CDC Worksite Health ScoreCard (CDC ScoreCard)

Extension: 0920-1014 03/31/2022

**Supporting Statement B**

**Program Official/Contact**

Jason E. Lang MPH, MS

Team Lead, Workplace Health Programs

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

P: (770) 488-5597

F: (770) 488-5962

jlang@cdc.gov

1/4/2022

TABLE OF CONTENTS

[B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS 3](#_Toc1316552)

[*B1. Respondent Universe and Sampling Methods* 3](#_Toc1316553)

[*B2. Procedures for the Collection of Information* 3](#_Toc1316554)

[*B3. Methods to Maximize Response Rates and Deal with No Response* 4](#_Toc1316555)

[*B4. Tests of Procedures or Methods to be Undertaken* 5](#_Toc1316556)

[*B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data* 5](#_Toc1316557)

[REFERENCES 6](#_Toc1316558)

**[ATTACHMENTS](#_REFERENCES_(Tool_Tip:" \o "Tool Tip: You may copy and paste your list of Attachments from SSA or fill in below))**

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 B-1 Federal Register Notice – 60 day

Attachment B-2 Summary of Public Comments

Attachment C-1 CDC Worksite Health ScoreCard Registration Screenshots

Attachment C-2 CDC Worksite Health ScoreCard Screenshots

Attachment C-3 CDC Worksite Health ScoreCard Sample Benchmark Report

Attachment C-4 CDC Worksite Health ScoreCard Resources for Action

Attachment D CDC Worksite Health ScoreCard Frequently Asked Questions (FAQs)

Attachment E Non-Research Determination

**B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS**

## *B1. Respondent Universe and Sampling Methods*

The purpose of this extension information collection is to continue to provide access to allow a broader group of employers the ability to utilize the CDC Worksite Health ScoreCard (OMB #0920-1014, Exp 03/31/22), a web-based worksite organizational assessment, to regularly assess their workplace health programs and practices. The resulting data will be used to support research and increase understanding of the organizational programs, policies, and practices that employers of various sizes and industry sectors have implemented to support healthy lifestyle behaviors. It will also document changes in employer organizational practices over time and allow CDC to provide better technical assistance to employers seeking guidance on building or maintaining workplace health promotion programs. Approximately 800 employers participate annually over three years which consists of creating an online CDC Worksite Health ScoreCard *(hereafter referred to as the “CDC ScoreCard”)* account, completing the CDC ScoreCard instrument, and receiving feedback with a benchmarking report.

The respondent universe is employers of various sizes, industry sectors (public, private, and non-profit) and geographic locations in the United States. CDC’s goal is to register a diverse group of employers. Research suggests that although small/medium-sized companies employ the majority of Americans, they are much less likely to sponsor worksite health promotion programs making small businesses a main priority for CDC[[1]](#endnote-2). Therefore, the focus of outreach and registration will be smaller enterprises that can benefit from the organizational assessment and support tools and resources that accompany it. Overall, we estimate that 800 employers will participate per year, with approximately 70% of employers classified as small businesses (< 500 employees). There are no additional eligibility criteria or restrictions on participation.

Registration is completely voluntary and outreach and recruitment efforts will be conducted through a variety of methods including marketing of the CDC ScoreCard through existing employer partnerships; meetings and conferences where employers gather; social media and websites; and through participation in other CDC Workplace Health Programs such as CDC’s Work@Health employer training program.

While participation by employers is strictly voluntary, CDC will seek to identify employers who have completed the CDC ScoreCard before and with strong potential for completing the CDC ScoreCard annually over the three-year period. During the prior 3-year approval, 1,793 worksites (70% small, 15% mid-size, and 15% large) submitted CDC ScoreCards. Organizations that participate in the organizational assessment are under no obligation to complete and/or re-submit the surveys and they may withdraw at any time. CDC expects a high level of commitment from employers based on the access to benchmarking reports available by completing the survey.

The CDC ScoreCard project outreach project team will work with national, regional, and state-based organizations and associations (e.g., chambers of commerce, business coalitions, professional societies) to spread awareness of the online instrument and encourage employer participation. The outreach team will work with national, regional, and state based organizations through presentations, webinars, and electronic communications such as email, e-newsletters, and listservs to market the CDC ScoreCard, encourage employers to visit the CDC Worksite Health ScoreCard website, and invite employers to participate (**Attachment C-1 and C-2**).

## *B2. Procedures for the Collection of Information*

Pending OMB approval, the CDC ScoreCard will engage and register employers across the country and lead them through the process of completing their organizational assessment using the online application. A core principle of the initiative is to raise awareness of and educate employers about science and practice-based strategies to design and implement a successful worksite health program. The process of participating in the CDC ScoreCard will include the following components:

1. Register and create an individual employer log in and register a worksite (**Attachment C-1).** The registration process should take no more than five minutes to complete and includes the employer’s contact information and organizational demographics. Employers will be reached and invited to participate 1) through outreach and engagement at employer meetings; 2) webinars and presentation made by the outreach team to employers describing the pilot test opportunity; and 3) through the population of past CDC ScoreCard users.
2. Access and complete the CDC Worksite Health ScoreCard 154 item organizational health topic assessment divided into 19 modules and 20 optional demographic questions (**Attachment C-2**).
3. Receive immediate feedback and a benchmarking report upon submission which compares the number of strategies the employer is implementing to the number of strategies implemented by other employers in the same employer size category (**Attachment C-3**).
4. Access to technical support and key information about the survey questions, health topics, user instructions, scoring methodology, etc.
5. Link to tools and resources based upon survey scores that provide suggestions for improving their workplace health program (**Attachment C-4**).
6. Reminders to retake the survey annually, providing a view of the current year and historical survey scores.

Respondents and their respective data collection assessments are categorized as follows:

**Employers.** As stated above, the outreach team will connect with employers through gatekeeper organizations (e.g., chambers of commerce, business coalitions) and encourage employers to register an account and utilize the CDC ScoreCard.At least one representative from each employer will complete the online survey to evaluate and benchmark each organization’s focus on health promotion once each year for three years. This process begins with the registering of the organization, creating an individual employer log in ID, and completing the contact information and background information sections of the survey prior to completing the workplace health domain sections. Individual employer representative(s) contact information will be collected to communicate results back to the employers as well as provide tools and resources, technical support and troubleshooting assistance. Employer participants can complete the survey in one sitting or use their log in IDs to access the application and complete the survey over multiple sessions. It will also be recommended that participating employers form a small team, representing different organizational units to complete this survey together. A team-based approach will allow for more accurate responses, increase ownership and involvement amongst the team, and decrease effort for any single team member.

The CDC ScoreCard (**Attachment C-1 and C-2**) will collect information from the 800 employers to assess the extent to which employers have implemented evidenced-based health promotion interventions in their worksites and identify gaps in their health promotion activities. The CDC ScoreCard will be administered online to all employers once per year beginning in spring/summer 2022.

## *B3. Methods to Maximize Response Rates and Deal with No Response*

CDC designed the procedures for collecting information for the CDC ScoreCard to minimize the burden to respondents and to the government, to maximize convenience and flexibility, and to ensure the quality of the information collected. The CDC ScoreCard will seek to identify motivated, engaged, and committed employer participants to register and use the online application. The method of data collection will be conducted online to maximize response rates and convenience to respondents. Additionally, the application includes ample instruction, orientation, and access to project team members via telephone or email for answers to their questions to aid respondents in navigating the application and enhancing response rates.

CDC’s implementation contractor, Peraton, was selected in part because of their experience and expertise in designing and managing similar online surveys and web-based applications and working successfully with content and technical experts of the type required for the CDC ScoreCard application. Specific methodologies and strategies associated with the CDC ScoreCard are described below.

The CDC Worksite Health ScoreCard outreach team will work with national, regional, and state-based organizations to inform employers and organizations about the online application, encourage them to visit the CDC ScoreCard website, and invite them to register (**Attachment C-1**) and complete the survey (**Attachment C-2**). All interested employers will complete this survey online. Participating employers represent a convenience sample of employers.

Specifically, The CDC Worksite Health ScoreCard outreach team will work with two types of gatekeeper organizations to raise awareness and encourage employers to participate in the validation process and online assessment. The first group includes organizations at the local, state, or national levels that have employers as their members or primary constituents. These groups such as a local chamber of commerce may not have health or health promotion as a primary focus of their member activities while other gatekeepers such as a state or local business health coalition is actively working on employee health issues. The second group includes organizations at the local, state, or national levels that support employers in workplace health activities. These groups may be providing program support or education to employers to improve or build their workplace health programs, but not interested in completing the CDC Worksite Health Scorecard on behalf of their own organization but directing the employers they support to the CDC ScoreCard. This group would have a health focus and workplace health expertise as part of their organizational mission and include health departments, professional organizations, and/or health management service providers.

All gatekeeper organizations will be provided access to marketing and communications materials that are tailored for the employers they represent or work with. These materials include but are not limited to flyers, e-blasts, videos or presentations regarding the CDC ScoreCard – what it is, who is eligible to participate and why it would be beneficial to participate, as well as instructions to access the instrument.

CDC and the implementation contractor will actively encourage employer participants to complete the CDC ScoreCard survey (**Attachment C-2**) and will provide detailed instructions to ensure accurate responses. The survey is designed to be easy to complete and will provide respondents with an opportunity to begin to think about priority issues and action steps in worksite health after completion through an immediate feedback and benchmarking report (**Attachment C-3**). Participants will receive annual reminders to retake the CDC Worksite Health ScoreCard to monitor progress and track changes over time in their organizations. The application also allows for users to be provided technical support and troubleshooting assistance as well as feedback to be given which should also encourage participants to complete the survey.

Participation of employers in the CDC Worksite Health ScoreCard is strictly voluntary. Employers may withdraw at any time simply by closing their account or notifying CDC or the implementation contractor staff.

The data collected is based on a convenience sample of employers and is not generalizable to all employers. The purpose of the CDC ScoreCard application to provide individual employer users a benchmark of their organizational capacity, infrastructure, and programming with respect to evidence-based workplace health strategies and interventions, allow for reassessment over time to track changes in capacity, and allow users to benchmark their own capacity against other users of the system.

## *B4. Tests of Procedures or Methods to be Undertaken*

CDC originally developed the CDC Worksite Health ScoreCard organizational assessment and data collection plan in collaboration with subject matter experts at CDC, NIOSH, SAMHSA, Johns Hopkins University, Truven Health, Peraton, employers, and others. The CDC Worksite Health ScoreCard team, including subject matter experts from CDC and Peraton, provided input on the content of the required data and assessment tool to adequately capture the data required for implementation and evaluation of the CDC ScoreCard initiative.

CDC validated and pilot tested an updated version of the online survey for clarity, organization, and timing with a group of small to mid-size external employers (n=89) who would represent the target audience of the online survey application under the last clearance (OMB #0920-1014; Exp 02/28/2019). The average completion time for this group of employers was 75 minutes. Feedback from this group participating has been positive. Respondents indicated that the instrument was clear and understandable, comprehensive, and educational in terms of identifying an inventory or current practices and areas where workplace health improvements could be made. Overall concurrence between two individuals (n=178) representing their employer (n=89) for each individual CDC ScoreCard question averaged 75.8%. Lower levels of concurrence were seen when pilot testing the new CDC ScoreCard health topics (Alcohol and Other Substance Use, Musculoskeletal Disorders, Cancer, and Sleep and Fatigue). This was expected as these questions were new and had not been previously tested. Respondents also believed that the online version of the instrument is welcomed and enhanced their ability to regularly convene a group of internal stakeholders to complete the assessment on an annual basis as well as make the tool generally easier to administer and complete.

CDC has incorporated this input for the current version of the CDC ScoreCard (OMB #0920-1014; Exp 03/31/2022) accelerating its development and minimizing the need for additional data collection to revise it. The validation and pilot process involved a minimum number of employers to test the new modular questions and revisions to existing questions. Some reorganization of the instrument and minor revisions, particularly to the new modules, to better explain and define the context, concepts, or administration of the strategies and interventions contained in the questions has been completed. At the completion of the pilot testing, a net increase of one question was added to instrument (3 questions added and 2 removed) including a skip pattern question to the cancer module that enabled respondents to skip 2 questions in the module if they did not have outdoor workers as part of their workforce. This streamlined current information collection and minimized additional response time.

## *B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data*

CDC will provide overall program management for the CDC ScoreCard, directing regular planning and coordination meetings with the contractor staff including the data collection plan and reporting to participating employees and the aggregate benchmarking data.

The implementation contractor, Peraton, will provide operational management of the CDC Worksite Health ScoreCard including development, deployment, and maintenance of the online application; as well as collecting and analyzing CDC ScoreCard results from participating employers.

The principal contacts for each organization are listed below:

| **Name** | **Contact Info** | **Organization** | **Role** |
| --- | --- | --- | --- |
| Jason Lang | Phone: (770) 488-5597 Email: jlang@cdc.gov  | CDC | Team Lead |
| Dyann Matson-Koffman | Phone: (404) 639-4783Email: DMatsonKoffman@cdc.gov  | CDC | Health Scientist |
| Teshome Fesseha | Phone: (404) 679-9476Email: TFesseha@cdc.gov  | Peraton | Project Manager/Applications Teams |
| Christopher Ryan | Phone: (404) 679-9319Email: lju2@cdc.gov  | Peraton | User Experience Specialist |

# [REFERENCES](#_REFERENCES_(Tool_Tip:" \o "Tool Tip: Use End Notes)

1. Linnan LA, Cluff L, Lang JE, Penne M, Leff MS. Results of the Workplace Health in America Survey. American Journal of Health Promotion 2019, Vol. 33, No. 5, pp. 652-665. [↑](#endnote-ref-2)