CDC Workplace Health Promotion Resource Center

New
Supporting Statement: Part A

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January 23, 2021

TABLE OF CONTENTS

ATTACHMENTS

Attachment A-1. Authorizing Legislation, Public Health Service Act
Attachment A-2. Funding Authority - Patient Protection and Affordable Care Act
Prevention and Public Health Fund (P.L. 111-148, Section 4002)
Attachment A-3. Public Health Service Act, Research and Investigations Generally
Attachment B-1. Federal Register Notice – 60 Day
Attachment B-2. Summary of Public Comments
Attachment C. Information Collection Summary
Attachment D-1. Employer Needs and Interests Interview Guide
Attachment D-2. Business Groups, Vendors, Consultants, and Public Health Organizations Needs and Interests Interview Guide
Attachment D-3. Journalists Needs and Interests Interview Guide
Attachment D-4. Research Community Needs and Interests Interview Guide
Attachment D-5. Screen shots of Stakeholder Needs and Interests Market Survey (NIMS)
Attachment D-6. Screen shots of Consumer Satisfaction Survey
Attachment D-7. Screen shots of Technical Assistance (TA) Feedback Survey
Attachment D-8. Screen shots of Technical Assistance (TA) Pilot Assessment
Attachment E. Johns Hopkins University Human Subjects Research Determination Notice

Goal of the study: To build a central informational clearinghouse (IC), called the CDC Workplace Health Promotion Resource Center ("Resource Center"), where employers and other stakeholders can access credible research (including best and promising practices), tools and resources, and technical assistance (TA) to support their workplace health promotion (WHP) programs and activities.

Intended use of the resulting data: As part of developing the Resource Center, CDC will conduct formative research to understand the needs and wishes of the target audience (Phase 1). After developing the Resource Center, CDC will assess consumer satisfaction with the IC and TA provided (Phase 2). The resulting data will be used to better tailor the contents, technical support and dissemination practices of the Resource Center to the needs and wishes of the target audience.

Methods to be used to collect data: Information will be collected through individual interviews. In addition, an online needs and interests market survey (NIMS) will be sent to stakeholders to determine content and functionality. Users of the Resource Center will be given the opportunity to fill out a short online consumer satisfaction survey after using the website to inform functionality, design and content improvements. Finally, a pilot test of the technical assistance (TA) component of the Resource Center will be provided to gain insight on how to best provide TA support to stakeholders.

Subpopulation to be studied: CDC will contact a number of stakeholders who influence WHP adoption or promotion, including employers and employer groups/associations, state and local public health agencies, vendors, business coalitions, practitioners, researchers, and journalists.

How data will be analyzed: We will analyze data from the interviews using thematic analysis, and data from the online surveys using descriptive statistics. We will synthesize results into a final report containing key themes, challenges, and specific recommendations for the design and improvement of the Resource Center.

Section A. Justification

A-1. Circumstances Making the Collection of Information Necessary

CDC requests OMB approval for three years to support development of a Workplace Health Promotion (WHP) Resource Center to serve as a central information clearinghouse for credible tools, resource, and other support can be accessed to build or sustain evidence-based workplace health promotion programs. To develop and launch an effective Resource Center, information on the needs and interests of employers, constituencies that support employers' activities, and influencers in the community who wish to access and use credible and effective resources regarding workplace health promotion initiatives needs to be collected. The Resource Center 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**) 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. 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.

Public and private employers can play a significant role in improving the health and well-being of American workers, but often lack the know-how to do so effectively. CDC plays an important role in providing the tools, resources, and technical expertise to support employers' efforts to build and sustain workplace health promotion (WHP) programs and advance healthy company cultures. 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 important settings for health improvement and risk reduction 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.

A large body of literature shows that poor health, preceded by high levels of modifiable risk factors for a variety of chronic diseases, is directly correlated with higher health care costs, more employee absences, a greater number of safety claims, and lower presenteeism (i.e., decrements in job performance due to health problems).[1–3] By improving the work health environment and helping workers achieve long-term behavior change, employers can diminish employees' risks for illnesses, enhance their quality of life, improve morale, eliminate unnecessary health care spending, minimize absences from work, reduce accidents, and increase productivity.[3–6] Furthermore, having a healthy and productive workforce within a supportive work environment can foster greater loyalty among workers, a more committed workforce, and reduced turnover rates.[7–9]

Today, most employers lack the necessary knowledge to design and implement effective WHP programs in accordance with scientific evidence and/or legal, practical and ethical standards. A need exists for a trusted resource housed in a virtual informational clearinghouse (IC) where employers and other stakeholders can access credible research (including best and promising practices), tools and resources, and technical assistance (TA). This project calls for a focused effort to build a central IC, the CDC Workplace Health Promotion Resource Center (Resource Center), where relevant resources will be vetted, catalogued, compiled, and publicized for consumers (employers and other key stakeholders), and where TA and other support services will be provided, with the ultimate aim of improving population health, reducing health care utilization, and improving the productivity of employees.

The primary goal of the Resource Center is to serve as a prominent and effective resource for employers wishing to create and sustain best-practice WHP initiatives. To meet this objective, CDC will first conduct formative research into the needs and interests of employers, employer groups, and other relevant stakeholders (Phase 1). This formative research will help determine the design and content of the Resource Center, to best meet stakeholder needs. Second, CDC will organize a library of resources relevant to WHP. The specific content and design will be determined by the formative research, but may include videos and written information, case studies of exemplary programs, a library of resources targeting various constituencies, and step-by-step, easy to use guides for employers. Third, CDC will provide technical assistance and support to employers and other key stakeholders who need support beyond what is available in the Resource Center (Phase 2). This support will come from CDC and subject matter experts, and may include such proactive activities as one-on-one consultations and individualized help.

These activities will take place over two phases. In Phase 1, which will include years 1 and 2, CDC will conduct formative research via interviews, a web-based survey, and an environmental scan of market research reports and other related documents to obtain direct input on stakeholder needs for the Resource Center. This information will be used to design and create the content and layout of the Resource Center. In Phase 2, which will include years 2 and 3, CDC will use a consumer satisfaction survey, a TA feedback survey, and a TA Pilot assessment to assess satisfaction with the Resource Center and with the TA support mechanisms designed to support users of the Resource Center. This information will be used to refine and improve the design and content of the Resource Center and TA. The findings from the formative work may necessitate revisions to the surveys and instruments needed for the second phase of the project. In the event changes are needed, CDC will submit a revision to this OMB package.

CDC requests OMB approval for three years to develop the Resource Center with formative work starting in Summer 2016 or as soon as possible. During this period, the target number of participants is 1900 (850 respondents in Phase 1 and 1050 respondents in Phase 2).

A-2. Purpose and Use of Information Collection

CDC is requesting a three-year approval to collect information to design and create a Workplace Health Promotion Resource Center. A summary of program objectives as they relate to specific information collection instruments (Cross-Reference Table) is provided in **Attachment C**. To build and maintain a prominent and effective resource for employers wishing to create and

sustain best-practice WHP initiatives, we must understand the preferences and needs of multiple stakeholders: employers, constituencies that support employers' activities, and influencers in the community.

CDC also plans to widely disseminate the outcomes of the study within the federal government and outside of it with the business community through the development of case studies, scientific presentations, peer-reviewed publications, and tools and resources developed for employers. CDC will immediately share the results within the agency with the National Institute for Occupational Safety and Health (NIOSH) as well as the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Both groups participate in an agency workplace health working group. CDC also participates in a federal government wide workplace working group that includes representatives from the Departments of Health and Human Services, Labor, Defense, Education, and State as well as Parks and Recreation, Federal Occupational Health, among others. Updates and outcomes from the Resource Center formative work and evaluation will be shared among this broad group of federal stakeholders. These agencies will also over time be encouraged to direct existing tools, resources, and information to the Resource Center to be reviewed and possibly included in the Resource Center to further strengthen its materials.

The lessons learned from this project may be of interest to several other ongoing activities including:

a. Providing feedback and support the implementation efforts of employers participating in the Resource Center and CDC Work@Health® Employer Training Program.
    i. Improve technical assistance given to participating employers in both programs.
    ii. Identify effective and efficient ways to deliver worksite health content to employers with limited time, capacity, and competing priorities.
b. Inform future program efforts at CDC and other Federal agencies such as:
    i. Refining 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 information access.
    ii. Providing information on employer worksite health promotion practices and gaps.
    iii. Providing better 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 content, program planning, implementation, and evaluation materials and aides for their own worksite health program efforts.

The continued collection of information is necessary for the successful planning, implementation, and evaluation of the core worksite health interventions.

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 will be conducted online to maximize convenience to respondents. Telephone interviews will be used to collect more in-depth information from key stakeholders and subject matter experts.

To minimize public burden, the majority of respondents will be asked to fill out a brief 20 minute web-based needs and interests market survey (NIMS) with their thoughts on WHP. We anticipate sending out 800 such surveys, representing up to 94% of our responses (800 surveys plus 50 individual interviews means that up to 800 of 850 respondents will be using the web-based survey). In Phase 2, users of the Resource Center will be asked to fill out a short, 2 minute online survey, called the Consumer Satisfaction Survey, regarding their experience with the website. We will collect a maximum of 850 responses to the Consumer Satisfaction Survey. Finally, also in Phase 2, up to 100 participants from 5 states participating in the TA pilot will be queried via 2 online surveys about satisfaction with specific TA modalities and the most useful/valuable TA modalities in order to gain insight on how to best provide TA support to stakeholders post-study period. The TA feedback survey will be conducted online, use skip patterns, and take no more than 5 minutes to complete after each TA opportunity (15 total). In addition, up to 100 participants from the 5 selected states will be asked to complete a one-time 20 minute online survey at the conclusion of the project period called the TA Pilot Assessment regarding their experience in the TA pilot. The survey will use computer generated skip patterns to ensure that unnecessary questions are not asked.

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

CDC will conduct an environmental scan of current resources to determine the existence of similar or overlapping data/information collections, and to inform design of the Resource Center. First, we will create an electronic database—including title, author, source, publication date, format, cost, description, and key messages—to store and catalog tools and resources as they are identified. We will include all of the evidence-based resources already compiled by CDC and other Federal partners. In addition, we will (1) solicit tools and resources related to the design, implementation, accreditation, evaluation and promotion of WHP programs from key informants; and (2) scan the websites of key informants' organizations and of other academic institutions and think tanks for relevant resources and for links to other websites. To ensure breadth of our inventory, we will include materials available through social media sites, such as public service announcements and employers' social media accounts. This scan will allow us to identify any potential gaps in available information, tools and TA.

CDC has already relied on formative work conducted as part of the Work@Health® Phase 1 pilot project (OMB No. 0920-0989, Exp. Date: 09/30/-30-2014). That project collected needs assessment information from small employers regarding workplace health promotion topics of key importance and interest to them with respect to building effective, evidence-based worksite

programs. Several questions have been adapted from this project, and used to inform development of the Resource Center instruments for other stakeholder groups such as vendors, the research community, and media. CDC has also analyzed information collected through the CDC Worksite Health Scorecard (OMB No. 0920-1014, exp. 4/30/2017) to prioritize gaps in practice among employers that also could be key areas of focus for the Resource Center. CDC developed the TA Pilot Assessment based on a similar instrument used in the Surveys of State, Tribal, Local and Territorial (STLT) Governmental Health Agencies (OMB No. 0920-0879, Exp. Date 03/31/2018) that was pilot tested.

A-5. Impact on Small Business or Other Small Entities

Since participation is voluntary and the stakeholders indicate their desire to participate by acknowledging an understanding of and consent to the study (**Attachments D-1-D-8**), the impact of the information collection on respondents – including small employers – is expected to be minimal. Participation does not impose ongoing information collection or reporting requirements.

CDC will explicitly target small and medium sized businesses and organizations for the formative research. Approximately 80% of employer surveys and interviews will focus on small and medium sized businesses and organizations. If a small business employer were to complete every aspect of the Phase 1 information collection process, the maximum amount of time we anticipate he or she would contribute would be 1 hour and 20 minutes (1 hour telephone interview, and 20 minute online NIMS survey). The questions that we plan to ask have been held to the absolute minimum required for the intended use of the data.

In Phase 2, the TA pilot will be limited to 5 sites (primarily targeting states). Small businesses may participate in the TA pilot, but the level of engagement will be dependent on the results of the formative research. We estimate the burden to be approximately 95 minutes (5 minutes for each of 15 individual TA sessions, 20 minute TA Pilot Assessment) In the event that small businesses are selected to participate, the information collection request will be updated to reflect the increased burden. In addition, upon exiting the Resource Center, users will be given the opportunity to voluntarily complete a 2 minute customer satisfaction survey on their experiences using the Resource Center.

A-6. Consequences of Collecting the Information Less Frequently

This is a one-time information collection request.

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

The information collection fully complies with the guidelines in 5 CFR 1320.5.

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

A. Federal Register Notice. CDC published a Notice in the Federal Register on April 26, 2016, Vol. 81, No. 80, pp. 24615-24616 (see **Attachment B-1**). CDC received one public comment and provided a response describing the importance of the organization's target audience for outreach to the Resource Center and an opportunity to continue to provide feedback to the project (see **Attachment B-2**).

B. Efforts to Consult With Persons Outside the Agency. CDC developed the Resource Center survey instruments and information collection plan in collaboration with subject matter experts at CDC, ICF, Truven, and Johns Hopkins, and a number of substantive experts in worksite health promotion. CDC also discussed the Resource Center survey content and proposed information collection with colleagues representing the CDC Division of Population Health communications team. CDC will pilot test the information collection process using telephone and online surveys for clarity and timing with a group of small, mid-size, and large external employers (total n=9) who would represent the target survey respondents.

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

Staff from CDC	
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A-9. Explanation of Any Payments or Gift to Respondents

Respondents will not receive any payments or gifts for their participation.

A-10. Assurance of Confidentiality Provided to Respondents

Privacy Act Determination

CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has reviewed this Information Collection Request and has determined that the Privacy Act applies to the identifiable employer-level, business group-level, vendor-level, consultant-level, research institution-level, media outlet-level and public health organization-level information collected in the following forms. The applicable SORN is 0920-0136, Epidemiologic Studies and Surveillance of Disease Problems.

- Employer-level. Employer Needs and Interests Interview Guide (**Attachment D-1**).
- Business Group-level. Business Groups, Vendors, Consultants, and Public Health Organizations Needs and Interests Interview Guide (**Attachment D-2**)
- Vendor-level. Business Groups, Vendors, Consultants, and Public Health Organizations Needs and Interests Interview Guide (**Attachment D-2**)
- Consultant-level. Business Groups, Vendors, Consultants, and Public Health Organizations Needs and Interests Interview Guide (**Attachment D-2**)
- Research institution-level. Research Community Needs and Interests Interview Guide (**Attachment D-3**).
- Media outlet-level. Journalists Needs and Interests Interview Guide (**Attachment D-4**).
- Health Department-level. Business Groups, Vendors, Consultants, and Public Health Organizations Needs and Interests Interview Guide (**Attachment D-2**)
- All stakeholder groups. Stakeholder Needs and Interests Market Survey (NIMS) (**Attachment D-5**), Consumer satisfaction survey (**Attachment D-6**), TA Feedback Survey (**Attachment D-7**), TA Pilot Assessment (**Attachment D-8**)

Identifying information (name, email address, telephone number) will be used by Hopkins to make contact and send reminder emails to respondents. This information will be kept by the Hopkins team. The Privacy Act does not apply to information collections in which the respondent is identifiable, but is not providing personal information (e.g., Employer/Employee case study discussion guides and surveys).

Information collection for the Resource Center is for the purpose of designing the content and layout of the Resource Center and does not constitute research with human subjects. IRB approval is not required.

<u>Overview of information collection</u>

Information will be collected from stakeholders who influence the adoption or support of WHP, including employers and employer groups/associations, public health organizations such as state and local health departments, vendors, business coalitions, practitioners, researchers, and journalists. Information will be collected over a three-year period during which the Resource Center is developed and tested (Phase 1) and after the Resource Center is launched and publically available for access and technical assistance (Phase 2). Data collection will include the preferences, needs, interests, and channels of communication for the optimal delivery of evidence-based workplace health promotion content across a diverse group of stakeholders who are directly involved in building or sustaining workplace health programs or interested in knowing what is working at the employer level.

CDC contracts with ICF International (ICF), Truven Health Analytics (Truven), and Johns Hopkins University (Hopkins) for this information collection. Interviews will be led by trained facilitators from Hopkins. ICF, Truven, and Hopkins will also be involved in the analysis, interpretation, and implementation of the results from the information collection process. ICF, Truven, and Hopkins will identify themes in responses on needs and desires for an effective and useful Resource Center.

Respondents to the interviews, NIMS web-survey, TA Feedback Survey, and TA Pilot Assessment will be recruited and sent an invitational email prior to scheduling participation in the information collection. All information will be collected through interviews held via conference call or through a web-based survey. At the start of each interview, respondents will indicate that they have received an informed consent and give verbal consent to proceed with the interview. Anyone who wishes to remain anonymous shall be allowed to do so. At the start of the NIMS, TA Feedback, and TA Pilot Assessment web-surveys, respondents will fill out a brief consent form indicating they wish to participate in the survey. Respondents to the Consumer Satisfaction Survey will be recruited via a “pop-up” that will appear to users of the Resource Center website. Users will have the opportunity to click the link and proceed directly to the brief survey. Participation will be voluntary.

Items of Information to be Collected

During Phase 1, CDC will collect information from interviewees using open ended questions such as “What types of resources and guidance would you like to see in the Resource Center?”, “What sources do you most trust to obtain information for designing, implementing, and evaluating workplace health promotion?”, and “Where do you currently find resources or guidance?” (**Attachments D-1 – D-4**). The NIMS web-survey will ask similar questions, but use closed-ended questions (**Attachment D-5**).

During Phase 2, post-launch of the Resource Center, the consumer survey will ask basic questions about satisfaction with the virtual Resource Center (i.e, website) regarding user-friendliness, features and content areas (**Attachment D-6**). All responses will be completely anonymous.

The TA Feedback survey will ask basic questions about satisfaction with the TA delivered regarding the delivery method, quality of the presenter, relevance of the material, and overall satisfaction with the experience (**Attachment D-7**).

For the TA Pilot Assessment, respondents will be asked a combination of open and closed ended questions to assess the overall quality of the experience with each TA modality and satisfaction with the key elements of each TA modality and to compare TA modalities to determine which modality contributed the most to the success of the pilot sites' workplace health efforts (**Attachment D-8**).

How Information will be Shared and its Purpose

ICF 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.

Nature of Response

Participation by all respondents is completely voluntary. All respondents will receive background information about the Resource Center and will be assured that (1) their participation is voluntary (2) their responses will be kept privately and only seen by ICF and/or Hopkins staff, and (3) that there are no personal risks or benefits to them related to their participation. However, CDC seeks to identify employers and other organizations with strong potential for using the Resource Center. Organizations that participate in the formative work and Resource Center development are under no obligation to participate in interviews and/or complete and/or submit the surveys and they may withdraw at any time.

Consent

Participation in the Resource Center data collection will be completely voluntary. In agreeing to voluntarily participate in the Resource Center development and TA pilot, the employers and other stakeholder groups also agree to participate in interviews and complete the survey instruments. Advisements to respondents are provided at the beginning of each information collection instrument. Advisements for participants are located in Employer Needs and Interests Interview Guide (**Attachment D-1**); Business Groups, Vendors, Consultants, and Public Health Organizations Needs and Interests Interview Guide (**Attachment D-2**); Research Community Needs and Interests Interview Guide (**Attachment D-3**); Journalists Needs and Interests Interview Guide (**Attachment D-4**); Stakeholder Needs and Interests Market Survey (NIMS) (**Attachment D-5**), Consumer Satisfaction Survey (**Attachment D-6**), TA Feedback Survey (**Attachment D-7**), and TA Pilot Assessment (**Attachment D-8**).

Information Security Safeguards

Technical safeguards. ICF and Hopkins will be the only organizations to collect, store, and maintain individual identifiable information. No personally identifiable health information is captured in the interviews or surveys. Given that the information being collected is not considered sensitive, information will be stored on Johns Hopkins Box (JHBox), a password-

protected cloud-based file storage service. ICF, Hopkins, 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 Privacy Act and required government data privacy and security procedures. The electronic file linking the employer and the identification number will be securely stored. All information will be password protected and only accessible to evaluation staff. 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.

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 following instruments will be administered via a Web-based survey: Stakeholder Needs and Interests Market Survey (NIMS) (**Attachment D-5**), Consumer Satisfaction Survey (**Attachment D-6**), TA Feedback Survey (**Attachment D-7**), and TA Pilot Assessment (**Attachment D-8**).

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

No personal or sensitive information will be collected.

A-12. Estimates of Annualized Burden Hours and Costs

OMB approval is requested for three years. The interviews and NIMS survey will be conducted over Years 1 and 2. The Consumer Satisfaction Survey and TA Feedback Survey will be conducted over Years 2 and 3 and the TA Pilot Assessment will be conducted once in Year 3.**Table A-11.a** provides a breakdown of the number of respondents in each audience category, and maximum number of responses to each instrument.

Table A-11.a. Respondent and Instrument Breakdown

Target Audience	Interview	NIMS	Consumer Satisfaction Survey	TA Feedback Survey	TA Pilot Assessment
Employers	**10**	**450**	**460**	**25**	**25**
Business Groups	**10**	**100**	**110**		
Vendors And Consultants	**12**	**100**	**112**		
Public Health Organizations	**4**	**50**	**54**	**75**	**75**
Journalists	**4**	**50**	**54**		
Researchers and Academics	**10**	**50**	**60**		
Total	**50**	**800**	**850**	**100**	**100**

In Phase 1 (Years 1 and 2), fifty individual interviews will be conducted, with each interview lasting no more than one hour. 800 NIMS surveys will be sent out, with each survey taking approximately 20 minutes to complete. In Phase 2 (Years 2 and 3), 850 users of the Resource Center will have the option of completing a Consumer Satisfaction Survey, which will take two minutes to complete. In addition, TA Feedback Surveys will be sent out to up to 100 participants after each of the 15 TA encounters, with each survey taking approximately 5 minutes to complete. In Year 3 of Phase 2, 100 TA Pilot Assessments will be sent out, with each survey taking approximately 20 minutes. The annualized number of respondents involved in each data collection activity is provided below, along with the estimated annualized burden hours.

Employers will be respondents for the following information collections.

- Employer Needs and Interests Interview Guide (**Attachment D-1**) will be completed once over Years 1 and 2 by telephone by 10 employers who are potential users of the Resource Center. The annualized number of respondents is 3 for Phase 1 and the total estimated annualized burden is 3 hours (60 minutes per response).
- Stakeholder Needs and Interests Market Survey (NIMS) (**Attachment D-5**) will be completed once online over Years 1 and 2 by 450 employers who are potential users of the Resource Center. The annualized number of respondents is 150 for Phase 1 and the total estimated annualized burden is 50 hours (20 minutes per response).
- TA Feedback Survey (**Attachment D-7**) will be completed up to 15 times online over Years 2 and 3 by up to 25 employers who are potential participants in technical assistance activities. The annualized number of respondents is 8 for Phase 2 and the total estimated annualized burden is 3 hours (5 minutes per response for 5 surveys each year).
- TA Pilot Assessment (**Attachment D-8**) will be completed once online in Year 3 by up to 25 employers who are potential participants in technical assistance activities. The annualized number of respondents is 8 for Phase 2 and the total estimated annualized burden is 3 hours (20 minutes per response).

Business Groups, Vendors, Consultants, and Public Health Organizations will be respondents for the following information collections.

- Business Groups, Vendors, Consultants, and Public Health Organizations Needs and Interests Interview Guide (**Attachment D-2**) will be completed once over Years 1 and 2 by telephone by 10 business groups, 12 vendors and consultants, and 4 public health organizations who are potential users of the Resource Center. The annualized number of respondents is 9 for Phase 1 and the total estimated annualized burden is 9 hours (60 minutes per response).
- Stakeholder Needs and Interests Market Survey (NIMS) (**Attachment D-5**) will be completed once online over Years 1 and 2 by business groups (n=100), vendors and consultants (n=100), and public health organizations (n=50) who are potential users of the Resource Center. The annualized number of respondents is 83 for Phase 1 and the total estimated annualized burden is 28 hours (20 minutes per response).

- TA Feedback Survey (**Attachment D-7**) will be completed up to 15 times online over Years 2 and 3 by up to 75 public health organizations who are potential participants in technical assistance activities. The annualized number of respondents is 25 for Phase 2 and the total estimated annualized burden is 10 hours (5 minutes per response with 5 surveys each year).
- TA Pilot Assessment (**Attachment D-8**) will be completed once online in Year 3 by up to 75 public health organizations who are potential participants in technical assistance activities. The annualized number of respondents is 25 for Phase 2 and the total estimated annualized burden is 8 hours (20 minutes per response).

Researchers and Academics will be respondents for the following information collections.

- Research Community Needs and Interests Interview Guide (**Attachment D-3**) will be completed once over Years 1 and 2 by telephone by 10 researchers and academics who are potential users of the Resource Center. The annualized number of respondents is 3 for Phase 1 and the total estimated annualized burden is 2 hours (45 minutes per response).
- Stakeholder Needs and Interests Market Survey (NIMS) (**Attachment D-5**) will be completed once online over Years 1 and 2 by 50 academics and researchers who are potential users of the Resource Center. The annualized number of respondents is 17 for Phase 1 and the total estimated annualized burden is 6 hours (20 minutes per response).

Journalists will be respondents for the following information collections.

- Journalists Needs and Interests Interview Guide (**Attachment D-4**) will be completed once over Years 1 and 2 by telephone by 4 journalists who are potential users of the Resource Center. The annualized number of respondents is 1 for Phase 1 and the total estimated annualized burden is 1 hours (45 minutes per response).
- Stakeholder Needs and Interests Market Survey (NIMS) (**Attachment D-5**) will be completed once online over Years 1 and 2 by 50 journalists who are potential users of the Resource Center. The annualized number of respondents is 17 for Phase 1 and the total estimated annualized burden is 6 hours (20 minutes per response).

All respondent groups (i.e., employers, business groups, vendors, consultants, public health organizations, researchers, academics, and journalists) will be respondents for the Consumer Feedback Survey (**Attachment D-6**). We will collect responses from the first 850 people to fill out the survey over Years 2 and 3. The annualized number of respondents is 283 and the total estimated annualized burden is 9 hours (2 minutes per response).

The total estimated annualized burden hours are 138.

Table A.12.1. Estimated Annualized Burden Hours and Cost to Respondents

Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Phase 1					
Key stakeholders and Users of the Resource Center					
Employers	Employer Needs and Interests Interview Guide	3	1	1	3
Business Groups/Vendor/Consultant/Public Health Organizations	Business Groups, Vendors, Consultants, and Public Health Organizations Needs and Interests Interview Guide	9	1	1	9
Journalists	Journalists Needs and Interests Interview Guide	1	1	45/60	1
Researchers	Research Community Needs and Interests Interview Guide	3	1	45/60	2
Key Stakeholders and Users of the Resource Center (All Groups)	Stakeholder Needs and Interests Market Survey	267	1	20/60	89
				Sub Total Phase 1	104
Phase 2					
Key Stakeholders and Users of the Resource Center	Consumer satisfaction survey	283	1	2/60	9
Technical Assistance (TA) Participants	TA Feedback Survey	33	5	5/60	14

Technical Assistance (TA) Participants	TA Pilot Assessment	33	1	20/60	11
				Sub Total Phase 2	34
				Total	**138**

The total estimated annualized cost to respondents is $14,536.

The current estimated cost of the time devoted to this information collection by respondents is $14,536as summarized in Table A.12.2. These costs will be updated to reflect participation in the TA component of this project once the formative research phase is concluded. To calculate this cost, we used the mean hourly wage of $23, which represents the Department of Labor estimated mean for state, local, and private industry earnings (U.S. Bureau of Labor Statistics, 2015). There are no direct costs to respondents associated with participation in this information collection.

Table A.12.2 Estimated Annualized Cost to Respondents

Respondents	**Form Name**	**No. of Respondents**	**No. of Responses per Respondent**	**Average Burden per Response (in hours)**	**Hourly Wage Rate**	**Annualized Cost**
Phase 1						
Key stakeholders and Users of the Resource Center						
Employers	Employer Needs and Interests Interview Guide	3	1	1	$23	$69
Business Groups/Vendor/Consultant /Public Health Organizations	Business Groups, Vendors, Consultants, and Public Health Organizations Needs and Interests Interview Guide	9	1	1	$23	$207
Journalists	Journalists	1	1	45/60		

	Needs and Interests Interview Guide				$23	$23
Researchers	Research Community Needs and Interests Interview Guide	3	1	45/60	$23	$69
Key Stakeholders and Users of the Resource Center (All Groups)	Stakeholder Needs and Interests Market Survey	267	1	20/60	$23	$6,141
				Sub Total Phase 1	628	$6,509
Phase 2						
Key Stakeholders and Users of the Resource Center	Consumer satisfaction survey	283	1	2/60	$23	$6,509
Technical Assistance (TA) Participants	TA Feedback Survey	33	8	5/60	$23	$759
Technical Assistance (TA) Participants	TA Pilot Assessment	33	1	20/60	$23	$759
				Sub Total Phase 2		$8,027
				Total		**$14,536**

A-13. Estimates of Other Annual Cost Burden to Respondents and Record Keepers

CDC does not anticipate that participants in the CDC Resource Center will incur any additional costs or burden for record keeping.

A-14. Annualized Cost to the Government

The current data collection costs include the cost of CDC personnel for oversight of instrument development; planning, design, and implementation of the Resource Center, and costs associated with the contract with ICF (Fairfax, Virginia) the Resource Center implementation contractor. 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 activities of the Resource Center including: communications with internal and external stakeholders; planning and developing protocols for the data collection and analysis. 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) and the CDC National Institute for Occupational Safety and Health targeting the health risk factors and health conditions of interest to the CDC Workplace Health Promotion Resource Center.

ICF will provide operational management of the Resource Center and coordinate activities among its participants and users. ICF's responsibilities include developing the Resource Center instrument development, and conducting the data collection and evaluation. ICF will also provide guidance in establishing the Resource Center infrastructure; assist in communication activities such as reporting progress to CDC and preparing reports and publication materials.

Under a subcontract with ICF, the Resource Center project team will receive additional support from Truven and Johns Hopkins University (JHU). They will provide expertise in instrument development, participant outreach, data collection and analysis. JHU will assist with development of the data collection instruments and management of the data collection and conduct de-identified linkage and analysis of the survey data.

The ongoing data collection costs and associated project support costs are assumed constant for the useful life of the program. The average annualized cost of the contracts with respect to data collection is estimated at $97,576 per year for approximately 976 hours of labor (@$100/hour).

The total estimated annualized cost to the Federal government is $135,376 (TOTAL).

Cost Category	**Avg. Annual Cost**
ICF Information Collection Contractor Evaluation Instrument Design $20,915 Information Collection $27,873 Information Analysis $29,873	$97,576

Dissemination of Information $18,915	
CDC GS-14 30% GS-14 @ $126,000/year	$37,800
Total	**$135,376**

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 outside of it with the business community through the development of case studies, scientific presentations, peer-reviewed publications, and tools and resources developed for employers and populated within the Resource Center. Additional dissemination channels may include publications that are commonly read and of interest to employers and human resources staff who regularly manage workplace health programs.

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

Table 16A. Project Assessment Time Schedule

Activity	Method	Content	Timing/Frequency	Attachment #
OMB Approval - Survey Instrument / information Collection Methods (estimated)				
OMB Approval	N/A	N/A	October, 2016 (estimated)	N/A
Phase I Activities:				
Recruitment for interviews and web-survey	Invitational emails	Assess interest in participating in Resource Center formative research, study description, consent form	Begin 2-3 weeks after OMB approval for one round of information collection	N/A
Information collection	Telephonic interviews and online surveys	Assess needs and interests for the design and content of the Resource Center	Begin 3-4 weeks after OMB approval	D1-D5
Build and modify Resource Center	Analyze results of interviews and surveys to determine stakeholder needs and interests	Thematic and descriptive analyses of interview and survey responses, organization of existing materials, development of new materials	Begin 8-12 weeks after OMB approval	N/A
Launch Resource Center	N/A	Resource Center available	9-10 months after OMB approval	
Phase II Activities:				
Revise data collection instruments based on	N/A	N/A	March 2017	D6-D8

formative research (as needed)				
Submit change request (as needed)	N/A	N/A	March 2017	N/A
Invite participants for TA pilot	Invitational emails	Assess interest in participating in Resource Center TA Pilot, pilot description	April 2017	N/A
Information collection	Consumer Satisfaction Survey, TA Feedback Survey, TA Pilot assessment to assess satisfaction	Assess satisfaction with resource center and TA pilot	June 2017	D6-D8
Modify and improve the Resource Center	Improve functionality of resource center and TA offerings. Review and update resource center content	N/A	Ongoing	N/A

Analysis Plan

A combination of qualitative and quantitative data elements will be used for synthesizing the formative research for the Resource Center. The summary of findings will include a descriptive component to determine the extent to which stakeholder needs and interests are prioritized. These analyses will be supplemented with interview data collected.

Descriptive Analysis

Data collected from the NIMS and Consumer Feedback Survey will be analyzed using aggregate counts and percents of closed-ended responses. Data collected from interviews will be analyzed using thematic analysis; no quantitative analyses will be performed on the interview data.

Statistical Modeling

No statistical modeling will be done on data collected from the NIMS, Consumer Feedback Survey, interviews, or Technical Assistance.

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

The OMB expiration date will be displayed on all information collection instruments. No exceptions are requested.

A-18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

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