Workplace Health in America

New
Supporting Statement: Part A

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* The survey may be completed in one continuous session or multiple sessions. To manage file size, the screen shots are organized in 4 sections (attachment files). The sections do not represent the respondent's experience.

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- Goal of the study. The CDC Workplace Health in America Survey is an organizational survey designed to assess the extent to which employers across the U.S. are implementing health promotion programs and practices; including evidence-based strategies to promote nutrition, physical activity, healthy weight, stress management, and sleep.

- Intended use of the resulting data. CDC will use findings to: 1) assess progress toward national workplace health priorities and monitor progress for selected Healthy People objectives; 2) inform policymakers on issues related to workplace health programs along the population health continuum; 3) provide useful data to employers who want to implement workplace wellness programs, including free and accessible benchmarking data; 4) link information collected to guidelines, recommendations, and solutions that meet the needs of employers; and; 5) ensure that employer perspectives, training and resource needs, and trends in the workplace are incorporated into workplace health, health and productivity, or wellness programs.

- Methods to be used to collect: Survey a nationally representative, random sample of worksites stratified by worksite size, HHS region, and industry group. Hospitals will be included as an additional stratum. The survey will be conducted in 2016-2017. The response rate, quality, and utility of the resulting information will be evaluated to determine if some version of the survey should be conducted in the future at a yet undetermined interval .

- The subpopulation to be studied: U.S. employers with at least 10 employees. The target number of responses is 8,085 for the core survey and 1,010 for the supplemental survey.

- How data will be analyzed: Weighted estimates for each item will be produced for descriptive results. Statistical tests (e.g., t-tests, ANOVA, chi square) will be conducted to identify differences based on employer characteristics. Regression modeling will be conducted to identify significant relationships between workplace practices and workplace characteristics.

A. *Justification*

A-1 Circumstances Making the Collection of Information Necessary

CDC requests OMB approval for two 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 Workplace Health in America survey have implemented to support healthy lifestyle behaviors and evaluate these changes over time. Workplace Health in America is authorized through the Public Health Service Act (section 42 U.S.C. 280l-280l-1, Sections 399MM and 399MM-1; see **Attachment A-1**) and funded through the Patient Protection and Affordable Care Act Prevention and Public Health Fund (PPHF; P.L. 111-148, Section 4002; see **Attachment A-2**). The PPHF is designed to expand and sustain the necessary infrastructure to prevent disease, detect it early, and manage conditions before they become severe. Section 4303 of the Patient Protection and Affordable Care Act (**Attachment A-3**) directs the CDC to conduct periodic national surveys on the prevalence and content of workplace programs and policies.

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. Workplaces are becoming an important player in public health as the United States faces 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.

Although a number of national and local level studies and surveys have been conducted over the past 25 years examining aspects of workplace health promotion and protection programs, to date there has not been a systematic effort to document the evidenced-based and best practice strategies and interventions at the individual employee and organizational level that comprise a comprehensive workplace health program from a representative sample of national employers. The few national assessments of workplace health promotion that have been conducted have tended to focus on individual employee outcomes rather than consider the organization as the unit of analysis.There is a need for an updated nationally representative survey of employers of various sizes and industry types.

To meet these objectives CDC will collect organization-level information from a nationally representive sample of worksites that will allow it to produce estimates of workplace practices at the national, regional and industry sector levels. The Workplace Health in America Survey (see **Attachments C-1 and C-2**) includes questions about: basic organizational characteristics; employer-sponsored health insurance; health risk assessments; staffing and other resources devoted to employee health and safety programming; incentives; work-life policies and benefits; availability of health screenings and disease management programs; and occupational safety and health programs. The survey items also cover the presence of evidence-based and other health promotion programs, policies and supports related to physical activity; nutrition; weight; tobacco; excess alcohol use and drug abuse; lactation and prenatal support; musculoskeletal disorders, arthritis and back pain; stress; and sleep.

CDC requests OMB approval for two years. Over this period the target number of completed surveys is 8,085. CDC requests OMB approval in September 2016 or as soon as possible afterwards to allow Workplace Health in America survey information collection to begin in fall 2016. CDC anticipates that the survey will be conducted on a routine basis in the future with minor modifications to the survey based on current and emerging workplace health trends, and extensions will be needed for employers to complete future versions of the survey. The primary mode of information collection will be online surveys.

A-2 Purpose and Use of the Data

Overall, this effort will collect quantitative information to describe the organizational structure, capacity, and design of worksite health promotion programs in worksites across size and industry sectors, and assess trends in organizational practices over time that offer employees opportunities to engage in healthy lifestyle behaviors as a result of workplace health programs.

The CDC Workplace Health in America Survey (**Attachment C-1 and C-2**) is designed to measure a broad range of employer health-related programs, policies, and environmental supports. The Workplace Health in American Item Jsutification Table (**Attachment G**) describes the rationale and planned uses for the items included in each of the following domains:

- Organization characteristics and demographics (7 core items)
- Employer-sponsored health insurance (4 core items)
- Health risk assessments (3 core items)
- Overall workplace health promotion program characteristics (35core items)
- Health promotion program areas and evidence-based strategies
    - Physcial activity (15 core items)
    - Nutrition (17 core items)
    - Obesity/Weight management (5 core items)
    - Tobacco (18 core items)

    - Alcohol and drugs (3 core items; 5 supplemental items)
    - Lactation and prenatal support (4 core items; 5 supplemental items)
    - Musculoskeletal disorders and arthritis (4 core items; 5 supplemental items)
    - Stress management (4 core items; 5 supplemental items)
    - Sleep (4 core items; 6 supplemental items)
- Health screenings (22 items)
- Disease management programs (13 items)
- Key partners and incentives (12 core items; 7 supplemental items)
- Work-life benefits and policies (11 items)
- Barriers to health promotion program implementation (12 items)
- Occupational health and safety (9 core items; 8 supplemental items)
- Emerging issues (2 core items)

Additionally, the CDC Workplace Health in America Survey captures aggregate employer and workforce demographic information that will be used to produce estimates for different types of employers. These estimates will allow other employers to benchmark themselves against a nationally representative sample of employers.

A national survey of employers' health promotion programs was conducted by HHS in 2004. Employer participation in worksite health promotion programming has grown since 2004 and since the passage of the Affordable Care Act. In 2013, HHS/DOL conducted their Wellness Programs Study which included many of the same questions (**see Attachment H**) but did not evaluate workplace health trainings and focused on larger sized employers and did not survey businesses with fewer than 50 employees. Collecting nationally representative data on the extent of employer implementation of evidence-based practices in 2016 will allow CDC to assess progress toward Healthy People 2020 objectives. The workplace health Healthy People 2020 objectives and items from Workplace Health in America Survey that address each are shown in Table A-2.

Table A-2. Healthy People 2020 Workplace Health objectives followed by relevant Workplace Health in America items

HP2020: ECBP-8 (Developmental) Increase the proportion of worksites [of all sizes] that offer an employee health promotion program to their employees
• HP1. Thinking about this worksite location, did your organization offer any type of health promotion/wellness program for employees in the past 12 months?
HP2020: NWS-7 (Developmental) Increase the proportion of worksites that offer nutrition or weight management classes or counseling
• HPR2.2.d. Provide free or subsidized lifestyle self-management programs that include advice or tools on healthy eating? • HPR3.2.c. Provide educational seminars, workshops, or classes on weight management? • HPR3.2.d. Provide free or subsidized one-on-one or group lifestyle counseling for employees on weight management?

HP2020: TU-12 Increase the proportion of persons covered by indoor worksite policies that prohibit smoking
• HPR4.2.g. Have a written policy to restrict smoking? • HPR4.2.g.1. Does the written policy ban all tobacco use at your worksite? • HPR4.2.g.3. Actively enforce a written policy banning tobacco use? • HPR4.2.g.6. Which of these best describes your smoking policy for INDOOR PUBLIC OR • COMMON AREAS, such as lobbies, rest rooms, and lunch rooms? (not allowed in any/some/allowed in all public areas) • HPR4.2.g.7. Which of these best describes your smoking policy for WORK AREAS? (not allowed in any/some/allowed in all work areas)
HP2020: PA-12 (Developmental) Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs
• HPR1.1. In the past 12 months, did you offer any programs to address physical activity/fitness/sedentary behavior for your employees? • HPR1.1.c. Thinking about all physical activity/fitness/sedentary behavior programs that have been offered or sponsored here in the past 12 months, approximately what percentage of employees from this worksite location participate? • HPR1.2.a. Provide an exercise facility on-site? • HPR1.2.b. Subsidize or discount the cost of onsite and/or offsite exercise facilities? • HPR1.2.e. Provide organized individual or group physical activity programs for employees (other than use of an exercise facility?)
HP2020: MICH-22 Increase the proportion of employers that have worksite lactation support programs
• HPR6.1. In the past 12 months, did you offer any lactation support programs for employees? • HPR6.2.a. Have a written policy on breastfeeding for employees? • HPR6.2.b. Provide a private space (other than a restroom) that may be used by an employee to pump breast milk? • HPR6.2.d. Provide flexible times to allow mothers to pump breast milk at this worksite location? • HPR6.2.e. Provide free or subsidized breastfeeding support groups or educational classes?

CDC will use the information collected to: 1) conduct a survey of workplace health promotion that monitors current employer efforts and disseminates information related to the design, implementation, and evaluation of comprehensive workplace health programs; 2) provide statistical summaries designed to inform policymakers on issues related to workplace health programs along the population health continuum (e.g., wellness, health promotion, disease management, etc.) and provide a better understanding of the programs and activities that constitute best or promising practices for employer-based workplace health programs; 3) link information collected to guidelines, recommendations, and solutions that meet the needs of employers; 4) provide data for evaluating progress toward meeting national health priorities such as the Healthy People objectives for worksite health promotion programs which are currently developmental and lack a definitive data source for reporting progress; 5) incorporate new thinking and emerging trends within the field of workplace health, health and productivity, or

wellness such as the integration of health promotion and health protection activities; the use of organizational level interventions to impact a workforce as a whole; and the impact of the Affordable Care Act on employer-based health programs; and 6) provide free and accessible nationally representative benchmarking information for employers, trade associations, labor unions, employer groups (e.g., Small Business Majority, National Safety Council).

The workplace health promotion survey , includes the infrastructure that has been developed in this initial effort; and the dissemination of findings that will include reports, webinars, calls to action for industries and practitioners, and an interactive online data dashboard. The infrastructure includes the establishment sampling methods, the data collection methodology, and survey instrument, which can be supplemented with questions about emerging issues in future years. Depending upon the unit and item response rate for this survey, evaluation of non-response bias and thus generalizability, as well as our assessment of the quality and utility of the information collected for the intended goals, NCCDPHP may determine that some version of this survey be administered in the future. Each of the components of the infrastructure should make ongoing surveillance using this survey efforts cost effective and comparable across years.

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 CDC Workplace Health Programs including the Work@Health® Program and National Healthy Worksite Program.

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

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

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

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

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

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

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

A-3 Use of Improved Information Technology and Burden Reduction

CDC designed this information collection to minimize the burden to respondents and to the government, to maximize convenience and flexibility, maximize employer participation and engagement, and to ensure the quality and utility of the information collected. The primary method of information collection is online surveys which maximize convenience to respondents and minimize burden. The online administration of the survey will allow respondents to complete it in one session or in multiple sessions over several weeks at the respondent's convenience. Respondents will also have the option of completing the survey via telephone interview or paper-and-pencil form. An online (electronic) set of instructions, and frequently asked questions (**Attachment D**) will be available to all participating worksites. The online survey instrument provides definitions for several terms to ensure that participants use the same frame of reference when responding. Some of the definitions are presented in static text in the online survey and others appear when a survey respondent holds his or her mouse over the word. These terms and definitions are listed in **Attachment E** and the text appears when the respondent hovers over it is shown in relevant survey pages in **Attachment C-2**.

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

The CDC Workplace Health in America Survey is a new initiative to describe employer-based workplace health programs and practices with national estimates that builds upon previous CDC-sponsored national worksite health promotion surveys. The new survey addresses some of the limitations of previous national worksite health promotion surveys in terms of collecting information on a broader range of domains including emerging workplace health issues such as the concept of Total Worker Health which was added in consultation with NIOSH, training needs, disease management programs, and incentive design and use and representing employers of all sizes from all sectors.

Development of the Workplace Health in America Survey was informed by review of the HHS Office of the Assistant Secretary for Health (OASH) National Survey of Worksite Health Promotion Programs (OMB No. 0937-0149, exp. 7/31/1986), the HHS/DOL Wellness Programs Study (OMB No. 0990-0387, exp. 1/31/2015) which included many of the same questions (**see Attachment H**) but did not evaluate workplace health trainings and focused on larger sized

employers and did not businesses with fewer than 50 employees, and the HHS/OASH National Survey of Worksite Health Promotion Activities (OMB No. 0937-0194, exp. 12/31/1992). Prior CDC work included capacity building and training components of the National Healthy Worksite Program (OMB No. 0920-0965, exp. 5/31/2016) and the development of organizational workplace health assessment tools, such as the CDC Worksite Health ScoreCard (OMB No. 0920-1014, exp. 4/30/2017). The Workplace Health in America Survey includes items from previous CDC worksite surveys, specifically the CDC Worksite Health ScoreCard (OMB# 0920-1014, exp. 4/30/2017), that will allow CDC to assess trends over time in key areas. The Workplace Health in America Survey also includes items from the 2004 national survey of employers' health promotion programs that subject matter experts and stakeholders involved in the survey's development were interested in including from the prior survey so that comparisons could be made particularly the presence of the elements that comprise a comprehensive health promotion program and the use of different types of incentives (Linnan L, Bowling M, Childress J, Lindsay G, Blakey C, Pronk S, Wieker S, Royall P. Results of the 2004 National Worksite Health Promotion Survey. Am J Public Health. 2008 Aug; 98(8):1503-9.). The CDC Worksite Health ScoreCard and other existing surveys of workplace benefits and health promotion programs are limited in that they do not represent employers of all sizes, industry sectors, and all HHS regions. The new survey also includes items that will provide national data to directly assess progress toward reaching Healthy People 2020 workplace health objectives. 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.

Particularly relevant to the question of duplication, it is important to note that NCCDPHP designed the survey sample to include 90% small employers (10-99 employees) so that it would be representative of the percentage of small employers in the U.S. Small employers have traditionally been underrepresented in national workplace health promotion surveys. We plan to).analyze and report results for additional subgroups of employers including less than 50 employees and 51-99 employees because of certain health insurance requirements based on employers with more or less 50 employees. The 2011 Department of Labor-sponsored Employer Health and Wellness Survey excluded employers with fewer than 50 employees because they are subject to different regulations; and, that is precisely why it is important to learn what workplace health opportunities they are providing to employees (**Attachment H**

A-5 Impact on Small Businesses or Other Small Entities

Respondents will be business entities, not individuals. To reflect the proportion of small businesses in the U.S., approximately 90 percent of the expected participating employer establishments will be small (≤ 100 employees), however, participation is voluntary and does not impose an ongoing reporting[1] requirement for any entity. Since the employer has indicated their

[1] The planned ongoing surveillance will be from a randomly selected representative cross-section of workplaces.

desire to participate by completing the screening process, the impact of the information collection on respondents—including small businesses—is expected to be minimal. Although the majority of employers in the U.S. is small, the majority of employees work for larger employers. More than half (52%) of the workers in the U.S. are employed by establishments with 500 or more employees.[2] We intend to describe what employers are offering and also take into account the number of employees who have access to health promotion opportunities at work.

Information collection procedures place lower burden on small worksites than on most large worksites. When a small establishment is selected, it likely has fewer health promotion initiatives in place, compared to larger worksites. The Workplace Health in America Survey is designed with skip logic that removes specific questions about programs that respondents indicate they do not have in place at their worksites. Small worksites without a health promotion program, or with a very limited program will be asked a small subset of the total survey questions.

A-6 Consequences of Collecting the Data Less Frequently

The Workplace Health in America project is building an infrastructure, with questionnaire content, sampling methodology, and information collection tools, to allow efficient ongoing regular information collection. After assessing initial findings CDC may recommend additional information collection on an annual, biennial, or other schedule. To achieve the objectives of the Workplace Health in America project, the intent is to make this an ongoing survey. To this end CDC may need to update, revise, add to or subtract from the survey questions in future versions based on the results of the initial information collection and emerging issues and priorities.

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.

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

This request fully complies with the regulation 5 CFR 1320.5.

[2] Caruso, A. (2015). Statistics of U.S. Businesses Employment and Payroll Summary: 2012. Economy-Wide Statistics Briefs. Released February 2015. U.S. Census Bureau. (https://www.census.gov/content/dam/Census/library/publications/2015/econ/g12-susb.pdf)

A-8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A. CDC published a Notice in the Federal Register on November 27, 2015, Vol. 80, No. 228, pp. 74110 - 74111 (see **Attachment B**). CDC received no public comments.

B. A list of external experts consulted about the survey is presented in Table A-8.

Table A-8. Consultants outside the Agency Consulted on Data Collection Plan and Instrument Development

External Experts and Steering Committee Members	
Ron Goetzel, PhD Senior Scientist Johns Hopkins Bloomberg School of Public Health	Phone: (301) 541-4393 Email: rgoetze1@jhu.edu
Paul Terry, PhD The Health Enhancement Research Organization	Email: paul.terry@hero-health.org
Carter Blakey Healthy People 2020	Email: carter.blakey@hhs.gove
Michael O'Donnell, PhD American Journal of Health Promotion	Email: Michael.odonnell@healthpromotionjournal.com
Dawn Wiatrek, PhD American Cancer Society	Email: dawn.wiatrek@cancer.org
Ken Anderson, MD American Hospital Association	Email: kanderson@aha.org
Jeffrey Harris, MD University of Washington School of Public Health	Email: jh7@uw.edu
Christina Lee Society of Human Resource Management	Email: Christina.Lee@shrm.org

A-9 Explanation of Any Payment or Gift to Respondents

Respondents will not receive any payments or gifts for participating in this information collection.

A-10 Assurance of Confidentiality Provided to Respondents

10.1 Privacy Impact Assessment

Overview of Information Collection

Information will be collected from a nationally representative sample of employers located in 10 HHS regions. Information will be collected over a two-year period. The primary mode of information collection will be online surveys. All selected worksites will be initially contacted by phone and will have the option to complete the survey instrument via telephone interview if they do not choose to complete the online survey.

CDC, through its implementation contractor RTI International, will select a random sample of worksites representing small, medium and large worksites. Approximately 90% will have 10-99 employees, 9 percent will have 100-449 employees, and 1 percent will have more than 500. The sampling frames of worksites will be purchased from a Dun & Bradstreet list vendor. The lists will include contact information about each worksite including establishment name, physical address, and a contact name and phone number, as well as number of employees and industry sector classification. The sample frame information will be stored in RTI databases and used to select the sample of worksites to contact. The contact information for the selected worksites will be stored and used by information collection staff to contact and recruit worksites to complete the survey. RTI is experienced in the collection and management of personal, identifiable, and/or sensitive information.

CDC will use contact information from the purchased sampling frame to call selected worksites and will collect additional, updated contact information to ensure the most appropriate survey respondent from each worksite is recruited. RTI will be the only organization to collect, store and maintain individual identifiable information. Contact information will only be used to conduct survey follow up activities (calls, emails, and reminder letters). No personally identifiable health information is associated with this project. No individual-level health information will be collected from employees within their organizations responding to Workplace Health in America. Employers will not be asked to report on any individual-level health indicators from their employees. RTI has consulted with CDC information security experts to review the information collection, storage, and processing procedures proposed for the Workplace Health in America survey. 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 laws, regulations, and security procedures.

Only de-identified data will be used to report estimates and survey results 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

CDC will collect information about health promotion programs, policies and practices from participating, randomly selected employers. The survey will provide information for CDC to assess the extent to which worksites are offering health screenings; disease management programs for chronic diseases; health promoting policies, programs and environmental supports; work-life programs and benefits; and occupational health and safety initiatives. Subject experts from CDC, non-profit health agencies, employer groups, and worksite health promotion experts recommended the survey domain areas and specific survey items. Several domain areas and items were selected to allow assessment of trends since the 2004 national workplace health survey. CDC will administer the Workplace Health in America Survey (**Attachment C-1 and C-2**) to assess all elements at the worksite-level.

The information collection contractor will attempt to recruit workplaces to participate. Individual employer representative contact information will be collected to follow up with non-respondents, provide a summary of aggregate survey results, and provide technical support. Employers will be invited to complete the online core survey and if they agree, the information collection contractor will email them a survey link and unique log in information. 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. Employer participants may also choose to complete the survey via a telephone interview or using a paper-and-pencil questionnaire.

All participating employers will be given the option to complete the optional supplemental survey items after they complete the core survey. The online, telephone, and paper-and-pencil versions of the survey instrument will inform participants when they have completed the core survey and will provide the option of continuing with the supplemental items, or concluding their participation. We estimate that 25% of participating employers will complete the supplemental items. We will produce national-level estimates for the supplemental items, which will be the first nationally representative estimates produced for many of these items.

How Information will be Shared and its Purpose

In order to provide the results to survey participants and/or perform survey follow-up for non-response, information collection forms will contain employer identification information. RTI and CDC will be the only organizations to collect, store, and maintain information that identifies specific individuals or employers. Computer data files used for analysis will identify individuals and employers using ID numbers and will not include employers' names or contact information.

Privacy Act Determination

CDC 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 Workplace Health in America survey (**Attachment C-1 and C-2**) and Screening and Recruiting Call (**Attachment C-3**). CDC's Office of the Chief Information Security Officer (OCISO) determined on 2/7/2014 while the Privacy Act was not applicable, the appropriate security controls and Rules of Behavior would be incorporated to protect the confidentiality of information, proprietary, sensitive, and Personally Identifiable Information (PII) the Contractor (RTI) may come in contact with during the performance of the project. The Workplace Health in America survey will collect information to verify employer contact information and identify an individual(s) responsible for completing the survey. RTI International and CDC will have access to the file that links employer representative identifiers such as names and addresses to unique employer ID codes. This contact information will be used to send the findings report to participating employers near the end of the project.

Information collection relates to workplace-related activities and is not personal in nature.

Nature of Response

Participation by employers is strictly voluntary. Worksites will be recruited and asked to complete the survey once. Employers that agree to participate are under no obligation to complete and/or submit the surveys and they may withdraw at any time.

Consent

Consent language is found on the cover page of the survey instrument prior to the instrument instructions and questions (**Attachment C-1 and C-2**) for both the online and paper/pencil version. If the telephonic survey option is chosen, the information will be read to each participant. Answers to frequently asked questions will be shared with all potential respondents (**Attachment D**).

Information Security Safeguards

Technical safeguards. RTI International, the information collection contractor, will be the only organization to collect, store, and maintain individual identifiable information. No personally identifiable health information is captured in the Workplace Health in America survey. RTI International 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 the all laws, regulations, and security procedures. If respondents choose to complete hard copy surveys, the form will be labeled with a unique survey identification number and will not identify the employer or contact person by name. The electronic file linking the employer and the identification number will be securely stored. All electronic information will be password protected and only accessible to data collection contractor project staff. 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 information will not be reported.

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 Workplace Health in America Survey will be administered via an online survey, with options for telephone or paper administration.

A-11 Institutional Review Board (IRB) and Justification for Sensitive Questions

Information collection for the Workplace Health in America survey is for the purpose of surveillance at the worksite or organizational level and does not constitute research with human subjects. No personal or sensitive information will be collected. IRB approval is not required (see **Attachment F**).

A-12 Estimates of Annualized Burden Hours and Costs

A. Burden Hours

OMB approval is requested for two years. Over this period, CDC will administer the CDC Workplace Health in America Survey to a total of 8,085 employers. In order to obtain the target number of responses, CDC estimates that recruitment and screening[3] contacts will be initiated with 23,368 employers (response rate of approximately 35%).

- The CDC Workplace Health in America Screening and Recruiting Call (**Attachment C-3**) will be completed telephonically. The annualized number of respondents is 11,684 and each respondent will complete the survey once. The total estimated annualized burden is 2,921 hours (15 minutes per response).

- The CDC Workplace Health in America Survey will be completed primarily online with options for telephonic or paper/pencil response by employer recruited to the survey. **Attachment C-1** represents the instrument completed telephonically or in paper/pencil format (approximately 10% of respondents), and **Attachment C-2** provides screen shots of the web-based survey (approximately 90% of respondents.) The annualized number of respondents is 4,043 and each respondent will complete the survey once.

    - **CDC Workplace Health in America Core Survey: Employers with no workplace health program**. The sample will include approximately 90% small employers and we estimate that 25% of these will not have a substantive workplace health promotion program in place. The survey is designed such that respondents who indicate that they do not have a workplace health program will skip approximately two-thirds of the total number of core survey items resulting in an average response time of 10 minutes. The annualized number of respondents

[3] Employers will be screened using eligibility criteria of having at least 10 employees and having been operational for at least 12 months.

is 910 and each respondent will complete the survey once. The total estimated annualized burden is 152 hours (10 minutes per response).

- **CDC Workplace Health in America Core Survey: Employers with a limited workplace health program.** The sample will include approximately 90% small employers and we estimate that 75% of the small employers (n=2729) will have a limited workplace health program and the skip pattern in the survey would eliminate as many as half of the items, shortening the length of the survey and averaging at a 15 minute response time. The annualized number of respondents is 2,729 and each respondent will complete the survey once. The total estimated annualized burden is 682 hours (15 minutes per response).

- **CDC Workplace Health in America Core Survey: Employers with a comprehensive workplace health program.** We estimate that the 10% of the sample that is mid-sized and larger employers may have comprehensive workplace health programs and most of the survey items will be relevant for them, thus taking an average of 20 minutes to complete. The annualized number of respondents is 404 and each respondent will complete the survey once. The total estimated annualized burden is 135 hours (20 minutes per response).

- **CDC Workplace Health in America Optional Supplemental Survey:** We estimated that 25% of the core survey respondents would also choose to complete the optional supplemental survey items with an average response time of 5 minutes. The annualized number of respondents is 1,010 and each respondent will complete the survey once. The total estimated annualized burden is 84 hours (5 minutes per response).

Annualized estimates of the number of respondents and burden associated with each information collection activity are provided in Table A-12.1.

Table A-12.1. Estimated Annualized Burden Hours

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hrs.)	Total Burden (in hrs.)
Employer Wellness/HR Representative	Screening and Recruiting call	11,684	1	15/60	2,921

Employer Wellness/HR Representative with no employer program	Workplace Health in America core survey	910	1	10/60	152
Employer Wellness/HR Representative with a small employer program	Workplace Health in America core survey	2729	1	15/60	682
Employer Wellness/HR Representative with a comprehensive program	Workplace Health in America core survey	404	1	20/60	135
Employer Wellness/HR Representative	Workplace Health in America supplemental survey	1010	1	5/60	84
				Total	3,974

The total estimated annualized burden hours are 3,974 and the total estimated annualized cost to respondents is $144,057 (see Table A-12.2).

Table A-12.2. Estimated Annualized Cost to Respondents (based on burden hours)

Type of Respondent	Form Name	Number of Respondents	Total Burden (in hours)	Hourly Wage Rate	Total Cost

Employer Wellness/HR Representative	Screening and Recruiting call	11,684	2,921	$36.25	$105,886
	Workplace Health in America Core Survey	4,043	969	$36.25	$35,126
	Workplace Health in America Supplemental Survey	1010	84	$36.25	$3,045
				TOTAL	$144,057

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

CDC does not anticipate that employers participating in the CDC Workplace Health in America Survey will incur any additional costs or burden for record keeping.

A-14 Annualized Cost to the Government

Information collection costs include the cost of CDC personnel for oversight of survey development and testing, recruitment and outreach, implementation and analysis, and costs associated with the information collection contractor, RTI International. A full-time CDC employee will serve as the technical monitor for the project, directing regular meetings with the contractor staff. These meetings serve to plan and coordinate the development and deployment of the survey and activities of the Workplace Health in America Survey including: communications with internal and external stakeholders; and planning and developing protocols for the information collection and evaluation. The role of the CDC employee also involves regular reporting and review of all materials and products before acceptance by the government by coordinating input from multiple units within CDC's National Center for Chronic Disease Promotion and Health Promotion (Division of Diabetes Translation, Division for Heart Disease and Stroke Prevention, Office on Smoking and Health, Division of Population Health, and Division for Nutrition, Physical Activity, and Obesity) and the CDC National Institute for Occupational Safety and Health.

The CDC technical monitor will devote 20% time to this project. An onsite health scientist contractor from Carter Consulting will provide day-to-day support to the CDC technical monitor at 30% time through the duration of the project.

CDC and RTI will be responsible for quantative analyses using the survey information. RTI will provide data files and codebooks to CDC at the conclusion of the information collection period. The files will not identify the worksites by name. The CDC Workplace Health in America Survey does not collect PII.

The ongoing information 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 information collection is estimated at $950,300 per year for 9,503 hours of labor (@$100/hour).

The total estimated annualized cost to the Federal government is $1,004,300.00 (see Table A-14).

Table A-14. Annualized Costs to the Government

Cost Category	Avg. Annual Cost
RTI International Information Collection Contractor Evaluation Instrument Design $150,000 Information Collection $350,000 Information Analysis $200,300 Dissemination of Information $250,000	$950,300
CDC GS-14 20% GS-14 @ $120,000/year	$30,000
Health Scientist (Contractor) 30% @80,000/year	$24,000
Total	**$1,004,300**

A-15 Explanation for Program Changes or Adjustments

This is a new information collection.

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

CDC plans to widely disseminate the outcomes of the study within the federal government and to the external business community through the development of scientific presentations, peer-reviewed publications, and tools and resources developed for employers. Additional dissemination channels may include publications that are commonly read by and of interest to employers and human resources staff who regularly manage workplace health programs.

The implementation plan estimates that data collection activities will occur over a 10-12 month period of time. The Workplace Health in American survey is a new survey, and there

a few variables associated with the implementation timeline that are unclear. In order to anticipate potential implementation challenges, plan accordingly, and provide flexibility, CDC is requesting a two year approval period. If data collection exceeds our initial 12 month estimate, the two-year approval period will allow us to complete data collection without interruption. Potential implementation challenges include but are not limited to: 1) a slow pace of employer recruitment; 2) lower than expected response rates; and 3) the need for additional follow up or technical support depending on the survey administration method. For example, those using the online survey may have technical issues; those sending back paper/pencil surveys may need additional follow-up to ensure survey information is readable, and if the telephonic administration is more preferred than anticipated, that would require additional staff time to administer.

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

Table A-16. Project Assessment Time Schedule

Respondents/Sources	Method	Content	Timing/Frequency	Attachment #
OMB Approval - Survey Instrument / information Collection Methods (estimated)				
OMB Approval	N/A	N/A	September, 2016 (estimated)	N/A
Employer Information:				
Employers	Workplace Health in America Survey: Telephone and online information collection	Status of worksite policy/practices/programs across priority health areas	Begin October 2016 for one round of information collection. Data collection is estimated to take 10-12 months total.	C1-C2
Employers	Workplace Health in America Screening and Recruiting Call	Assess interest in participating in Workpalce Health in America, collect basic contact and demographic information	Begin October 2016, once	C-3

Analysis Plan

Quantitative data elements will be used to produce estimates for all items in the Workplace Health in America Survey.

Descriptive Analysis

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In the descriptive analyses, CDC will examine the prevalence of different types of programs and practices, as well as examine differences between worksite types and between regions in terms of the programs that are in place. For categorical variables, CDC will display relative and absolute frequencies in tables or histograms. For continuous variables CDC will report means, standard deviations, and distribution plots. Observed differences between worksite types (e.g., size, industry sector) will be tested for statistical significance with paired t-tests, chi-squared tests, and analysis of variance (ANOVA). CDC will also examine relationships between variables using correlation analysis and logistic and linear regression modeling.

Statistical Modeling

The primary statistical models 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 worksite practices to workplace characteristics (size, region, health promotion budget). Of particular interest is how certain organizational features, such as the level of organizational support for health promotion programs, are related the presence of evidence-based programs and practices and perceptions of barriers.

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

The OMB expiration date will be displayed on all information collection instruments.

A-18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to this certification.