

# CDC Worksite Health Scorecard

New

## **Supporting Statement: Part A**

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## **Overview**

This is a new Information Collection Request (ICR) supporting establishment and evaluation of the CDC Worksite Health Scorecard, a Web-based organizational assessment tool designed to help employers assess whether they have implemented evidence-based health promotion interventions or strategies in their worksites to prevent heart disease, stroke, and related conditions such as hypertension, diabetes, and obesity. CDC will provide outreach to and register approximately 600 employers per year to use the online survey that assesses how evidence-based health promotion strategies are implemented at a worksite. These strategies include health promoting counseling services, environmental supports, policies, health plan benefits, and other worksite programs shown to be effective in preventing heart disease, stroke, and related health conditions. CDC requests OMB approval by March 2014 or as soon as possible afterwards to recruit and enroll participating employers. CDC Worksite Health Scorecard administration will begin by April/May 2014, starting with the establishment of employer user accounts, and completion of the 125 item survey organizational (employer) level assessments that are critical to developing tailored and specific worksite health improvement plans, selecting priority interventions for individual employer-based workplace health programs, and evaluating changes in organizational practice. A reminder system will generate notices to participating employer to retake the CDC Worksite Health Scorecard annually. OMB approval is requested for three years.

## **Section A. Justification**

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

The Centers for Disease Control and Prevention (CDC) is the primary Federal agency for protecting health and promoting quality of life through the prevention and control of disease, injury, and disability. CDC is committed to programs that reduce the health and economic consequences of the leading causes of death and disability, thereby ensuring a long, productive, healthy life for all people (see authorizing legislation through the Public Health Service Act (section 42 U.S.C. 2801-2801-1, Sections 399MM and 399MM-1; see **Attachment A-1**). The CDC Worksite Health Scorecard is funded through the Patient Protection and Affordable Care Act Prevention and Public Health Fund (PPHF; P.L. 111-148, Section 4002; see **Attachment A-2**) which was enacted to address the underlying drivers of chronic disease and to help the country move from today's sick-care system to a true "health care" system that encourages health and well-being. The PPHF is designed to expand and sustain the necessary infrastructure to prevent disease, detect it early, and manage conditions before they become severe.

The United States is facing an unparalleled epidemic of poor health, driven largely by chronic diseases that are threatening American businesses' competitiveness because of lost productivity and unsustainable health care costs. The medical care costs of people with chronic diseases was reported in 2009 to account for more than 75% of the nation's \$2.2 trillion medical care costs.<sup>1,2</sup> For example:

- Cardiovascular disease (CVD), including heart disease and stroke, is the leading cause of death in the United States and responsible for one out of every three (more than 800,000) reported deaths each year.<sup>3</sup> CVD is responsible for 17% of national health expenditures, and as the population ages, these costs are expected to increase substantially.<sup>4</sup> In 2010, annual direct and overall costs resulting from CVD in the United States were estimated at \$273 billion and \$444 billion, respectively.<sup>4</sup>
- In 2008 dollars, the medical costs of obesity were estimated at \$147 billion.<sup>5</sup>
- In 2007, the economic costs related to diabetes were estimated at \$174 billion including \$116 billion in direct medical expenses and \$58 billion in indirect costs attributed to disability, work loss, and premature mortality.<sup>6</sup>
- Between 2000–2004, the economic costs related to tobacco use were estimated at \$192.8 billion per year including \$96 billion per year in direct medical costs and \$96.8 billion per year in lost productivity.<sup>7</sup>

Although chronic diseases are among the most common and costly of all health problems, adopting healthy lifestyles can help prevent them. A wellness program aimed at keeping employees healthy is a key long-term human asset management strategy. To curb rising health care costs, many employers are turning to workplace health programs to make changes in the worksite environment, help employees adopt healthier lifestyles and, in the process, lower their risk of developing costly chronic diseases.

The approach that has proven most effective is to implement an **evidence-based comprehensive health promotion program** that includes individual risk reduction programs, coupled with environmental supports for healthy behaviors and is coordinated and integrated with other wellness activities.<sup>8-10</sup> However, only 6.9% of employers offer a comprehensive worksite health promotion program, according to a 2004 national survey.<sup>11</sup>

Several studies have concluded that well designed worksite health promotion programs can improve the health of employees and save money for employers instituting these programs. For example:

- In 2005, Chapman summarized results from 56 qualifying financial impact studies conducted over the past two decades and concluded that participants in workplace programs had 25%–30% lower medical or absenteeism expenditures than non-participants.<sup>12</sup>
- In 2010, Baicker et al. published a literature review in *Health Affairs* focused on cost savings garnered by worksite wellness programs. The investigators found the medical costs return on investment (ROI) to be \$3.27 for every dollar spent and the absenteeism ROI to be \$2.73 for every dollar spent.<sup>13</sup>

Note that worksite health promotion programs may take 2 to 5 years to realize positive ROIs.<sup>14-16</sup>

While employers have a responsibility to provide a safe and hazard-free workplace, they also have abundant opportunities to promote individual health and foster a healthy work environment. CDC encourages employers to provide their employees with preventive services, training and tools, and an environment to support healthy behaviors.

In 2008, the CDC Worksite Health Scorecard was developed by CDC's Division for Heart Disease and Stroke Prevention in collaboration with the Emory University Institute for Health and Productivity Studies (IHPS); the Research Triangle Institute; CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Workplace Workgroup; and an expert panel of representatives from the federal, state, academic, and private sector. It was updated in 2012 to include four additional topics related to worksite health (lactation supports, occupational health and safety, vaccine preventable diseases and community resources) with additional input and support from CDC and the Center for the Promotion of Health in the New England Workplace as part of the CDC National Healthy Worksite Program (OMB #0920-0965, exp. 5/31/2016).

The current CDC Worksite Health Scorecard is an organizational assessment instrument designed to facilitate three primary goals:

1. To reduce the risk of chronic disease among employees and their families through science-based workplace health interventions and promising practices.
2. Assist employers in identifying gaps in their health promotion programs, and help them to prioritize high-impact strategies for health promotion at their worksites.
3. Increase understanding of the organizational programs, policies, and practices that employers of various sizes and industry sectors have implemented to support healthy lifestyle behaviors and monitor changes over time.

Beginning in 2014, employers participating in the CDC Worksite Health Scorecard data collection will be provided with access to a Web application that allows them to evaluate their worksite health promotion programs, policies, and environmental supports. The CDC Worksite Health Scorecard instrument consists of 125 yes/no questions divided into a variety of health promotion and disease prevention topic sections that assess the extent to which best practice health promotion strategies are implemented at a worksite. These strategies include health promoting counseling services, environmental supports, policies, health plan benefits, and other worksite programs shown to be effective in preventing heart disease, stroke, and related health conditions.

Initially, CDC plans to select and register a group of approximately 600 employers each year of all sizes, industry sectors, and geographic locations across the country that voluntarily chose to participate. Seventy-five percent of these employers will be small and mid-size employers (500 employees or less). There are no eligibility requirements for employers to participate in the CDC Worksite Health Scorecard.

The timely identification of potential employer participants will be accomplished by reaching them through large membership and association organizations at the national, regional, state and local levels (e.g., chambers of commerce, business coalitions) representing a broad array of industries. These “gatekeeping” organizations have the existing infrastructure to reach their constituents quickly and provide credibility to the CDC Worksite Health Scorecard invitations to participate in the organizational assessments.

Specifically, The CDC Worksite Health Scorecard Outreach Team will work with two types of gatekeeper organizations. The first group includes organizations that have employers as their members or primary constituents. These groups such as a local chamber of commerce may or may not have health or health promotion as a primary focus of their member activities. The second group includes organizations that support employers in workplace health activities. This group would have a health focus and workplace health expertise as part of their organizational mission and includes health departments, professional organizations, and/or health management service providers.

Priority will be given to those gatekeepers whose constituent base is located in geographic regions with high chronic disease prevalence. CDC will meet with these gatekeeper organizations, such as the Small Business Administration, to present an overview of the CDC Worksite Health Scorecard and identify the best strategies, such as Webinars and conferences, to reach their constituents. With support and introductions from gatekeeper organizations, CDC will reach out directly to employers to describe the CDC Worksite Health Scorecard and solicit their interest in participating in the organizational assessment.

CDC requests OMB approval for three years to collect information to increase understanding of the organizational programs, policies, and practices that employers of various sizes and industry sectors participating in the CDC Worksite Health Scorecard have implemented to support healthy lifestyle behaviors and evaluate these changes over time.

CDC requests OMB approval by March 2014 or as soon as possible afterwards to initiate CDC Worksite Health Scorecard data collection by April/May 2014.

## **Privacy Impact Assessment**

### Overview of Information Collection

Information will be collected from employers who are interested in voluntarily participating in the CDC Worksite Health Scorecard. Respondents will be employers of various sizes, industry sectors (public, private, and non-profit) and geographic locations. CDC will engage and register 600 employers each year through professional organizations that have employers as members.

Information will be collected over a three-year period consisting of annual surveys of employer-level organizational workplace health programs, policies, and practices. The primary mode of information collection will be an online survey. CDC Worksite Health Scorecard participants will receive

substantial support from CDC's implementation contractor, Northrop Grumman, which is experienced in the collection and management of personal, identifiable, and/or sensitive information.

In order to conduct employer-specific organizational assessments, and to provide meaningful feedback to employers, some contact information will be collected in identifiable form. Northrop Grumman will be the only organization to collect, store, and maintain individual identifiable information. No personally identifiable health information is associated with this project. Northrop Grumman has consulted with CDC information security experts to review the data acquisition, storage, and processing procedures proposed for the CDC Worksite Health Scorecard. Information collection and management will be conducted according to a plan that has been approved by CDC's Office of the Chief Information Security Office, and will comply with all specified data privacy and security procedures.

Only de-identified data will be used for program evaluation, and CDC will not attempt to identify individuals by data linkages involving demographic, geographic, or outcome information, contact individual participants, or disclose any participant-level data.

#### Items of Information to be Collected

At the organizational (employer) level for voluntarily participating employers, CDC will assess elements of the workplace structure, culture, practices and policies related to health and safety such as health benefits, health promotion programs, occupational health programs, work organization, and leadership and management support (CEO/C-Suite) for workplace health and safety initiatives. Additionally, environmental elements of the physical workplace such as facilities and settings where employees work as well as access and opportunities for health promotion, workplace safety initiatives, and services provided by the surrounding community where employees live will be explored. CDC will administer the CDC Worksite Health Scorecard (**Attachment C-1 and C-2**) to accomplish the organizational assessment.

#### CDC Worksite Health Scorecard

The 125 item CDC Worksite Health Scorecard, organizational assessment and planning tool (**Attachment C-1 and C-2**) allows for an annual evaluation of employer policies, environmental supports, and programs that support a health promoting work environment including the following 16 domains:

- Organizational Supports (18 questions)
- Links to Community Resources (3 questions; not scored)
- Lifestyle Behaviors
  - Tobacco Cessation (10 questions)
  - Physical Activity (9 questions)
  - Nutrition (13 questions)
  - Weight Management (5 questions)
  - Stress Management (6 questions)

- Reduction in Chronic Disease
  - Diabetes (6 questions)
  - High blood pressure (7 questions)
  - High Cholesterol (6 questions)
- Depression Screening and Referrals (7 questions)
- Signs – Heart Attack and Stroke (4 questions)
- Response – Heart Attack and Stroke (9 questions)
- Lactation Support (6 questions)
- Occupational Health and Safety (10 questions)
- Vaccine-Preventable Diseases (6 questions)

Additionally, the CDC Worksite Health Scorecard captures aggregate organizational and workforce demographic information that is used to 1) benchmark employers against other employers using the CDC Worksite Health Scorecard, and 2) direct users to science and practice-based workplace health strategies and interventions that are appropriate for the needs and interests of their workforce and organization that will lead to specific, measurable health outcomes to reduce chronic disease rates such as diabetes, obesity, and hypertension.

At least one representative from each employer will complete the online survey to evaluate and benchmark each organization's focus on health promotion once each year for three years. This process begins with the registering of the organization, creating an individual employer log in ID, and completing the contract information and background information sections of the survey prior to complete the workplace health domain sections. Individual employer representative(s) contact information will be collected to communicate results back to the employers as well as provide tools and resources, technical support and troubleshooting assistance. Employer participants can complete the survey in one sitting or use their log in IDs to access the application and complete the survey over multiple sessions. It will also be recommended that participating employers form a small team, representing different organizational units to complete this survey together. A team-based approach will allow for more accurate responses, increase ownership and involvement amongst the team, and decrease effort for any single team member. Since a strong knowledge of the employer organization and its health promotion program(s) is recommended to accurately complete the CDC Worksite Health Scorecard, team members who occupy the following positions will be recommended:

- Members of a worksite health promotion committee
- Human resource managers
- Health benefits managers
- Health education staff
- Occupational nurses
- Medical directors
- Wellness directors
- Health promotion coordinators

- Building facilities managers

The information collected voluntarily through individual employer level assessments each year will be instrumental in providing tailored and specific health improvement tools, resources, and technical support in prioritizing, selecting, and implementing science and practice-based interventions for individual worksites. The Web application created by the implementation contractor will analyze the results and generate a feedback and benchmark report for participating employers.

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

No information collection involves children under 13 years of age. The CDC Worksite Health Scorecard will be administered via a Web-based survey.

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

CDC, through its program implementation contractor, will conduct assessments throughout the project to reach out to and register participating employers, document processes and outcomes, and set the parameters for future workplace health cooperative agreements or contracts. The collection of this data is necessary for the successful planning, implementation, and evaluation of the core workplace health interventions at both the individual and organizational level.

Overall, this effort will collect quantitative information to describe the organizational structure, capacity, and design of worksite health promotion programs in a variety of employer settings; document changes in organizational practices over time that offer employees opportunities to engage in healthy lifestyle behaviors as a result of workplace health programs; and evaluate program as changes in organizational practice, culture, and social norms around health promotion. Findings will be used to improve immediate efforts of participating employers and inform future efforts to achieve the goals of spreading and replicating workplace-based strategies for promoting health and preventing chronic disease through reductions in obesity and tobacco use, particularly among small to mid-size employers who are much less likely to have comprehensive workplace health programs available to their employees and could benefit from the tools, resources, and guidance produced by the CDC Worksite Health Scorecard.<sup>11</sup>

The CDC automated on-line survey will allow employers to take the assessment in a user friendly manner. Because the on-line survey captures aggregate organizational and workforce demographic information, each participating employer will be able to generate a benchmarking report that allows them to compare themselves to other similar employers. The system will also direct users to science and practice-based workplace health strategies and interventions that are appropriate for the needs and interests of their workforce and organization. The system will link users to existing workplace health tools and resources related to health issues where their overall score is low to facilitate the implementation of effective workplace health programs, policies, practices, and strategies.

Examples include:

- Health screenings, assessments, and “wellness challenges” to improve nutrition, manage weight, or increase physical activity.
- Physical fitness, health and lifestyle education and coaching programs.
- Establishing tobacco-free campus policies and facilitating referrals to counseling for smoking cessation,
- Promoting work schedules and environments that allow employees to be more physically active, e.g., stairwell enhancement and walking trails/clubs.
- Promoting the availability of healthy food choices in the workplace through worksite farmers’ markets or modified selections in workplace cafeterias and vending machines.

In addition, employers can reassess their progress on an annual basis and track improvements over time.

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 CDC Worksite Health Scorecard.
  - i. Improve technical assistance given to participating employers.
- b. Inform future program efforts at CDC and other Federal agencies such as:
  - i. CDC will use this information to refine key success elements and best practices in workplace health to operationalize future surveillance activities in framing potential questions that represent important elements of effective program. These data would provide information on employer workplace health promotion practices and gaps. CDC will also use the information gained and described from the CDC Worksite Health Scorecard to provide greater technical assistance to employers seeking guidance on building or maintaining workplace 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 workplace health efforts.
  - ii. Employers will be able to utilize the public domain instruments for their own worksite assessments and use the information to plan and implement workplace health programs.

### **3. Use of Improved Information Technology and Burden Reduction**

The CDC Worksite Health Scorecard will be Web-based to maximize convenience. CDC designed the 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. An online (electronic) set of instructions, and frequently asked questions (**Attachment D**) will be available to all registered users.

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

The CDC Worksite Health Scorecard is a new initiative with new requirements to assist employers in identifying gaps in their health promotion programs, and help them to prioritize high-impact strategies for health promotion at their worksites as well as assess organizational programs, policies, and practices that employers of various sizes and industry sectors have implemented to support healthy lifestyle behaviors and monitor changes over time. Prior to the establishment of the CDC National Healthy Worksite Program (OMB#: 0920-0965, exp. 5-31-2016) and Work@Health™ Programs (Phase 1 approved as OMB: #0920-0989, exp. 9/30/2014; Phase 2 approved as OMB#: 0920-1006, exp. 1-31-2016), no publically available instruments were available in a complete form that met both CDC's needs to effectively implement a successful program for employers and give CDC the information needed to evaluate these program in small and mid-size employer worksites. The organizational assessments used with employers in these two CDC programs, building on prior CDC work in developing organizational workplace health assessment tools, is the CDC Worksite Health Scorecard instrument that will be used in this project. It includes OMB revisions requested as part of the National Healthy Worksite Program (OMB#: 0920-0965) and submitted and approved as part of the Work@Health Program (OMB#: 0920-1006) allowing CDC to expand its outreach and support of employer-based workplace health programs and provide a common set of variables to evaluate these programs and contribute to a common body of knowledge about workplace health programs. 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**

The CDC Worksite Health Scorecard is open to any employer in the United States regardless of size or other characteristics. However, research suggests that although small/medium-sized companies employ the majority of Americans, they are much less likely to sponsor worksite health promotion programs.<sup>11</sup> This is partially due to common misconceptions among small/medium-sized business owners that implementing worksite health promotion is expensive and geared toward large organizations that can realize the benefits primarily on the strength of numbers. It is also based on the fact that smaller organizations may have fewer resources, lower capacity, and less expertise to provide supports in the worksite that improves employee health making small businesses a main priority for CDC. Because the focus of outreach and registration will be smaller enterprises that can benefit from the organizational assessment and support tools and resources that accompanying it, we anticipate that approximately 75% of employers will be small businesses.

Since the program is voluntary and the employer has indicated their desire to participate by completing the registration process, the impact of the data collection on respondents—including small businesses—is expected to be minimal. The online administration of the survey allowing respondents to complete it in multiple sessions at their convenience over several weeks will also minimize the burden on small employers.

CDC will provide technical assistance on an ongoing basis. It is possible that small businesses may need, and receive, more technical assistance than large businesses.

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

Information collection will take place approximately every 12 months (spring 2014 – spring 2016) during the baseline and follow-up phases. Pre and post assessments are required to characterize changes resulting from employer workplace health program efforts. Less frequent reporting would not allow CDC to evaluate the following program goals:

1. To reduce the risk of chronic disease among employees and their families through science-based workplace health interventions and promising practices.
2. Assist employers in identifying gaps in their health promotion programs, and help them to prioritize high-impact strategies for health promotion at their worksites.
3. Increase understanding of the organizational programs, policies, and practices that employers of various sizes and industry sectors have implemented to support healthy lifestyle behaviors and monitor changes over time.

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 administration of the CDC Worksite Health Scorecard 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. CDC published a Notice in the Federal Register on November 5, 2013, Vol. 78, No. 214, pp. 66,361-66,363 (see **Attachment B-1**). CDC received one public comment and provided a courtesy reply (see **Attachment B-2**).
- B. CDC developed the CDC Worksite Health Scorecard organizational assessment and data collection plan in collaboration with subject matter experts at CDC, NIOSH, the University of Connecticut Health Center, Emory University Institute for Health and Productivity Studies, Center for the Promotion of Health in the New England Workplace (CPH-NEW), Research Triangle Institute, and Northrop Grumman. CDC also discussed the CDC Worksite Health Scorecard and proposed data collection with a broad variety of colleagues representing the CDC

National Center for Chronic Disease Prevention and Health Promotion Workplace Workgroup. CDC is also using the CDC Worksite Health Scorecard as part of the National Healthy Worksite Program (OMB# 0920-0965) with a separate group of employers and feedback in the instructions and guidance has been incorporated into this submission. CDC also pre-tested the online survey materials for clarity, organization, and timing with a group of small to mid-size external employers (n=8) who would represent the target audience of the online survey application.

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

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

No payments or gifts will be offered to employers or employees that complete the CDC Worksite Health Scorecard organizational assessment.

## 10. Assurance of Confidentiality Provided to Respondents

Data collection for the CDC Worksite Health Scorecard is for the purpose of program evaluation, and does not constitute research with human subjects. IRB approval is not required.

### A. Privacy Act Determination

CDC has reviewed this Information Collection Request and has determined that the Privacy Act does not apply to the identifiable employer-level information collected in the CDC Worksite Health Scorecard (**Attachment C-1 and C-2**). The CDC Worksite Health Scorecard will collect information to verify employer contract information and identify an individual(s) responsible for maintaining the employer profile and completing the survey. Northrop Grumman and CDC will have access to the file that links employer representative identifiers such as names and addresses to unique employer ID codes.

The Privacy Act does not apply to the survey domains around the organization's workplace health programs, policies, and practices as well as aggregate employee demographic information, because no personal information is being provided.

### B. Safeguards

**Technical safeguards.** Northrop Grumman, the implementation contractor, will be the only organization to collect, store, and maintain individual identifiable information. No personally identifiable health information is captured in the CDC Worksite Health Scorecard. Northrop Grumman and the CDC program have consulted with CDC's Office of the Chief Information Security Officer to review the data acquisition, storage, and processing procedures to ensure that they comply with recommended data privacy and security procedures. All electronic data will be password protected and only accessible to evaluation staff. No hard copy surveys will exist because the survey will only be available in a Web-based format. All doors are key-card protected to prevent unauthorized access. IT servers and data rooms have additional security. All hard drives on the server are encrypted.

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

CDC and its contractors will comply with all applicable federal and state laws.

### C. Consent

Participation in the CDC Worksite Health Scorecard data collection will be completely voluntary. In agreeing to voluntarily participate in the CDC Worksite Health Scorecard, the employers also agree to complete the survey instrument. All respondents will receive background information about CDC Worksite Health Scorecard and will be assured that (1) their participation is voluntary (2) their responses will be kept secure and only seen by Northrop Grumman staff, and (3) that there are no personal risks or benefits to them related to their participation. Answers to frequently asked questions will be shared with all potential respondents (**Attachment D**).

#### D. Nature of Response.

Participation by employers is strictly voluntary, however CDC seeks to identify employers with strong potential for completing the CDC Worksite Health Scorecard annually over the three-year period. Organizations that participate in the organizational assessment are under no obligation to complete and/or re-submit the surveys and they may withdraw at any time. CDC expects a high level of commitment from employers based on the access to individual and benchmarking reports available by completing the survey.

### **11. Justification of Sensitive Questions**

CDC does not expect to collect any data that would be considered highly sensitive. During the Worksite Health Scorecard administration, CDC will ask employers for aggregate information on the demographics of their workforce such as sex, race/ethnicity, and work status which may be considered sensitive information. However, participation in the assessment survey, either all or part, is voluntary and the information is not being collected or reported on an individual employee level. It is important to capture this aggregate information so that workplace health programs recommended to the participating employers can be tailored to the needs of that employer, its worksite(s), or different workforce populations and more effectively and efficiently delivered to employees.

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

#### **A. Burden Hours**

Over the requested three-year clearance period, CDC will administer the CDC Worksite Health Scorecard with up to 600 employers per year. Annualized estimates of the number of respondents involved in each data collection activity are provided below.

#### **Organizational Level (Employer Data)**

CDC Worksite Health Scorecard. Respondents are employers or their representatives. Each respondent will complete the CDC Worksite Health Scorecard organizational assessment on behalf of the organization (**Attachment C-1 and C-2**) every 12 months for three years. The CDC Worksite

Health Scorecard will be completed online. The estimated annualized burden to respondents is 300 hours (30 minutes per response).

**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)
Employers	CDC Worksite Health Scorecard	600	1	30/60	300
Total					300

**Table A12-2. Estimated Annualized Cost to Respondents**

Type of Respondent	Form Name	Number of Respondents	No. of Responses per Respondent	Total Burden (in hr)	Hourly Wage Rate	Total Cost
Employers	CDC Worksite Health Scorecard	600	1	300	\$36.25	\$10,875
TOTAL						\$10,875

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

CDC does not anticipate that employers using the online CDC Worksite Health Scorecard 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 CDC Worksite Health Scorecard planning, implementation and evaluation, and costs associated with one contract to an informational technology developer, Northrop Grumman Corporation (Falls Church, Virginia). 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 CDC Worksite Health Scorecard Web application

development including: communications with internal and external stakeholders; planning and developing protocols for the registration process and organizational assessments, and outcome evaluations. 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), the CDC National Institute for Occupational Safety and Health, and CDC National Center for Immunization and Respiratory Diseases targeting the health risk factors and health conditions addressed by the CDC Worksite Health Scorecard.

Northrop Grumman will provide operational management of the CDC Worksite Health Scorecard and coordinate activities among the participating employers. Northrop Grumman’s responsibilities include providing technical support to employers during the registration process, in navigating the online survey, and data collection. Northrop Grumman will also provide guidance in establishing the program management infrastructure; assist in communication activities such as reporting progress to CDC, preparing reports and publication materials, and managing a static Web site with descriptive information about the CDC Worksite Health Scorecard; and provide training to participating employers

CDC will be responsible for evaluation of the CDC Worksite Health Scorecard using quantitative methods. Information will be self-reported and provided to CDC by Northrop Gruman in an aggregate/de-identified format to conduct analyses to describe adoption, reach, and sustainability of the workplace health interventions.

The ongoing data collection costs and associated project support costs are assumed constant for the useful life of the project. The average annualized cost of the contracts with respect to data collection is estimated at \$418,000 per year for 4,180 hours of labor (@\$100/hour).

The total estimated annualized cost to the Federal government is \$446,500.

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

<b>Cost Category</b>	<b>Avg. Annual Cost</b>
Survey Development \$39,000	\$418,000
Application Development and Programming \$360,000	
Data Collection \$11,000	
Web Design \$8,000	
CDC GS-14 25% GS-14 @ \$114,000/year	\$28,500
<b>Total</b>	<b>\$446,500</b>

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### 15. Explanation for Program Changes or Adjustments

This is a new information collection.

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

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

**Table 16A. Project Assessment Time Schedule**

Respondents/Sources	Method	Content	Timing/Frequency	Attachment #
<i>OMB Approval - Participating Employer Registration (estimated)</i>				
OMB Approval	N/A	N/A	spring 2014 (estimated) for launch of Web application	N/A
<i>OMB Approval - Survey Instruments / Assessments (estimated)</i>				
OMB Approval	N/A	N/A	spring, 2014 (estimated) for survey instrument	N/A
<b>Employer Information:</b>				
Employers	CDC Worksite Health Scorecard	Status of worksite policy/practices/programs across priority health areas	Baseline & every 12 months	C-1 - C-2

Quantitative data elements will be used for the overall evaluation of the CDC Worksite Health Scorecard. The outcome evaluation will include statistical models to determine the extent to which the program affected the target outcomes.

#### Descriptive Analysis

In the descriptive analysis, we will first examine baseline differences between worksites and between communities in terms of pre-implementation worksite characteristics, such as organizational structure. For categorical variables, we will display relative and absolute frequencies in tables or histograms. For continuous variables we will report means, standard deviations, and distribution plots. The second part of the descriptive analysis will examine, at the worksite, community, and national level, the change in key outcomes between the time of the baseline and follow-up data collection. These outcomes include organizational changes in the number of workplace health interventions and strategies (e.g., have a written policy regarding tobacco use) that have been implemented between baseline and follow-up. The changes over time will be summarized both numerically and graphically. Observed differences within and between time points will be tested for statistical significance with paired t-tests, chi-squared tests, and analysis of variance (ANOVA).

#### Statistical Modeling

The primary statistical models in the outcome evaluation will be linear and non-linear regression models and hierarchical or multilevel models. The purpose of using these models is to relate the

observed differences in outcomes to a set of observed characteristics. Of particular interest is how certain organizational features, such as the level of management support for health promotion programs, influence the effective implementation of programs.

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 organizational factors increase employer awareness of or adoption of health promotion programs. Applied to the baseline to follow-up changes in worksite outcomes, the models will determine which factors are most effective in terms of reaching the desired organizational outcomes.

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

The OMB expiration date will be displayed on the CDC Worksite Health Scorecard assessment used for process and outcome evaluation collected from employers. The OMB expiration date is not appropriate for programmatic support materials, such as frequently asked questions.

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

There are no exceptions to this certification.

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