1. What is the Work@Health® Program?

Work@Health® is a comprehensive workplace health training program that is supporting more than 300 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 is helping to develop a basic skill set and capacity to build or enhance a science-based workplace health program through participation in the training. The program is aimed at employers with a basic/intermediate level of knowledge and skill. It enrolled more than 200 employers to participate in training through one of three training models (online, hands-on, and a blend of online and hands-on), and more than 100 participants (employers and other organizations) to participate through a train-the-trainer model. The training curricula is being supplemented with additional technical assistance and funding support to assist these participants in establishing effective workplace health programs or training others.

2. What is 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 an emphasis on strategies to reduce the risk of chronic disease and injury to employees, with an eye to improving 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 three 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’ worksites and increase the access and opportunities for employees to participate in them.
- Promote peer-to-peer community-based employer cooperation and mentoring.

4. Who was 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 was open to employers with 20 or more full-time employees. Employers must have been in operation for at least one full year prior to February 1, 2013. In addition, employers must have completed the CDC Worksite Health ScoreCard organizational assessment, and have had internet connectivity available to its employees for training participation. Employers were required to sign a participation agreement and identify a senior leadership level individual to serve as signatory authority acting on its behalf.
5. What were 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 was required to submit a referral from one of the following types of organizations: state or local health department, business coalition, community-based health organization, or non-profit organization. In addition, participants had to have completed the Work@Health® online, hands-on, or blended training model. As an alternative, participants had to be able to demonstrate experience, knowledge and skills that were substantially equivalent to those expected in the Work@Health® curriculum. To qualify, the applicant had to have at least one-year of successful experience in a leadership role implementing a workplace health/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. Training and technical support was 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 took place in the fall of 2013, and the program was rolled out in 2014. The total number of training hours required was determined by the findings of a pilot-testing phase. Work@Health® has worked 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 6 months after 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 aimed to assist primarily small and medium-sized U.S. employers to build sustainable workplace health programs that would help improve the health of their employees, especially those with, or at risk of chronic diseases, such as heart disease, stroke, diabetes, arthritis, cancer and/or obesity. These programs aimed to help employers and employees raise their productivity and lower their healthcare costs. Both programs were built around a comprehensive workplace health approach that targets both the individual employee and the
organization as a whole. Both had training components that emphasized teaching employers how to build and sustain their own programs, but the NHWP focused on direct, intensive onsite professional support to participants to help them implement their programs. Work@Health® has focused on transferring knowledge and building skills of employers, through training, technical assistance, and peer support, to build their own programs. Both programs also have stressed community linkages and building partnerships, because small employers typically have fewer resources, capacity, and expertise, and may benefit from local collaboration.

8. What is the difference between the Work@Health® Program and the NHWP?
The NHWP was a direct program-support initiative. The implementation contractor hired local directors and coaches to work directly onsite with small (fewer than 100 employees), medium (101-250 employees), and large (251-1,000 employees) employers in eight U.S. communities to help them 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 inactivity, nutrition, and tobacco use. The program also involved building employer capacity through leadership engagement, training and infrastructure, and slowly turning the operations of the program over to the employers to manage after one year.

The Work@Health® program has focused on the training of employers as a means to convince participants to adopt workplace health programs, policies, and environmental support interventions. This method of knowledge transfer and skill building allows for broader participation, and Work@Health® has involved more than 300 employers and other participants throughout the U.S. states, territories and the District of Columbia, including organizations that work to support employers, such as state and local health departments. Participants were not 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 was no restriction on employer size for Work@Health® participation. The primary target audience of both programs, however, was small employers.

Work@Health® is being evaluated using the RE-AIM model (http://www.re-aim.org/) to determine employers’ changes in training knowledge, skill and capacity; the reach and adoption of interventions
through a pre- and post-assessments 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 are 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 is also being evaluated.

9. When was the Work@Health® Program made available to employers?
Work@Health® began with a pilot program consisting of about 40 employers in fall 2013 that tested the four 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 began in 2014.

10. Was there a cost to the employers to apply?
No. Employers were not charged any fee to participate.

11. How was the Work@Health® training been delivered?
Work@Health® has offered two training curricula for developing and improving comprehensive workplace health programs in small, medium, and large businesses.

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

The following three training models delivered to participating employers used the same Comprehensive Workplace Health Curriculum:

- **Hands-on Model** - Six regional Work@Health® workshops were held. A professional instructor led 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 learned independently by completing self-paced training activities on a computer connected to the Internet and a web-based learning platform. Training activities included 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 were held. Training activities have included a combination of hands-on and online learning strategies aimed at increasing employers’ knowledge and skills about comprehensive workplace health. Employers participated in these regional workshops with the blended training model and cohorts of employers were organized. Following the regional workshops, employers completed training via the online training activities. Then, each cohort met again for a roundtable session to receive continued training and support. Employers also participated in their cohort’s online peer learning network.

A fourth training model was 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, and non-profit organizations). This training model has focused on the development of 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 were held for qualified individuals who were interested in becoming trainers for **Work@Health®**. These applicants were required to have completed the hands-on model, online model, or blended model, or to have demonstrated the requisite knowledge and skills present in the Comprehensive Workplace Health Curriculum. A professional instructor led online, hands-on, blended, and peer-learning training activities to help participants acquire the knowledge and skills needed to train other employers in the Comprehensive Workplace Health Curriculum. Participants who demonstrated expected levels of proficiency and successfully trained other employers in the curriculum were awarded the title Certified Trainer and received a certificate of achievement that recognizes their role and levels of expertise and performance.
12. What is a comprehensive workplace health program, which 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., excess weight, poor nutrition, physical inactivity, and tobacco use) and health conditions (e.g., diabetes, arthritis, heart disease and stroke) concurrently, and;
- Recognizes that the interventions and strategies chosen to influence health require work at multiple levels of the organization, including the individual employee and the organization as a whole.

13. What topics were covered in the Work@Health® training curriculum?

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

14. Was financial support available to employer participants?

Yes. Participating employers were eligible to 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 National Healthy Worksite Program (NHWP). Employer participants proposed a plan for the use of the funding that was consistent with the training curricula and describes appropriate milestones for its successful implementation. The plan was reviewed and approved by CDC prior to
release of funds associated with the milestones. Technical assistance also has been available to participants to aid the implementation of effective workplace health programs, policies, and practices.

15. How is CDC implementing and administering 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 has been responsible for the development and pilot testing of the training curricula, outreach and recruitment of employers, and delivery of the Work@Health® Program to more than 300 participants, including additional technical assistance and funding support. ASHLIN Management Group has been supported by sub-contracts with Accenture and Total Solutions Inc., BETAH and Associates, the Health Promotion Council and 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 impact of the training on employer participant learning and self-efficacy in applying knowledge and skills gained through training; and resultant action taken by employer participants in implementing 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 evaluations similar in terms of scope and complexity.

17. What is the cost of the project and how are the funds being 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 are being used to support the training of selected employers and assist them in implementing high quality and sustainable workplace health program strategies. National evaluation funds are being used to gather quantitative and qualitative data using the RE-AIM framework to assess the comparative effectiveness of the training models. For more information about the RE-AIM framework, please visit http://www.re-aim.org/.

18. What has been CDC's involvement in administration or oversight of the Work@Health® Program since the contracts were awarded?
CDC has been reviewing and monitoring the contractors' 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 has provided subject matter expertise to the curricula development and 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 one 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?**

Research Triangle Institute (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, etc.)?**

A mix of qualitative and quantitative information is being collected to evaluate the program, and pre- and post-assessments of organizational workplace health programs, policies, and practices are being collected by the RTI staff. The RE-AIM model ([http://www.re-aim.org/](http://www.re-aim.org/)) 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.