CDC Worksite Health ScoreCard (CDC ScoreCard)

0920-1014 03/31/2022

Supporting Statement A

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JUSTIFICATION SUMMARY

Goal of the project: The goal of this extension information collection (OMB #0920-1014, Exp 03/31/22) is the ongoing usage by the employer community of the CDC Worksite Health ScoreCard, a Web-based organizational assessment tool. 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.

Intended use of the resulting data: The CDC Worksite Health ScoreCard is an organizational assessment and planning tool designed to facilitate three primary goals:

1. Assist employers in identifying gaps in their health promotion programs and help them to prioritize high-impact strategies for health promotion at their worksites.

2. Improve the health and wellbeing of employees and their families through science-based workplace health interventions and promising practices.

3. 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.

Methods to be used to collect: The primary mode of information collection will be an online survey.

The subpopulation to be studied: Respondents will be employers of various sizes, industry sectors (public, private, and non-profit) and geographic locations.

How data will be analyzed: Upon completion, employers will be given a summary report of their Scorecard benchmarked against other employers in the same size/industry category. The CDC ScoreCard also provides tailored feedback, directing users to evidence-based workplace health promotion strategies that are appropriate for the needs and interests of their workforce, and resources that may assist in implementation.

In addition to direct feedback, we expect that this data will also be used to support statistical analyses (e.g., using linear and non-linear regression models and hierarchical or multilevel models). CDC will use pre/post comparison information for program improvement.

A. JUSTIFICATION

A1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) requests an extension of its current OMB approval (#0920-1014, Exp 3/31/2022) for three years to continue use of the CDC Worksite Heath ScoreCard (CDC ScoreCard) enabling existing employer users as well as new users to continue to have access to the CDC ScoreCard, a Web-based organizational assessment tool designed to help employers identify gaps in their health promotion programs and prioritize high-impact strategies for health promotion at their worksites. Employer recruitment, enrollment, and information collection will continue, as previously approved.

CDC is the primary Federal agency for protecting health and promoting quality of life through the prevention and control of disease, injury, and disability [see authorizing legislation through the Public Health Service Act (section 42 U.S.C. 280l-280l-1, Sections 399MM and 399MM-1).

Workplace health promotion (WHP) programs offer a potentially powerful strategy to improve the health and wellbeing of the 155 million American workers, and possibly their dependents[i]. The workplace is where most American adults spend the majority of their waking hours during a typical workweek. While job-related pressures can negatively influence health behaviors, the workplace also presents an underutilized setting for positive programs designed to lower health risks, and, in turn, have an impact on the prevalence, severity, and cost of chronic disease. Through workplace health promotion programs, employers have the unique opportunity to reach a large segment of the population who would not normally be exposed to, or engaged in, health improvement efforts. Along with this opportunity, employers also have strong *incentive* to offer health promotion programs, understanding that, if they can keep their employees healthy and fit, their workers will consume fewer healthcare resources, miss fewer workdays, and be more productive.

The approach that has proven most effective is to implement an evidence-based comprehensive health promotion program that includes individual risk reduction programs, coupled with environmental supports for healthy behaviors and is coordinated and integrated with other wellness activities[ii,iii,iv]. However, only 12% of employers offer a comprehensive worksite health promotion program, according to a 2017 national survey.[v]

One of the significant barriers to wider adoption of these programs is a lack of organizational capacity to plan, implement, monitor, and evaluate such programs.

Employers need credible tools and guidance to help them design comprehensive health promotion programs that include interventions that are effective and evidence-based. This need is particularly acute among small businesses, who often do not have the human resources, capital, or expertise to plan and evaluate best-practice health promotion programs.

The CDC ScoreCard was launched in 2012 to address this need**.** It was updated in 2014 to include four additional topics and to be available as an online application (OMB #0920-1014, Exp. 4/30/2017) and updated again in 2017 to address new and emerging issues and maintain it scientific integrity (OMB #0920-1014, Exp 02/28/2019). To remain relevant and at the forefront of employer organizational assessment instrument and as a an educational, training, and technical assistance tool, this extension is being requested.

A2. Purpose and Use of the Information Collection

The CDC Worksite Health ScoreCard is an organizational assessment and planning tool designed to facilitate three primary goals:

1. Assist employers in identifying gaps in their health promotion programs, and help them to prioritize high-impact strategies for health promotion at their worksites;
2. Improve the health and wellbeing of employees and their families through science-based workplace health interventions and promising practices; and
3. 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.

The CDC ScoreCard consists of 154 core health topic yes/no questions, 8 core worksite demographic questions, with an additional 8 optional worksite demographic questions divided into 19 modules (risk factors/conditions/demographics). The questions assess elements of the workplace environment, culture, programs, practices, and policies related to health and safety. This includes, for example, health benefits, health education, exercise facilities, healthy food offerings, and ergonomic workstations.

The CDC ScoreCard is a completely voluntary survey. Information will be collected from employers who are interested in using the tool. Respondents will be employers of various sizes, industry sectors (public, private, and non-profit) and geographic locations. The primary mode of information collection will be an online survey, which will allow participants to respond to the questions at their own pace and at their own convenience. To get the full benefit of the tool, employers are

encouraged to reassess their progress on an annual basis and track improvements over time. Employers with a strong commitment and motivation to improve employee health will be recruited through a variety of methods including through large membership and association organizations representing a broad array of industries. These “gatekeeping” organizations have the existing infrastructure to reach their constituents quickly and provide credibility to invitations to participate in the CDC ScoreCard assessment; marketing of the CDC ScoreCard through existing employer partnerships who have already created a CDC ScoreCard account and completed a CDC ScoreCard assessment since 2014 and are more likely to reassess in the future; meetings and conferences where employers gather; webinars; newsletters; social media and websites.

The CDC ScoreCard has been successful and well received since its inception in 2014. A number of lessons were learned during the earlier approvals precipitating several reviews and updates of the instrument to keep it current, relevant, and consistent with the evidence-base for workplace health practice.

Information Collection to Date

From April 2019 – December 2021, 1,257 worksite submitted CDC ScoreCards (OMB# 0920-1014, Exp. 03/31/2022). The average employer is implementing more than 60% of the recommended programmatic, policy, environmental support, and health benefit intervention strategies assessed in the CDC ScoreCard. Some individual intervention strategy examples include:

Of employers using the online CDC ScoreCard during this period:

- 79% report having a policy banning tobacco use in place.
- 76% report conducting onsite flu vaccination.
- 60% report providing physical activity and exercise programs.
- 59% report providing counseling for depression and anxiety.
- 33% report having a written policy making healthier food and beverages available in cafeterias or snack bars.

CDC ScoreCards have been received from employers in 46 different states. Thirty-nine percent of these employers are private, for profit businesses, 30% are government, and 31% are nonprofit organizations. Most employers (57%) are small, 20% are mid-sized, and 23% are large organizations with more than 750 employees.

And those employers who have re-assessed at least once during this time period have seen their CDC Scorecard score improve from an average of 171.94 points to 184.20 points. This represents an improvement in the total number of intervention

strategies being implemented as well as the number of best practice and high impact strategies which garner more points.

During this period, CDC provided education, training, and technical assistance using the CDC ScoreCard as a teaching and planning tool to a number of employers and public health organizations who support employer workplace health efforts. From April 2017 – December 2021, CDC trained 217 employers in the Work@Health training program using the CDC ScoreCard to assess baseline health promotion capacity and developed action plans for improving employee health and well-being offerings in their organizations. CDC also provided consultation and technical assistance on workplace health program best practices, design, implementation, and evaluation to 23 state health departments. These states worked with employers in their communities to increase dissemination and adoption of the CDC ScoreCard and contribute to the population health improvement goals of multiple state health promotion and disease prevention programs leveraging the workplace as an optimal setting to offer access and opportunity for lifestyle improvements to employees.

From April 2014 – April 2017, 1,681 worksites have submitted Scorecards (OMB# 0920-1014, Exp 04/30/2017). The average employer is implementing a little more than half of the recommended programmatic, policy, environmental support, and health benefit intervention strategies assessed in the CDC ScoreCard. Some individual intervention strategy examples include:

Of employers using the online CDC ScoreCard during this period:

- 82% report providing coverage with no or low out-of-pocket costs for diabetes medications and supplies.
- 79% report conducting onsite flu vaccination.
- 73% report providing subsidized tobacco cessation counseling.
- 38% report providing an onsite exercise facility.
- 32% report having a written policy making healthier food and beverages available in cafeterias or snack bars.

CDC ScoreCards have been received from employers in 44 different states. Sixty-three percent of these employers are private, for profit businesses, 23% are government, and 14% are nonprofit organizations. Most employers (76%) are small, 11% are mid-sized, and 13% are large organizations with more than 750 employees.

And those employers who have re-assessed at least once during this time period have seen their CDC ScoreCard score improve from an average of 95.85 points to 148.26 points representing an improvement in the total number of intervention

strategies being implemented as well as the number of best practice and high impact strategies which garner more points.

Overall, exposure to the CDC ScoreCard is contributing to better and more effective workplace health programs being offered to employees but gaps in practice remain and high number of employers across the country remain unaware of the benefits of evidence-based workplace health programs or are not implementing effective strategies in a coordinated manner.[vi]

Information using the current version of the CDC ScoreCard will be collected once annually for three years. We will aim to recruit a convenience sample of 800 employer respondents annually to participate. We will seek a diversity of employers by size, region and industry. As for size, and to be consistent with our prior benchmarking, the sample will be stratified as follows size, and in accordance with CDC employer size definitions: very small (0-99 employees); small (100-249); medium (250-749); and large (750+). Recruited employers will not be required to have active health promotion programs in place to participate. The unit of analysis for the CDC ScoreCard will be a worksite (single campus/building as opposed to the entire organization).

To ensure a heterogeneous sample across organization sizes, business types, and U.S. geographic areas, we will collaborate with national business coalitions and associations (i.e., NBGH, National Alliance for Healthcare Purchaser Coalitions, National Safety Council [NSC]), as well as state health departments. We will provide collaborating entities with guidance and frequently asked questions and answers (**Attachment D**) that explains the CDC ScoreCard. Interested employers may volunteer to participate by completing and submitting the online registration.

In addition to the immediate use of providing employers with tailored feedback, benchmarking reports, and customized resources **(Attachment C-3 and C-4**) to assist with implementation efforts, this data collection will serve 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. Further, it will document changes in organizational practices over time. CDC will also use the information gathered from the CDC ScoreCard to provide better technical assistance to employers seeking guidance on building or maintaining workplace health promotion programs.

CDC will review benchmarking report data and work with employer respondents to provide education, training, and technical assistance to assist employers in identifying areas of opportunity to improve or expand their workplace health programs. Scorecard results can be used to prioritize strategies as users set near-

and long-term goals for developing their worksite's health promotion program. Scores can identify gaps in the worksite's health promotion program (that is, topic areas where the organization currently has few strategies in place). CDC technical assistance and support will include working with employer to:

- Identify the highest impact strategies not currently in place at the worksite.
- Use this information and the employer's scores to prioritize future strategies that are relevant, feasible, and consistent with the organizations and employee's needs, health issues, and health promotion budget.
- Identify which of the priority strategies are feasible for short- or long-term accomplishment.

Employers will then be directed to CDC tools and resources to support the implementation of the priority strategies and interventions that have been selected (**Attachment C-4)**.

The CDC ScoreCard allows for comparisons among employer cohorts receiving various levels of CDC workplace health program support. CDC is currently working with cohorts of employers through the Work@Health Program. This program's goal is to provide support to employers to build effective and sustainable comprehensive workplace health programs. The Work@Health program operationalizes program support through professional formal training and structured ongoing technical assistance. Work@Health is a very intensive training intervention including a lot of individual interaction and support from CDC staff. Important outcome measures are changes in organizational programs, policies, and practices that result from the method of support and assistance provided. These organizational outcomes are measured utilizing the CDC ScoreCard.

Individual topic scores related to individual health risks or conditions of which specific online information, tools, and resources exist will also be monitored to develop specific tools, resources, and guidance to support tailored workplace health program efforts in priority health areas and how those tools improve individual health risk or condition scores over time.

CDC contracts with Peraton for this information collection. The implementation contractors will provide operational management of the CDC ScoreCard including development, deployment, and maintenance of the online application; as well as collecting and analyzing Scorecard results from participating employers. CDC will retain records according to the Federal Records Retention Schedule for Scientific and Research Project records. Peraton will transmit records to CDC before the funding award terminates.

A3. Use of Improved Information Technology and Burden Reduction

The CDC Worksite Health ScoreCard will be Web-based to maximize convenience. CDC designed the information collection to minimize the burden to respondents and to the government, to maximize convenience and flexibility, maximize employer participation and engagement, and to ensure the quality and utility of the information collected. An online (electronic) set of instructions, and frequently asked questions (**Attachment D**) will be available to all registered users. Individual results are available to account users upon submission to CDC (**Attachment C-3**). CDC has aggregated results and compiled a series of profiles using CDC ScoreCard data to provide a convenience sample snapshot of how employers using the CDC ScoreCard application are performing and highlighting more and less common evidence-based practices (https://www.cdc.gov/workplacehealthpromotion/data-surveillance/scorecard-statistics.html).

A4. Efforts to Identify Duplication and Use of Similar Information

The CDC ScoreCard plans to continue its initiative to assess organizational capacity to enable employers to plan and implement evidence-based interventions to promote employee health and well-being at the worksite. The project team conducted a rigorous environmental scan to identify similar tools and resources. While other tools exist in the marketplace that enable employers to evaluate their workplace health promotion programs, the CDC ScoreCard stands out as a very robust, evidence-based approach to program evaluation and planning, incorporating input from a panel of nationally recognized subject matter experts. In addition, it is uniquely modularized by health condition/risk factor to help employers build programs that progressively address the specific concerns of their workforce.

The proposed extension will assist CDC to understand employer workplace health program strengths and gaps and give CDC the information needed to evaluate training programs and other initiatives for employers who use the CDC ScoreCard as an evaluation tool. The proposed information collection instruments for the CDC Worksite Health ScoreCard were based on results for the CDC ScoreCard pilot test (OMB #0920-1014, Exp 02/28/19). Although other comparable instruments are available in the marketplace, few have been validated in the manner conducted by CDC in the pilot test, and if they have, they are largely proprietary so the results of that testing are not available. 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.

The CDC ScoreCard has been widely promoted and used by grantees and partners 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, Division of Cancer Prevention and Control, and Division for Nutrition, Physical Activity, and Obesity), and the CDC National Institute for Occupational Safety and Health. Outside of federal partners, the CDC has collaborated extensively with non-governmental organizations who also offer workplace health assessments including the Health Enhancement Research Organization (HERO) and the American Heart Association.

A5. Impact on Small Businesses or Other Small Entities

The CDC Worksite Health ScoreCard is open to any employer in the United States regardless of size or other characteristics. However, research suggests that although small/medium-sized companies employ the majority of Americans, they are much less likely to sponsor worksite health promotion programs.[v] This is partially due to common misconceptions among small/medium-sized business owners that implementing worksite health promotion is expensive and geared toward large organizations that can realize the benefits primarily on the strength of numbers.[vii,viii] It is also based on the fact that smaller organizations may have fewer resources, lower capacity, and less expertise to provide supports in the worksite that improves employee health making small businesses a main priority for CDC. Because the focus of outreach and registration will be smaller enterprises that can benefit from the organizational assessment and support tools and resources that accompanying it, we anticipate that approximately 70% of employers will be small businesses.

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

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

A6. Consequences of Collecting the Information Less Frequently

Information collection for individual employer account holders will be encouraged every 12 months during the three-year approval. Baseline and follow-up

assessments are instrumental to characterize changes resulting from employer workplace health program efforts. 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's objectives and document outcomes. If the administration of the CDC ScoreCard is not planned, implemented and evaluated effectively, the program will be ineffective and could potentially be harmful to the reputation of NCCDPHP, and undermine efforts to encourage employers to participate in future CDC programs.

A7. Special Circumstances Relating to the Guidelines of 5 CRF 1320.5

This request fully complies with the regulation 5 CFR 1320.5.

A8. Comments in Response to the FRN and Efforts to Consult Outside the Agency

Part A: PUBLIC NOTICE

CDC published a Notice in the Federal Register on September, 27, 2021, Vol. 86, No. 184, pp. 53315-53316 (**Attachment B-1**). CDC received two non-substantive public comments and replied with a standard CDC response (**Attachment B-2**).

Part B: CONSULTATION

The CDC Worksite Health Scorecard organizational assessment and data collection plan was developed in collaboration with subject matter experts at CDC, NIOSH, SAMHSA, Truven Health, Johns Hopkins University and nationally recognized subject matter experts and leaders in the field of workplace health.

Table 1. Consultations within CDC

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	Region Coordinator	

A9. Explanation of Any Payment or Gift to Respondents

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

A10. Protection of the Privacy and Confidentiality of Information Provided by Respondent

Privacy Act Determination

NCCDPHP's Information Systems Security Officer has reviewed this submission and has determined that the Privacy Act does not apply to the identifiable employer-level information collected in the CDC Worksite Health ScoreCard Registration (**Attachment C-1**) and CDC Worksite Health ScoreCard (**Attachment C-2**). The NCCDPHP Information Systems Security Officer determined on 10/13/2021 while the Privacy Act was not applicable, the appropriate security controls and Rules of Behavior would be incorporated into the NCCDPHP Platform covering Privacy Impact Assessments for multiple systems to protect the confidentiality of information, proprietary, sensitive, and Personally Identifiable Information (PII) the IT Contractor (Peraton) may come in contact with during the performance of the project. The CDC Worksite Health ScoreCard survey will collect information to verify employer contact information and identify an individual(s) responsible for completing the survey. Peraton 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 work with participating employers on troubleshooting and correcting any account technological issues, send benchmarking reports, and/or provide technical assistance. The applicable SORN is 0920-0136, Epidemiologic Studies and Surveillance of Disease Problems.

Information collection relates to workplace-related activities and is not personal in nature. Activities do not involve the collection of individually identifiable information.

Peraton 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.

Participation in the CDC Worksite Health ScoreCard data collection will be completely voluntary. In agreeing to voluntarily participate in the CDC ScoreCard, the employers also agree to complete the survey instrument. All respondents will receive background information about the CDC ScoreCard and will be assured that (1) their participation is voluntary (2) their responses will be kept private and only seen by CDC and contractor staff, and (3) that there are no personal risks or benefits to them related to their participation.

Organizations that participate in the organizational scorecard assessment are under no obligation to complete the surveys and they may withdraw at any time. CDC expects a high level of commitment from employers based on the access to individual and benchmarking reports as well as program implementation tools and resources available by completing the survey.

Technical safeguards.

CDC hosts the CDC ScoreCard data collection/assessment tool, a Web-based enterprise application maintained on a secure, DHHS/CDC server. It has a Certification and Accreditation and an Authority to Operate. The tool is an authenticated access data application so only designated users can enter data for and access their individual accounts. Individual employer users create an account and are issued an authenticated password.

CDC and Peraton will be the only organizations to collect, store, and maintain individual identifiable information. No personally identifiable health information is captured in the survey. Given that the information being collected is not considered sensitive, information will be stored on a password-protected cloud-based file storage service. Peraton 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.

CDC only includes aggregate and summary information in reports and does not include information that may identify respondents.

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

ScoreCard Registration (**Attachment C-1**), and CDC Worksite Health ScoreCard (**Attachment C-2**).

A11. Institutional Review Board (IRB) and Justification for Sensitive Questions

The information collection is not research involving human subjects. IRB approval is not required. No personal or sensitive information will be collected (**Attachment E**).

A12. Estimates of Annualized Burden Hours and Costs

OMB approval is requested for three years. CDC will administer the CDC ScoreCard with up to 800 employers of various sizes and industry sectors on an annual basis over the period of three years. Table A12A and Table A12B.

Employers will be respondents for the following information collections.

- CDC Worksite Health ScoreCard Registration (**Attachment C-1**) will be completed once by employers who agree to participate. The annualized number of respondents is estimated to total 800, the time to complete the registration process is estimated to take five minutes per respondent, the total estimated annualized burden is 67 hours. (Five minutes per response).

- CDC Worksite Health ScoreCard (**Attachment C-2**) will be completed once every 12 months. The annualized number of respondents is estimated to be 800 and it will take each respondent 75 minutes to complete the Scorecard will bring the total estimated annualized burden to 1000 hours.

Employer respondents will be knowledgeable representatives of an organization or a single worksite within an organization (e.g., worksite wellness practitioners, human resources specialists, or benefits managers).

The total estimated annualized burden hours are 1067.

Table A12A: Estimated Annualized Burden (Hours)

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hrs)	Total Burden (in hrs)

Employers	CDC Worksite Health Scorecard Registration	800	1	5/60	67
	CDC Worksite Health Scorecard	800	1	75/60	1000
				Total	**1067**

The total estimated annualized cost to respondents is $62,185.

The current estimated cost of the time devoted to this information collection by respondents is $62,185 as summarized in Table A12B. To calculate this cost, we used the mean hourly wage of $58.28, which represents the Department of Labor estimated mean for state, local, and private industry earnings (Wages and Hour Division, https://www.dol.gov/whd, 2021; Bureau of Labor Statistics, https://www.bls.gov/ooh/management/human-resources-managers.htm) for a typical HR manager who would be responsible for completing the Scorecard on behalf of their employer. This rate has increase from $52.94 found to be the prevailing average hourly rate in the CDC ScoreCard information collection request in 2019 resulting in increase in the total estimated annualized cost to respondents of $26,874 above the original estimates of $35,311. There are no direct costs to respondents associated with participation in this information collection.

Table A12B: Estimated Annualized Burden Costs

Type of Respondent	Form Name	Total Annual Burden (in hours)	Average Hourly Wage Rate	Total Respondent Cost
Employers	CDC Worksite Health Scorecard Registration	67	$58.28 ($52.94)	$3,905
	CDC Worksite Health Scorecard	1000	$58.28 ($52.94)	$58,280
			Total	**$62,185**

A13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

CDC does not anticipate that employers using the online CDC Worksite Health ScoreCard will incur an additional costs or burden for record keeping. The CDC ScoreCard does not require any special hardware or software and is free to use by employers.

A14. Annualized Cost to the Federal Government

The current data collection costs include the cost of CDC personnel for oversight of CDC ScoreCard planning, implementation and evaluation, and costs associated with one contract to an informational technology developer, Peraton (Herndon, Virginia). A full-time CDC employee will serve as the technical monitor for the project, directing regular planning and coordination meetings with the contractor staff. These meetings serve to plan and coordinate the programs and activities of the CDC ScoreCard Web application development including: communications with internal and external stakeholders; planning and developing protocols for the registration process and organizational assessments, and outcome evaluations. The role of the CDC employee also involves regular reporting and review of all materials and products before acceptance by the government by coordinating

input from multiple CDC National Center for Chronic Disease Promotion and Health Promotion Divisions (Division of Diabetes Translation, Division for Heart Disease and Stroke Prevention, Office on Smoking and Health, Division of Population Health, Division of Cancer Prevention and Control, and Division for Nutrition, Physical Activity, and Obesity), the CDC National Institute for Occupational Safety and Health, and CDC National Center for Immunization and Respiratory Diseases targeting the health risk factors and health conditions addressed by the CDC Worksite Health ScoreCard.

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

Peraton will also provide guidance in establishing the CDC ScoreCard infrastructure; assist in communication activities such as reporting progress to CDC and preparing reports and publication materials.

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

The ongoing data collection costs and associated project support costs are assumed constant for the useful life of the project. The average annualized cost of the contracts with respect to data collection is estimated at $60,000 per year for 600 hours of labor (@$100/hour).

The total estimated annualized cost to the Federal government is $96,913.

Table A14.-A. Estimated Annualized Federal Government Cost Distribution

	Annualized Cost
Federal Staff	$36,913
GS-14 health economist at 25% FTE	
Total	$36,913

Table A14.-B. Estimated Annualized Federal Government Operational and Maintenance Costs

Application Development and Programming	Data Collection	Web Design	Maintenance	Total
$25,000	$30,000	$10,000	$5,000	$60,000

Table A14-C. Total Cost to the Federal Government

Operational and Maintenance Costs	Estimated Annualized Federal Government Cost	Total Annualized Cost (O&M + Labor)
$60,000	$36,913	$96,913

A15. Explanation for Program Changes or Adjustments

This is an extension information collection request, of a previously approved OMB package (OMB #0920-1014, exp. 03/31/2022). The burden for the Scorecard was altered for this Extension to correct the administration error in the last package. The time was changed from 45 minutes to 75 minutes.

A16. Plans for Tabulation and Publication and Project Time Schedule

The assessment and project timeline are outlined below.

Table A.16. Estimated Time Schedule for Project Activities

Activity	Timeline
Invitation/request emailed, reminders sent	Ongoing beginning immediately after OMB approval

Reminders and consent collected	Ongoing; for existing employer account holders reminders are sent annually at the one year anniversary of the last submission
Information collection – CDC Worksite Health ScoreCard Registration and CDC Worksite Health ScoreCard	Ongoing beginning immediately after OMB approval
Data validation	Ongoing for 1 year, CDC can do real-time monitoring; maintenance is performed on the web application as needed
Data analysis	Annually every 12 to 14 months after OMB approval
Reporting (Employer profiles)	Annually beginning 12 months after OMB approval

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

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

Statistical Modeling. The primary statistical models in the outcome evaluation will be linear and non-linear regression models and hierarchical or multilevel models. The purpose of using these models is to relate the observed differences in outcomes to a set of observed characteristics. Of particular interest is how certain

organizational features, such as the level of management support for health promotion programs, influence the effective implementation of programs.

For data aggregated at the worksite level, regression models will be the main analysis tool. When the outcome variable is continuous, linear regression models will be used (with transformations for non-normality when needed). When outcomes are discrete or fractional, nonlinear models such as the Logit model will be used. The models will predict which organizational factors increase employer awareness of or adoption of health promotion programs. Applied to the baseline to follow-up changes in worksite outcomes, the models will determine which factors are most effective in terms of reaching the desired organizational outcomes.

CDC will produce annual aggregate employer profiles and other communications products highlighting select employer types and health conditions to provide policymakers, practitioners, and employer not using the CDC ScoreCard with high and low prevalent evidence-base workplace health strategies and health areas of focus among the convenience sample of CDC ScoreCard users. This information will aid in efforts to tailor and prioritize training and technical assistance needs of employers. There are some limitations as this information is not generalizable to all employers. CDC will disseminate this information through the program website (www.cdc.gov/whp), newsletters, reports, briefings, and presentations at professional meetings.

A17. Reason(s) Display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is appropriate.

A18. Exceptions to Certification for Paperwork Reduction Act Submission

There are no exceptions to the certification.

REFERENCES

[i] Accessed U.S. Bureau of Labor Statistics, December, 2021. https://www.bls.gov/news.release/empsit.a.htm.
[ii] Goetzel RZ, Shechter D, Ozminkowski RJ, Marmet PF, Tabrizi MJ, Roemer EC. Promising practices in employer health and productivity management efforts: findings from a benchmarking study. J Occup Environ Med. 2007;49(2):111.
[iii] Soler RE, Leeks KD, Razi S, et al. A systematic review of selected interventions for worksite health promotion: the assessment of health risks with feedback. Am J Prev Med. 2010;38(suppl 2):S237-S262.
[iv] Heaney CA, Goetzel RZ. A review of health-related outcomes of multi-component worksite health promotion programs. Am J Health Promot. 1997;11(4):290.
[v] 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.
[vi] Meador A, Lang JE, Davis WD, Jones-Jack NH, Mukhtar Q, Lu H, et al. Comparing 2 National Organization-Level Workplace Health Promotion and Improvement Tools, 2013–2015. Prev Chronic Dis 2016;13:160164. DOI: http://dx.doi.org/10.5888/pcd13.160164.
[vii] McPeck W, Ryan M, Chapman LS. Bringing wellness to the small employer. Am J Health Promot. 2009;23(5):1–10.
[viii] Baicker K, Cutler D, Song Z. Workplace wellness programs can generate savings. Health Aff (Millwood). 2010;29(2):304-311.