

CDC Workplace Health Promotion Resource Center

New Supporting Statement: Part B

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Section B: Statistical Methods

B.1 Respondent Universe and Sampling Methods

This is a descriptive and exploratory qualitative information collection. Statistical methods will not be used to select respondents. Instead, potential respondents will be identified via a convenience sample pooled by CDC, ICF, Truven, and Johns Hopkins. Respondents will be recruited via invitational emails, which will be sent directly to potential respondents and to group representatives who can disseminate the invitational emails to their constituents with the exception of respondents to the consumer feedback survey, who will be recruited via a “pop-up” that appears on the Resource Center website. Anyone who visits the website will be eligible to participate in the consumer feedback survey. Each of these processes is described in greater detail below.

The respondent universe will be segmented by stakeholder category, including employers, business group representatives, workplace health promotion (WHP) vendors and consultants, public health organizations, journalists, academics and researchers. Each of these groups plays a distinct and critical role in the adoption and support of WHP, and each may have unique needs and wishes for the design, content, and future use of the CDC Workplace Health Promotion Resource Center (“Resource Center”). In order to best understand the needs of each of these groups, candidates will be selected based upon key characteristics.

Employers Respondent Universe: Employers are the group most likely to use and benefit from the Resource Center. Employers will be targeted based upon their size (small employers with 0-249 employees, medium employers with 250-749 employees, and large with 750 or more employees), their experience with WHP (ranging from no experience with WHP to having a well-established and successful WHP), and their business sector. Because it is anticipated that small and medium sized employers will be more likely to need and use the Resource Center, these groups will represent 80% of the invitations sent to employers; large employers will constitute the remaining 20%. In order to minimize the burden to small and medium sized employers, special considerations will be taken into account to respect their time and resources, such as ensuring that questions are worded clearly and simply, skip patterns are used in online surveys, interviews are scheduled at convenient times, and time commitments are minimized.

Business Group Representatives Respondent Universe: Business group representatives will be selected based upon the constituents they represent, and the number of constituents they have. For example, the National Business Group on Health, the National Institute for Health Care Management, and the Trust for America’s Health each represent unique business groups with unique needs. Obtaining responses from the constituents of these groups will allow for the efficient collection of a diverse and robust sample of thoughts and opinions pertaining to the design and content of the Resource Center.

Workplace Health Promotion Vendors and Consultants Respondent Universe: WHP vendors and consultants play an integral role in the adoption and maintenance of WHP. Because their business depends on having up-to-date, scientifically credible workplace health promotion information, they would be very likely to use the Resource Center and therefore have specific needs and wishes for the Resource Center’s design and content.

Public Health Organizations Respondent Universe: Public health organizations, including state and local public health departments and nonprofits, have become increasingly involved in WHP, and have expressed a need for current, well-organized, scientifically supported information that is organized to meet their needs. Public health organizations will be selected based upon their current experience with WHP, ranging from no experience to well-established experience. The National Association of County and City Health Officials and the Association of State and Territorial Health Officials will also be contacted in order to disseminate invitational emails to the broadest possible respondent population.

Journalists Respondent Universe: Journalists, particularly those who publish articles on health and business, frequently seek out up-to-date and scientifically supported WHP information for their articles, and their articles serve as many stakeholders' first introduction to the concept of WHP. Thus, it is important to understand the best way to design the Resource Center in order to meet the journalists' needs. Potential journalist respondents will be identified based on their track record of covering WHP and related topics.

Researchers and Academics Respondent Universe: Researchers and academics will serve the dual role of contributing to and benefitting from the Resource Center. Depending on their responses to this formative research, the Resource Center could play a role in generating collaboration and new avenues of research, and serving as a novel way of sharing existing and emerging research. Researchers and academics will be identified by their bodies of research and publication records.

Study Design: The overall goal of the Phase 1 formative research is to 1) understand the full range of needs and interests for the design, content, and maintenance of the Resource Center from the wide variety of potential users, and 2) assess consumer satisfaction with the Resource Center and Technical Assistance (TA) provided. To achieve this goal, the study will be split into two phases. The study design for Phase 1 calls for a total of up to 50 interviews being conducted over the telephone and up to 800 needs and interests market surveys (NIMS) (**Attachment D-5**) being filled out online. Conducting interviews will allow for in-depth probing of stakeholder ideas, while surveys will allow for the collection of information from a wider swath of stakeholders.

The respondent universe for the interviews and NIMS is the same. Candidates for interviews will be selected based on the principal investigators' opinion about who would have relevant and useful information for the project (e.g., an employer with or without a WHP program, someone who has worked in the WHP field for a long time, someone who has published recent or seminal works on WHP, or someone who leads a particularly successful model program). Individuals not selected for interviews will be asked to fill out the online needs and interests market survey.

The study design for Phase 2 calls for participation in three types of online surveys - up to 850 Consumer Satisfaction Surveys (**Attachment D-6**) being filled out online, up to 1500 TA Feedback Surveys being filled out online (**Attachment D-7**), and up to 100 TA Pilot Assessments (**Attachment D-8**) being filled out online. The respondent universe will be segmented by stakeholder category, including business group representatives, individual businesses, workplace health promotion (WHP) vendors and consultants, state and local public health departments, public health organizations, academics and researchers, and journalists.

The respondent universe for the Consumer Satisfaction Survey is users of the Resource Center. Users who visit the Resource Center website will see a “pop-up” that invites them to participate in a 2-minute feedback survey. We will collect up to 850 responses to the Consumer Feedback Survey.

The respondent universe for the TA Feedback Survey and TA Pilot Assessment is the same as for the interviews and NIMS. Five sites will be selected to participate in a technical assistance pilot. Sites will be selected based on current WHP activities and limited to public health organizations. Sites will be identified by CDC and ICF and recruited via invitational emails, which will be sent directly to potential participants in the TA pilot. Each site will be eligible to participate in TA activities and invite key stakeholders in their community (i.e. representatives from the key stakeholder groups previously identified) to participate in TA activities. Each site will be restricted to a maximum of 20 participants for a total of 100 participants per survey. After each TA encounter, participants will be directly emailed the TA Feedback Survey. At the conclusion of the TA pilot, any participant who participated in two or more TA activities will be invited via email to complete the TA Pilot Assessment.

Information Collected via Interviews: The overall goal of the interviews is to obtain deep understanding of how stakeholders would like the Resource Center to be designed, and what content they would like the Resource Center to offer. Using open-ended questions, we will explore broader issues such as the utility and value of workplace health promotion (WHP), identify best and promising practices for workplace programs and how these can be communicated to lay audiences, learn about the role the CDC and advocacy groups can play in assisting the implementation of WHP, determine resources most needed to overcome barriers and accelerate effective WHP initiatives, identify specific strategies and tactics respondents have used and whether or not those strategies were effective, identify unique needs of small vs. medium vs. large businesses, identify topics that stakeholders would like covered by the Resource Center, and identify most the most effective communication strategies and information dissemination practices (**Attachment C and Attachments D-1-D-4**).

Information Collected via NIMS and Consumer Satisfaction Survey: The overall goal of the online surveys is to obtain as wide and representative a sample of potential Resource Center users’ needs and wishes as possible. Using closed ended questions, we will collect respondent job title/role, company and stakeholder category, explore issues such as the utility and value of workplace health promotion (WHP), learn how and where stakeholders currently access and use information/tools/resources for WHP, determine what CDC tools/resources stakeholders are currently aware of and use, determine resources most needed to overcome barriers and accelerate effective WHP initiatives, understand logistical barriers to WHP implementation, including issues accessing information, obtaining technical support, identify structure/organization of a resource center that would be deemed most functional or easy to use, identify unique needs of small vs. medium vs. large businesses, identify topics, approaches, formats and types of technical assistance that stakeholders would like covered by the resource center; i.e., what kind of videos would be most helpful (infographic, case studies, other), gauge interest for interactivity with peers or experts via the Resource Center, and identify the kind of messaging that would be most appealing to draw stakeholders to the Resource Center as a go-to source (**Attachment C and Attachment D-5 and D-6**).

Information Collected via TA Feedback Survey and TA Pilot Assessment: The overall goal of the TA surveys is to gain insight on how to best provide TA support to stakeholders after the study period has concluded. We will use close ended questions to collect respondent information, identify participation and frequency of participation in TA activities, and understand overall satisfaction with the types of TA offered and the key elements of each TA modality. We will use open ended questions to understand facilitators and barriers to participation in TA activities, explore areas of improvement in providing TA, determine gaps in TA provision, and understand how TA contributed to the accomplishment of each participant’s objectives (**Attachment C and Attachment D-7 and D-8**).

Anticipated Response Rates: For Phase 1, we anticipate that approximately 4 out of 5 people will agree to participate in the interview and approximately 1 out of 2 people contacted for the NIMS will agree to participate. Therefore, we anticipate that approximately 40 people will participate in interviews and 400 will complete the NIMS. For Phase 2, we anticipate that 500 will complete the Consumer Satisfaction Survey, 7 out of 10 people will complete each TA feedback survey (70 total per survey with 1050 total responses over 15 surveys), and 7 out of 10 people (70 total) will complete the TA Pilot Assessment. Based on these estimates, the burden to the public for the entire study will be 267.5 person hours (40 interviews that take one hour each, 400 NIMS surveys that take 15 minutes each, 500 consumer satisfaction surveys that take two minutes each, 1050 TA Feedback Surveys that take 5 minutes, and 70 TA Pilot Assessments that take 20 minutes).

B.2 Procedures for the Collection of Information

During the three year period, information will first be collected from interested employers using the stakeholder needs and interests interviews and online surveys (**Attachments D-1-D-8**).

ICF, Truven, and Hopkins will be responsible for coordinating information collection activities, collecting and summarizing information, and preparing reports.

We will recruit participants until quotas are filled (**Table 1 – Recruitment Strategy**).

Table 1. Recruitment Strategy

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		
State And Local Public Health Departments, Public Health Organizations	4	50	54	75	75
Journalists	4	50	54		
Researchers and Academics	10	50	60		
Total	50	800	850	100	100

Once the respondent universe has been identified, 50 individuals selected by the principal investigators will be sent an email inviting them to participate in an interview. The email will explain the purpose of the project, what participation would involve, and the estimated time commitment participation would require. Those who respond that they would like to participate will be sent a follow-up email with potential dates and times for the interview.

Interviews will be conducted via conference call by a trained Johns Hopkins moderator. Each interview will last approximately 60 minutes. At the start of the interview, the moderator will explain the study and ask participants for verbal consent to be interviewed, to have their name and their organization’s name used in the Resource Center, and to be directly quoted in the Resource Center. After consent is obtained, the moderator will follow a brief list of questions that will guide a semi-structured interview (**Attachments D-1–D-4**). Hopkins staff will listen in on the conference call to take notes on a laptop computer and coordinate audio recordings. All audio recordings will be stored on the password-protected Johns Hopkins cloud-based file storage service.

Those who decline participation in the interview will be sent a follow-up email inviting them to participate in the NIMS. The NIMS invitational email will be sent to anyone who declines the interview, and to other stakeholders, until a total of 800 NIMS invitational emails have been sent out. The invitational email will explain the purpose of the project, what participation would involve, and the estimated time commitment participation would require. Those who respond that they would like to participate will be sent a follow-up email with a link to the survey.

All invitational emails will also offer potential participants the opportunity to visit the Resource Center and provide consumer satisfaction feedback via an online platform.

Both the NIMS (**Attachment D-5**) and consumer satisfaction surveys (**Attachment D-6**) will be conducted online via an online survey platform, such as SurveyMonkey or Qualtrics. Questions will be closed ended, and simple descriptive statistics will be used to summarize response patterns.

Once the respondent universe has been identified for the TA pilot, data will be collected through web-based surveys administered to all participants in the TA pilot. The surveys will be administered as an evaluation of the TA Pilot. The TA Feedback Survey will be administered to evaluate satisfaction with each individual TA encounter (n-15). The TA Pilot Assessment will be administered as an evaluation of the overall success of the TA Pilot and to collect information to improve future TA activities.

The web-based surveys will be programmed using Survey Monkey or Qualtrics, commercial off-the-shelf survey applications that are highly customizable with sophisticated conditional routing and data validation capabilities.

Once the respondent universe has been identified and before the TA Pilot begins, all potential participants will be informed of the purpose of the two surveys, why their participation is important, the security of their responses, and that participation is voluntary. This information will be reiterated in subsequent communications. For the TA Feedback Survey, an email will be sent immediately following each TA encounter. For the TA Pilot Assessment, an email will be sent to all participants in TA at the within one week of TA pilot's conclusion. For both surveys, the email will inform participants about the survey, provide them with a link to the online survey, survey instructions, and recap the purpose, security, and voluntary nature of the survey.

Each TA Feedback Survey will remain open for 5 business days. Respondents must complete the survey in a single session. A reminder email will be sent on day 4. The TA Pilot Assessment will remain open for 10 initial business days with a potential 5 business day extension, if needed, to allow ample time for respondents to complete the survey. Respondents must complete the survey in a single session. A reminder email will be sent on day 6 after the survey is initially sent, with a final remainder email sent on day 9 of the survey.

B.3 Methods to Maximize Response Rates and Deal with Non Response Bias

For all instruments being used in the Resource Center, CDC designed the procedures for collecting information to minimize the burden to respondents and to the government, to maximize convenience and flexibility, and to ensure the quality of the information collected.

CDC's implementation contractors, ICF, Truven, and Johns Hopkins, were selected in part because of their experience and expertise in planning and managing similar initiatives and working successfully with content and technical experts of the type required for the current Resource Center.

In order to maximize response rates, a follow-up email will be sent to potential participants who do not respond to the initial email. If people do not respond to the second email, no further attempts will be made to contact them.

While we anticipate a moderately low response rate for the NIMS survey (approximately 50%), we do not anticipate that this will have a significant negative impact on the project for four reasons. First, we still anticipate receiving over 400 surveys, which is a sufficiently large sample size to help inform the design and development of the Resource Center. Second, we anticipate having an 80% response rate from the interviews, which will provide a wealth of in-depth information. Third, it seems logical that the people most likely to use the Resource Center are the same people who are most likely to fill out the NIMS survey. Thus, it makes sense that we would tailor the design to the needs and wishes of respondents. Finally, there is no reason to think respondents and non-respondents would want the Resource Center to be designed differently. We believe that fulfilling the needs and wishes of the respondents will create a Resource Center that suits the needs of both respondents and non-respondents.

In order to maximize response rates for the consumer satisfaction survey, a “pop-up” will appear to users of the Resource Center asking them to fill out a two-minute survey regarding their views of the website. Following the link provided in the ad will allow users to immediately provide their thoughts, and minimize the number of steps potential respondents have to take to provide feedback.

Although participation in the TA Feedback Survey and TA Pilot Assessment is voluntary, every effort will be made to maximize the rate of response for these surveys. Project team members designed the surveys with particular focus on minimizing respondent burden and the length of time to complete the survey. The sites for the TA pilot will be personally invited by CDC and ICF. These public health organizations will receive free technical assistance tailored to their current WHP efforts. The relationship with sites and the participants will span at least twelve months allowing the project staff to develop relationships with the participants and reinforcing their engagement in the TA pilot. Participants will be informed of the two survey instruments prior to engaging in the TA pilot. Throughout the course of the TA pilot, project liaisons to the sites will reinforce and remind participants about the value and purpose of both the TA Feedback Survey and the TA Pilot Assessment. The TA Feedback Survey will allow project staff to course correct in the event that initial TA offerings are not relevant or valuable to the participants. It seems logical that participants would be invested in ensuring the TA met their needs. Before beginning each TA encounter and at the close, project staff will remind participants that they will receive an email inviting them to complete the TA Feedback Survey. All efforts will be made to email out the survey within 5 minutes of ending each TA encounter to ensure participants have immediate access. Reminders will be used to prompt participants. At the conclusion of the TA Pilot, participants will be emailed the TA Pilot Assessment as part of the wrap-up to their participation. In order to maximize response rates, a follow-up email will be sent to potential participants who do not respond to the initial email. Up to one additional reminder will be used to attempt to maximize participation in the TA Pilot Assessment.

Participation of employers and other respondents in the Resource Center development is strictly voluntary. Employers and other stakeholders may withdraw from participation at any time simply by notifying the implementation or evaluation contractor staff.

B.4 Test of Procedures or Methods to be Undertaken

The Resource Center team, including subject matter experts from CDC, ICF, Truven, and Johns Hopkins (the implementation contractors) and its team leaders provided input on the content of the required data and survey tools to adequately capture the information required for planning, implementation and evaluation of the Resource Center, as well as the frequency of information capture.

The proposed project involves the collection of qualitative information. The proposed interview questions have not specifically been pilot tested, but the Hopkins moderator has led numerous interviews on the topic of WHP and will ensure that each interview ends before 60 minutes have elapsed. The proposed NIMS survey questions will be pilot tested by a convenience sample of fewer than nine Hopkins employees to ensure questions are clear and can be completed in 15 minutes or less. Similarly, the consumer feedback survey questions will be pilot tested by a convenience sample of fewer than nine Hopkins employees to ensure questions are clear and can be completed in 2 minutes or less.

The TA Feedback Survey is based on previously existing CDC and ICF training and technical assistance evaluation surveys and has been tested by project staff to ensure that it can be completed in 5 minutes or less. The TA Pilot Assessment is 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 03/31/2014) that was pilot tested and implemented with a response time range of 15-20 minutes. For the purposes of estimating burden hours, the upper limit of this range (i.e., 20 minutes) is used. Since there will only be one wave of data collection, only one block of 20 minutes or less is needed from each participant. The proposed TA Pilot Assessment will be pilot tested by a convenience sample of fewer than nine ICF employees to ensure questions are clear and can be completed in 20 minutes or less.

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

CDC will provide overall program management for the Resource Center, directing regular planning and coordination meetings with the contractor staff including the information collection plan. The implementation contractors, ICF, Truven, and Johns Hopkins, will provide operational management of the Resource Center and coordinate information collection and analysis activities.

The principal contacts for each organization are listed below:

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