Supporting Statement for Wellness Program Study:
Assessing the Impact of Workplace Health and Wellness Programs

Version: December 20, 2011

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A. Justification

A.1. Circumstances Making the Collection of Information Necessary

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is requesting approval from the Office of Management and Budget (OMB) to conduct a survey of employers at the national level and a series of four descriptive case studies of organizations to learn about health and wellness programs provided to employees in a range of organizations. This project provides an opportunity to gather information from employers about the prevalence, type, and effectiveness of wellness programs, as well as the use and impact of wellness-program-related incentives. This project has been jointly funded by ASPE and the Department of Labor (DOL). DOL has contracted with the RAND Corporation, a non-profit research institute, to conduct a study of work place wellness. The information gathered from this study will be used to develop a report to Congress. The report will provide insights into the potential impact of workplace wellness programs on health-related behaviors (such as smoking and exercise) and health risk factors (such as obesity and high cholesterol) and employer perceived effectiveness to reduce cost of medical care and cost of health coverage, as a step toward meeting the requirements specified in Section 1201 of the Patient Protection and Affordable Care Act (Affordable Care Act). The report will also summarize available knowledge regarding the impact of incentives on program participation and health risk factors, based on the following four activities:

- **Review the literature** to identify the prevalence and key components of wellness programs, the use of employee incentives, the effectiveness of wellness programs, and return on investment
- Conduct a **survey of 3000 employers** from the public and private sectors, including federal and state agencies to assess prevalence and type of wellness programs as well as information on use and perceived effect of incentives
- Perform **secondary data analysis** of medical claims data and wellness program data from a sample of employers to assess the effects of wellness programs. Those data will be provided to RAND through an ongoing collaboration with the Care Continuum Alliance (CCA), the trade organization of the health and wellness management industry
- Carry out four **case studies**, during which RAND will conduct key informant interviews and employee focus groups to assess impact and effectiveness of their wellness programs through explicit examples and personal experiences

As a part of this study, HHS seeks authorization to collect primary data through a national survey on employee wellness program offerings and the use of employee incentives; and through four case studies to describe lessons learned from explicit examples and personal experiences. Primary data collection is necessary, because sufficiently detailed data reflecting the current state of employer wellness programs are not readily available.

This collection of data is authorized by Section 1201 of the Patient Protection and Affordable Care Act (42 U.S.C. 18001). A copy of this legislation can be found in Attachment I.

Table 1 illustrates how the different data sources will be combined to answer the research questions put forward in this project.

Table 1. Data Sources for Addressing Research Questions

RESEARCH QUESTION	DATA SOURCE
• What types of wellness programs are currently offered? o What is the prevalence of any program use?	Literature review Employer survey

○ How are programs configured, i.e., how common are different types of interventions (e.g., personal coaching) and targets (e.g., smoking, exercise) of programs? ○ What are the main foci of wellness programs? ○ How do program offerings vary by sector, industry, employer size, workforce, region and type of insurance coverage?	
• What are commonly accepted components of a wellness program? ○ What are the boundaries of a wellness program, i.e., is it confined to health promotion and primary prevention or would it extend to secondary prevention activities? ○ Should occupational medicine or employee assistance programs be excluded? ○ What is the type and size of incentives offered for participation in wellness programs? How are incentives used?	Literature review Employer survey
• What evidence is available regarding effectiveness (perceived or actual) of wellness programs in promoting health and preventing disease? ○ What impact do wellness programs have on participant health behavior and health outcomes? ○ How do program effects vary by industry, region, employer size, and workforce characteristics? ○ How long does it take for program effects to materialize?	Literature review CCA database Case studies
• What evidence is available on the impact of wellness programs on affordability of coverage and access to care for participants versus non-participants in wellness programs? ○ What is the impact of wellness programs on affordability of coverage? • What is the effect of wellness programs on medical costs and utilization and how much variation in effect is observed across industry and workforce?	Literature review CCA database Case studies
• What evidence is available on the impact do different types of employee rewards or incentives, premium-based and cost-sharing incentives in particular, have on program participation and health behavior? ○ Are employees more or less likely to participate in wellness programs because of incentives? ○ Do incentives affect participant health behavior? ○ Do these effects differ by sector, industry, employer size, workforce, and region? ○ What is the role of such programs in changing behavior?	Literature review Employer survey CCA database Case studies
• What, if any, adverse effects do employee incentives have? ○ Do employee incentives associated with healthcare benefits have any unintended effects? ○ Are there any unintended consequences negatively affecting particularly vulnerable groups of employees?	Literature review Case studies

A.2. Purpose and Use of Information Collection

This data collection will be used to describe the existing use of wellness programs, including incentives provided to employees, perceived impact of the programs on health-related behaviors (such as smoking and exercise) and health risk factors (such as obesity and high cholesterol) and their effectiveness to reduce cost of medical care and cost of health coverage; the use and impact of incentives on program uptake and program impact; and to understand operational considerations for programs in a variety of workplace settings.

Specifically, the employer survey will contribute to the overall project in several ways. First, it will identify the types of wellness programs that are currently offered (Attachment V questions A1-A6) and to what degree the programs are using incentives for engagement (Attachment V questions A7-A9, sections D and E) by employers. Second, combined with the literature review, the survey results will be used to define commonly accepted components of a wellness program (Attachment V sections B , C, F and G). In addition, the employer survey will be used to obtain employer-reported data on the impact of wellness programs on cost of healthcare coverage (estimated costs and savings in Attachment V questions H3-H6).

The case studies will collect information that can be used to better explain the impact and effectiveness of wellness programs by using the examples from organizations who have instituted a wellness program. The case studies will illustrate personal experiences of people who operate or participate in these programs, which will help us answer the following research questions.

- What is the perceived impact of different types of employee incentives, premium-based and cost-sharing incentives in particular, on program participation and health-related behavior?
- What is the perceived impact of wellness programs on affordability of coverage and access to care for program participants versus non-participants?

- What is the perceived impact of wellness programs on health-related behaviors (such as smoking and exercise) and health risk factors (such as obesity and high cholesterol?

The employer survey and the case study results, combined with findings from the literature review and analysis of the CCA data, will be used to develop a final report to Congress on the effectiveness and impact of wellness programs as specified in section 1201 of the Patient Protection and Affordable Care Act.

A.3. Use of Improved Information Technology and Burden Reduction

The employer survey will utilize a web-based instrument for data collection. The web-survey will be formatted to be easy to read and navigate. The web-based system will also include an option to print a PDF version of the survey so that respondents may complete the survey where and when it is most convenient. Completed PDF versions of the survey can then be returned by mail or fax. The web-based survey is estimated to take no more than 30 minutes to complete, including the time it may take respondents to look-up and retrieve needed information.

A Computer Assisted Telephone Interviewing (CATI) system will be used for pre-calls and prompting calls. The CATI will include a call management and case delivery program that allows for multiple phone numbers. The case delivery programs employ study specific prioritization algorithms to route cases to individual interviewers throughout data collection to assure that cases are contacted efficiently.

In addition, a Records Management System (RMS) will be used to manage the survey sample, document interim and final case status codes, and generate progress reports. The RMS will track case status in all modes and will document the actions and outcomes for each and every case in the sample, for all phases of activity. The centralization of record management across survey modes provides for integrated reporting and control over production.

A.4. Efforts to Identify Duplication and Use of Similar Information

No recent suitable national data are available and no ongoing similar data collection is being conducted, according to the knowledge of the project team. RAND has done an extensive literature search, including

peer-reviewed publications as well as the grey literature such as trade publications, reports or analyses from academic institutions, private companies, private foundations, and government agencies. The search did find a 2004 National Worksite Health Promotion Survey among employers. The data are not appropriate for the project because they are outdated, given the rapid development in employer wellness programs in recent years. In addition, the survey has a narrower focus on worksite health promotion activities. The 2010 Kaiser/HRET Employer Health Benefits Survey provides more recent data, but it mainly focuses on health insurance coverage, with only a handful of questions about wellness programs. Thus the information from the Kaiser/HRET survey on wellness programs is rather limited. The project team found a number of reports or analyses from private consulting companies and membership organizations. These reports, however, may provide inaccurate or non-generalizable conclusions, because of the use of convenience samples of current and/or prospective clients and members rather than a nationally representative sample. In addition, no rigorously designed case studies on employer wellness programs have been published since the Affordable Care Act was enacted. The project team also consulted several experts in other DHHS agencies and did not find any ongoing duplicate data collection efforts.

A.5. Impact on Small Businesses or Other Small Entities

The surveys will have minimal impact on small entities, as only one individual per organization will be asked to complete the survey. Further, completion of the survey will require minimal time out of respondents' work days to complete (approximately 30 minutes to complete, including the time it may take respondents to look-up and retrieve needed information).

A.6. Consequences of Not Collecting the Information or Less Frequent Collection

The Employer Survey and Case Studies will be a one-time data collection effort. In the absence of this data collection, we will not be able to assess the effectiveness and impact of workplace wellness programs for the report to Congress as specified in Section 1201 of the Patient Protection and Affordable Care Act.

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

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d)(2). No special circumstances apply.

A.8. Comments in Response to the Federal Register Notice/Outside Consultation

The notice required in 5 CFR 1320.8(d) was published in the Federal Register on March 28, 2011, page 17130 (Attachment II). The required notice of OMB review will be published in the Federal Register concurrently with the submission of this document. For Federal Register information, see the Office of the Secretary Certification Form.

The RAND Corporation project team and advisors were consulted on this project. A list of these persons is provided below (full contact details for these individuals can be found in Section B.5 of this document):

RAND Corporation:
- Soeren Mattke, MD DSc
- Christine Eibner, PhD
- Hangsheng Liu, PhD

Department of Health and Human Services, ASPE:
- Wilma M. Tilson, PhD MPH

Department of Labor
Anja Decressin, PhD
Keith Bergstresser, PhD
Elaine Zimmerman, PhD

Two sets of comments were received by OMB during the 60-day notice period: from the ERISA Industry Committee (ERIC) and the American Heart Association (AHA). Our responses to public comments as well as other changes are summarized as below.

Changes to the employer survey instrument made in response to comments received.
Per AHA's suggestion, we have revised the instrument by distinguishing incentives for participation from those for achieving health outcomes, especially for programs related to lifestyle and risk factors. In addition, we removed the distinction between incentives offered by an employer from those offered through a health plans in all sections except Section D, which will address the specific question on outcome-based incentives under group health coverage. In doing so, we have significantly simplified the survey and the respondent burden will be greatly reduced. Finally, we have made a number of minor changes based on the comments from ERIC and AHA. For example, we added "other" as a response option for Questions A4, C2, H2, and H6. In addition, we now explicitly exclude dental or vision plans in Question D7; we have rephrased program "uptake" as program "participation"; and we have simplified Question D4.
Based on the cognitive testing of the survey instrument, the previous version of the employer survey took longer than the anticipated 30 minutes to complete. We therefore removed several questions and streamlined the question flow to make sure the instrument complies with the pre-specified respondent burden in the 60-day notice.

Comments received that we were unable to accommodate through changes to the employer survey instrument.
Both ERIC and AHA voiced concerns about addressing potential unintended consequences of incentives in the survey. ERIC suggested that mentioning unintended consequences used in wellness programs in the supporting statement may introduce bias into the study, and we have removed this reference accordingly. AHA recommended an employee survey to measure possible unintended consequences. We agree that the potential of unintended effects of incentives for wellness programs is an important issue, however this activity is beyond the scope of the project.
In addition, both organizations raised concerns about the case study approach, because it would not include a representative sample of employers. We recommend no changes to the case study approach, because the purpose of the case studies is to provide in-depth information about wellness programs and incentives used and it does not necessarily represent a random sample of the employer population.
Furthermore, AHA suggested that we use "cost differential" rather than separate incentives from penalties. We will, however, continue to make this distinction between incentives and penalties, because the impact of incentives may be different from that of penalties, as people may perceive a loss differently from a gain even for the same amounts. While AHA recommended inquiring about programs or incentives for family members, we do ask about access to programs for dependent but could not add detailed questions on rewards since this would significantly increase the survey length and respondent burden.

A.9. Explanation of any Payment/Gift to Respondents
There will be no payments or gifts to respondents of this survey.

A.10. Assurance of Confidentiality Provided to Respondents

Data will be treated in a confidential manner, unless otherwise compelled by law. Personal identification information (i.e., respondent names) will not be collected in the survey instrument and the unit of sampling is the organization, not the individual. Although the individual will be asked to report his/her position and organization name, this information will be used solely by RAND to categorize and summarize types of respondents for comparison purposes during the analysis phase of the project. Specific information linking organization name and the respondent's job title to particular survey responses will not be included in any information viewed by ASPE, DOL or any other Federal officials. Further, the study's briefs and report will not identify any specific organizations. Respondents will be informed in the survey's cover letter that members of the federal government will not view specific information on respondents. All potentially identifying information will be carefully secured so that there can be no breach of confidentiality.

A.11. Justification for Sensitive Questions

Neither the employer survey nor focus groups or key informant interviews include any questions of a sensitive or personal nature. Respondents to the employer survey, focus groups, or semi-structured interviews will be asked to provide information on employer background, health insurance offered, wellness program offerings, employee incentives used to encourage program participation, perceived benefits, program effectiveness, program costs, challenges encountered, and suggestions for program improvement. The questions are not designed to solicit personal information from the respondent other than their role in the organization

A.12. Estimates of Annualized Hour and Cost Burden

A.12.a. Estimated Annualized Burden Hours

In Exhibit 1 and 2, we provide estimates of the collection burden on study participants. Survey participants will participate in data collection one time only, responding via a web-based survey. Four site visits will be conducted and study participants will participate in a one-time key informant interview (5 participants at each site) or focus group (12 participants at each site) conducted in person by RAND. Hour burden estimates have been verified during the pilot/pretesting of the instrument protocol.

EXHIBIT 1. ESTIMATE OF ANNUALIZED TIME BURDEN TO RESPONDENTS

Type of Respondent	Number of Respondents	Number of Responses Per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Human Resource Manager (Survey)	3,000	1	3000	0.5	1,500
Employees in All Occupations (Focus Groups)	48	1	48	1.5	72
Human Resource Manager (Key Informant Interviews)	20	1	20	0.75	15
Total					1,587

EXHIBIT 2. ESTIMATE OF ANNUALIZED COST BURDEN TO RESPONDENTS

Type of Respondents	Number of respondents	Total burden hours	Average hourly wage rate[(1)]	Total cost burden
Human Resource Manager (Survey)	3,000	1,500	$48.94	$73,410
Employees in All Occupations (Focus Groups)	48	72	$20.90	$1,505
Human Resource Manager (Key Informant Interviews)	20	15	$48.94	$734
Total		1,587		$75,649

(1) Average hourly wage was derived from the Bureau of Labor and Statistics Occupational Employment Statistics (OES) survey for May 2009. The employer survey and key informant interviews will be conducted with company representatives who are likely to be able to provide information on the company's wellness programs. Therefore, the average hourly rate for employer survey respondents and key informants is derived from the mean hourly wages of Compensation and Benefits Managers (Occupation Group 11-3041) and Human Resources Managers (Occupation Group 11-3049). The focus groups will include a balanced representation of employee types, including representation by job classification. Therefore, the mean hourly rate for all occupations (00–0000) estimates the cost of time for the employees for the focus groups. (Average hourly rates available at http://www.bls.gov/oes/current/oes_nat.htm; Accessed as of March 9th, 2011)

A.13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

Data collection for this study will not result in any additional capital, start-up, maintenance, or purchase costs to respondents or record keepers.

A.14. Annualized Cost to Federal Government

ASPE and DOL are supporting the conduct of this data collection and analysis of data as part of the contract with the RAND Corporation. The estimated cost for this work including design, fieldwork, and analysis will be $400,000 over 18 months ($266,667 per year). In addition, a portion of the costs are for personnel costs of several Federal employees involved in the oversight and analysis of information collection, amounting to an annualized cost of $11,700 for Federal labor. The total annualized cost for the assessment is therefore the sum of the annual contracted data collection cost ($266,667) and the annual Federal labor cost ($11,700), or a total of $278,367.

A.15. Explanation for Program Changes or Adjustments

This is a new data collection.

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

A.16.a. Tabulation Plans

The survey will provide a snapshot of the current state of employer-based wellness programs, and thus the analysis will be cross-sectional. For the analysis, RAND will first describe the survey sample, response rate, and type of employers by sector, industry, size, and region. Then, RAND will describe program offer rate, program components, type and size of incentives, insurance coverage patterns, program participation, program costs, and employer perceived program or incentive effectiveness. All descriptive

analyses will be stratified by sector, industry, employment size, and region. Figures for key variables will be generated as needed.

Based on the range and frequency of program offerings and whether programs are associated with incentives, RAND will define the scope of a wellness program for the purposes of the study. This definition will also be used for the quantitative and qualitative analysis of this project. If resources available, different definitions may be used to check the robustness of the key effectiveness measures such as the impacts of wellness program on health-related behavior change and health outcomes.

Multivariate analysis will be performed to explore the employee and employer factors that predict the probability of an employer offering a program. The models will also be used to assess the perceived impact of incentives, provided that a sufficiently large number of firms in the sample offer incentives.

The contractor does not anticipate doing quantitative analysis with the information gleaned from the case study visits. Rather, this information will be summarized in narrative form, and used to supplement the quantitative information derived from the employer surveys.

A.16.b. Publication Plans

The analysis of data from this assessment will be used to develop a final report to Congress on the effectiveness and impact of wellness programs as specified in section 1201 of the Patient Protection and Affordable Care Act. A draft report will be completed by 12/6/2012, and the final report will be completed by 12/27/2012. A more detailed technical report to ASPE and EBSA will be drafted by 10/25/2012 and completed by 11/15/2012. In addition, the results of the study may be submitted for publication in research journals and other types of reports.

A.16.c. Project Time Schedule

The timeline for the project, including the data collection detailed in this request for OMB approval is shown below. The timeline calls for design and planning activities in fall 2010 through spring 2011, data collection between summer and fall 2011, and analysis and report writing in 2012.

Task/Activity	**Deliverable**	**Due Date**
OMB Clearance	Submit OMB Package	April 2011
Survey Data Collection	Survey	Starts 2 months after OMB approval Ends 6 months after approval
Case Study Data Collection	Case Studies	Starts 1 months after OMB approval Ends 6 months after approval
Analysis	Survey Analysis Case Studies Analysis Site Visit Reports	Starts 5 months after OMB approval Starts 6 months after OMB approval Starts 6 months after OMB approval
Final Report and Report to Congress	Final Report Draft Report Final Report Report To Congress Draft Report Final Report	Completed 15 months after OMB approval Completed16 months after OMB approval Completed 16 months after OMB approval Completed 17 months after OMB approval

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

ASPE and EBSA do not seek this exemption.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

B. Collection of Information Employing Statistical Methods

B.1. Respondent universe and sampling methods

This study will collect information through case studies and an employer survey. The respondent universe and sampling methods are described below.

B.1.a Case study sampling approach

Because there is no nationally representative database of employer wellness programs, case study candidates will be identified based on published information and expert referral. The experts will include academics, benefit consultants, managers of wellness program vendors, and government officials. The case study will focus attention on companies with at least 100 workers but fewer than 50,000 workers, as substantial information on wellness programs implemented by large, Fortune 500 companies has already been published. It is also of limited use to interview firms with fewer than 100 workers, since our assessment shows that few of these firms offer comprehensive wellness programs.

The contractor will select the four cases to maximize the informational yield of this study component by focusing on employers that are so far underrepresented in the published literature. The contractor will use the following primary selection criteria to identify four organizations:

- At least one smaller employer, i.e., between 100 and 1000 employees
- At least one employer that relies strongly on incentives to promote wellness program participation and behavior change. If possible, the contractor will select an organization that uses rewards tied to achievement of health-related standards that are close to the currently allowed limit.
- At least one state or local government employer; and
- At least one employer that built its own wellness program (as opposed to purchasing a program from a vendor)

The four characteristics listed above will be considered primary selection criteria for the case study selection process. In addition, an attempt will be made to include organizations representing different industries, geographic regions, and worker risk profiles, and wellness programs that have had varying degrees of success. These characteristics will be considered secondary selection criteria. In total, eight case study candidates will be selected; four preferred sites and four "back-up" sites.

To select case study sites and identify back-up cases, we will use the following multi-step process.

First, we will randomly select sites that fulfill the two primary selection criteria that are the least common (an organization with its own wellness program and an organization with a wellness program that uses incentives for health status attainment).

Then, in selecting sites that fulfill the remaining primary criteria (small organization and state/local government employer), we will ensure that only 1 government/state employer is selected and prioritize sites that help us achieve representativeness on the secondary selection criteria (e.g. geographic diversity, representativeness across industry).

B.1.b Employer survey universe and sampling methods

The Dun and Bradstreet data (D&B), considered as the universe of government agencies and private companies, will be used to draw a stratified random sample of employers. Currently, the D&B database has records on 72.4 million businesses and government agencies. The contractor will draw a nationally representative sample of employers, stratified by industry and employer size (i.e. number of employees), which are the two key factors that drive the variation in offering a wellness program.

B.1.c. Statistical methodology for employer survey stratification and sample selection

Stratification. We conducted several interviews with several experts, representing government officials, academic and non-academic researchers, benefits consultants and program operators, to inform survey design and sampling strategy. According to those experts, industry and employer size are the key company characteristics that determine the type and scope of wellness program offerings.

We use the four North American Industry Classification System (NAICS) industry categories, as a standard categorization scheme, to classify organizations into four industry groups. Category 1 (agriculture, mining, utilities, construction, and manufacturing) and Category 2 (wholesale trade, retail trade, transportation and warehousing) both include blue-collar industries, but Category 1 is characterized by strenuous manual labor to a greater extent than Category 2, implying a different workforce composition and different health risks. Category 3 (information and services) and Category 4 (governments) predominantly consist of white-collar workers, but the constraints and opportunities to offer wellness programs differ in the public and private sectors, as private sector companies tend to have greater flexibility in what benefits they can offer.

We will categorize firm size by number of employees and form five categories that our experts stated would reflect differences in how organizations will approach workplace wellness:

- >=50 and <=100 workers
- >100 and <=1000 workers
- >1000 and <=10,000 workers
- >10,000 and <50,000 workers
- >50,000 workers

Based on expert interviews, we excluded employers with 50 or fewer workers, because the Affordable Care Act exempts them from penalties if they do not offer health insurance coverage and most states consider them part of the small group market. Moreover, use of wellness programs tends to be lower and customization of programs rare among these employers. While the same holds true for firms with 50-100 employees, they are subject to different regulations, as they are guaranteed to be able to offer health insurance coverage on the newly created health insurance exchanges by 2016. Firms with 100-1,000 staff begin to offer wellness programs to a greater extent, but typically rely on solutions offered by their health insurance carriers. Firms between 1,000 and 10,000 have the scale to customize wellness programs with respect to program scope, content and strategies to increase enrollment. Above 1,000 staff, companies also begin to self-insure. Very large employers with more than 10,000 workers are in a position to develop their own programs and participation strategies, with the most sophisticated and mature programs seen in firms with more than 50,000 staff.

Based on our stratification strategies, there are four industry categories and five categories for firm size, yielding a total of 20 sampling strata. For the final presentation of the results, we will show both the aggregate results (e.g., national level results) and those by strata. All the results will be weighted by the sampling weights described below (see Section B.3).

Sample size calculation. We conducted a sample size calculation to ensure that we measure the prevalence of wellness program offering accurately. Our target is to measure the prevalence with a margin of error less than 5 percentage points. Our calculation shows that a sample of 3,000 employers will enable us to estimate the national prevalence of wellness program offering with a margin of error of 5 percentage points. In addition, our sample size calculation was based on a conservative response rate of 35%, but we will try to achieve as high a survey response rate as possible.

B.2. Procedures for the Collection of Information

B.2.a. Procedures for Employer Case Studies (Employee Focus Groups and Key Informant Semi-structured Interviews)

The contractor will initially contact candidate companies by telephone and/or email. Once sites are recruited, a primary contact at each site will be identified. The organizational representative will be asked to help with key informant and focus group recruitment. The key informants will be a convenience sample that represents the different functions that are involved in decisions about program strategy, implementation, operation and evaluation at a given case study site. As the types of individuals involved in those decisions will differ by company, we have to select key informants case-by-case based on the input of our primary contact. We expect to include benefits managers, human resource representatives, program staff, accountants, worker representatives and senior executives. We will ask whether benefits consultants or program vendor representatives could be made available for interviews, if applicable. The contractor will provide the text for the recruitment emails, which will give an explanation of the project and the expected commitment for participants, emphasize that participation is voluntary and that data will be treated confidentially. The contractor will ask the organizational contact to send emails to those employees who they think would provide valuable input and be interested in participating in this study. We anticipate that individuals responsible for managing the workplace wellness program and HR representatives will be invited to participate as key informants, whereas employees who are participating in a wellness program will be invited to participate in a focus group. We will conduct interviews with 5 key informants per employer, and we will conduct focus groups with 12 participants per employer. The contractor will work closely with the organizational contact to ensure diversity among focus group participants in terms of their sex, age, and job classification. If the organizational representative prefers not to help with the recruitment, the contractor will request employee rosters with data on sex, age, and job classification so that they can email employees directly.

Once the participants for interviews and focus groups are identified, the contractor will schedule and conduct 2-day visits to the employer sites to complete the employee focus groups and key informant interviews. Focus groups will be conducted during the site visit. For key informant interviews, follow-up phone interviews may be conducted with informants who are not available during the visit.

B.2.b. Procedures for Employer Survey

The mode of data collection will primarily be a web-based survey, but the contractor will mail paper versions upon request. The contractor will also make a paper-based questionnaire in PDF form available for download on the website, and conduct one mailing of a paper survey to non-responders. The survey questions were revised based on cognitive interviews and a pilot survey.

The contractor will first use the Dunn & Bradstreet database to identify a company representative who is likely to be able to respond to the web-based survey (e.g., benefits manager or human resource representative). The contractor will make pre-calls to the sampled employers without such listings. Pre-calls will be made by telephone interviewers utilizing a Computer Assisted Telephone Interviewing (CATI) system. During pre-calls, if possible, the contractor will check if an employer has health insurance and/or a wellness program. Both the CATI system and web-based survey will be tested to ensure that the logical flow is correct and that the data are being recorded correctly.

Once an employer contact is identified, the contractor will send that contact an initial invitation by email. If no email address is available, a letter will be sent with the link and password for completing the web-based survey. A reminder letter/email will be sent to non-responders three weeks after the initial

invitation. Approximately three weeks after the reminder letter/email is sent, if the employer has not completed the web-based sample and has not already been removed from the sample (e.g. refusal), a paper survey will be sent to the contact. For those employers that have been identified as not having a program, the contractor will send them an abridged survey instrument instead of a complete questionnaire. Telephone prompting calls will be made to selected employers who have not completed the survey, with a special focus on the strata that have a relatively large proportion of non-respondents.

B.3. Methods to Maximize Response Rates and Deal with Nonresponse

The contractor will employ various proven methods to improve response rate. The contractor will draw the sample close to the actual fielding of the survey to ensure that the posted contact information is current. In addition, the employers' website will be searched to confirm or update contact information whenever possible. For employers who receive pre-calls, the contractor will inquire whether they offer health insurance and a wellness program or not. For those employers identified as being without a program, the contractor will send an abridged survey instrument instead of a complete questionnaire.

The contractor has taken steps to make the instrument user-friendly and simplify questions. The web-based survey includes only items that are critical to the analysis and request information that should be readily available to the respondent. The web-based instrument is estimated to take no more than 30 minutes to complete, including the time it may take respondents to look-up and retrieve needed information. Experience has shown that limiting respondent burden reduces non-response. A paper-based questionnaire in PDF will be provided for download on the website, should the respondent prefer this mode. The survey methodology includes follow-up with non-respondents to maximize response rates. For instance, the contractor will send prompting letters and/or emails, a paper-based questionnaire to employers who do not respond to requests to complete the survey, and conduct telephone follow-ups for selected employers who have not responded to requests, with a special focus on the strata that have a relatively large proportion of non-respondents. The methods proposed for data collection should yield fairly high response rates.

The contractor will use mathematical approaches to correct for missing responses and increase the validity of the estimates:

- For total non-response, they will first use the reserve sample within the same stratum as replacements. Second, they will account for total non-response by constructing appropriate sampling weights, the product of initial sampling weight and the reciprocal of weighted response rate within each stratum.
- For item non-response, they will use imputation methods to impute missing values.

Final sampling weights. Final sampling weights will be constructed based on the population in each sampling stratum, non-response, and other considerations. We will use the following formula to compute the final sampling weights that are essentially the inverse of the inclusion probabilities, adjusted for non-response.

$FW_i = SW_i \times RW_i = 1/SP_i \times 1/RP_i$

Where, *i* indicates each stratum, ranging from 1 to 20;

FW*i* – final weight for stratum *i*
SW*i* – sampling weight for stratum *i*
RW*i* – response weight for stratum *i*
SP*i* – sampling probability for stratum *i*
RP*i* – response probability for stratum *i*

If, for example, an employer turns out to be in a different stratum than the one originally assigned,

sampling weight adjustments will also be conducted. In this case, we will adjust the weight of this employer to match the weights of the other employers in the new stratum and normalize the final weights so that they sum up to the total number of employers in the sampling frame.

$$\text{Adjusted-FW}_i = \text{FW}_i \times \text{Post-W}_i = \text{FW}_i \times (\text{PCT}_i/\text{W-PCT}_i)$$

Where, *i* indicates each stratum, ranging from 1 to 20;

FW*i* – final weight for stratum *i*

Post-W*i* – post-stratification weight for stratum *i*

PCT_i – percent of the final employers of the total population for stratum *i*

W-PCT_i – percent of the weighted (FW_i) employers of the total population for stratum *i*

B.4. Tests of Procedures or Methods to be undertaken

The employer survey instrument was cognitively tested with 8 respondents and questions were revised based on findings from the cognitive interviews. The contractor will be employing essentially the same procedures and survey during the proposed data collection.

B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

This study is being conducted by the contractor, The RAND Corporation, under contract to the U.S. Department of Health and Human Services and Department of Labor. The RAND Principal Investigator is Dr. Soeren Mattke. Dr. Christine Eibner will oversee the design and analysis of the Case Studies and Dr. Hangsheng Liu will oversee the design and analysis of the Employer Survey. Q Burkhart at RAND was consulted on the statistical aspects of the design for the employer survey.

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