receive a certificate of achievement that recognizes their role and levels of expertise and performance.

12. What is a comprehensive workplace health program that will be the focus of the training?

A comprehensive workplace health program:

- Is a planned, organized, and coordinated set of programs, policies, benefits, and environmental supports designed to meet the health and safety needs of all employees.
- Puts in place interventions that address multiple risk factors (e.g., overweight, poor nutrition, lack of physical activity, tobacco) and health conditions (e.g., diabetes, arthritis, heart disease, stroke) concurrently.
- Recognizes that the interventions and strategies chosen to influence health will require work at multiple levels of the organization including the individual employee and the organization as a whole.

13. What topics will be covered in the Work@Health™ training curricula?

The Comprehensive Work@Health™ Curriculum will be targeted to basic and intermediate levels of knowledge and skills for participating employers. It will be based on a Work@Health™ needs assessment, literature review of programs and best practices, and the results of key informant interviews with employers and experts. The curriculum will reinforce best practices critical to program success, such as leadership support, building a program infrastructure, and communications. In addition, it includes key topics such as primary and secondary prevention activities, incentives, return on investment, and applicable laws and regulations that affect the design and delivery of comprehensive workplace health programs. Participants will be guided through assessing existing resources and programs, planning a suite of interventions to address their specific needs, managing the day-to-day operations of putting into action their wellness program, and ensuring that tools are in place to accurately measure which interventions are effective in changing behavior.

14. Will financial support be available to employer participants?

Yes. Participating employers will receive up to \$5,000 to help implement science-based workplace health program strategies and interventions. These seed funds are not grants. The small workplace health grant program under the Affordable Care Act, Section 10408 is not connected to Work@Health™ or the NHWP. Employer participants will propose a plan for the use of the funding that is consistent with the training curricula and describes appropriate milestones for its successful implementation. The plan will be reviewed and approved by CDC prior to release of funds associated with the milestones. Technical assistance also will be available to participants to aid the implementation of effective workplace health programs, policies, and practices.

15. How will CDC implement and administer the Work@Health™ Program?

CDC awarded two contracts to implement and administer the Work@Health™ Program, and to evaluate its outcomes. ASHLIN Management Group, based in Greenbelt, Maryland, was selected as the implementation contractor and is responsible for the development and pilot testing of the training curricula, outreach and recruitment of employers, and delivery of the Work@Health™ Program to 600 participants including additional technical assistance and funding support. ASHLIN Management Group will be supported by subcontracts with Accenture and Total Solutions Inc., BETAH and Associates, the Health Promotion Council, the Public Health Management Corp., and the National Wellness Institute, under the direction of the CDC.

Research Triangle Institute International (RTI), based in Raleigh, North Carolina, was selected as the evaluation contractor and will be responsible for comparatively evaluating the effectiveness of the comprehensive workplace health training models in reaching and engaging employers; the effect of the training on employer participant learning and self-efficacy in applying knowledge and skills gained through training; and final action taken by employer participants in putting into action evidence-based workplace health programs, policies, practices, and strategies.

16. How were the contractors selected?

The selections were made through a competitive process involving an experienced technical evaluation panel that reviewed, scored, and ranked all proposals received. The implementation contractor, ASHLIN Management Group was selected because it demonstrated the expertise and capacity to bring together the right team of experts to design the training curricula and delivery systems and to implement the training across the United States. The evaluation contractor, Research Triangle Institute, was selected because of its evaluation capacity and expertise in conducting similar evaluations in terms of scope and complexity.

17. What is the cost of the project and how will the funds be used?

The total cost of the project is \$8 million, with the funds coming from the fiscal year 2012 Prevention and Public Health Fund. Funds will be used to support the training of selected employers and assist them in implementing high quality and sustainable workplace health program strategies. National evaluation funds will be used to gather quantitative and qualitative data using the RE-AIM framework to assess the comparative effectiveness of the training models.

18. What is CDC's involvement in administration or oversight of the Work@Health™ Program now that the contracts have been awarded?

CDC will review and monitor the contractor's performance and progress toward meeting the goals and objectives of the program through regular communications with the contractors, providing technical assistance and support related to protocols and procedures, conducting site visits, and quality assurance. CDC also will provide subject matter expertise to the curricula development and provide linkages to community resources.

19. How will CDC determine whether the Work@Health™ Program has succeeded?

If the following outcomes have been achieved by the end of the contract period of 1 year, the program will be considered successful:

- CDC has a better understanding of the training needs of employers and the most effective ways to reach employers and deliver skills-based training.
- The knowledge and skills of employers interested in building or expanding workplace health programs have been advanced through a variety of skill-based training opportunities and models.
- Employers participating in the trainings have raised their level of knowledge and awareness of workplace health program concepts and principles, as well as tools and resources, including existing CDC programs.
- Employers participating in the trainings have implemented strategies that support workplace health.
- Employers participating in the trainings have increased the number of science-based workplace health programs, policies and practices in place at their respective worksites and increased the access and opportunity of their employees to participate in them.

20. How will the Work@Health™ Program be evaluated?

Under a separate CDC contract, RTI will coordinate and administer an evaluation of the overall program. The evaluation will capture best practices and models for implementing workplace health training, and will include a comparative evaluation of the different training methods and approaches to see what works best in small employer settings.

21. What type of information will the evaluation provide and how will RTI conduct the evaluation (e.g., self-reported from the companies)?

A mix of qualitative and quantitative information will be collected to evaluate the program. A pre- and post-assessment of organizational workplace health programs, policies, and practices will be collected by the contractor staff. The RE-AIM model will be applied to the evaluation to determine the changes in knowledge, skill, and capacity of the employers; the reach and adoption of the interventions; the process of implementing them; and how well they are maintained over time.

The effectiveness of the trainings will be measured by the impact of the program on employer knowledge, attitudes, and behavior of science-based workplace health practices.

A central part of the evaluation will comparatively evaluate each of the training models to see which works best for long-term sustainability of the program.