Health Hazard Evaluation Program Customer Survey

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Part A: Justification

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The Centers for Disease Control and Prevention (CDC) requests OMB approval of a new customer research project for the National Institute for Occupational Safety and Health (NIOSH) Health Hazard Evaluation Program for a 3-year period.

A. Justification

1. Circumstances Making the Collection of Information Necessary

Background

Each day 150 million Americans go to work at some 7 million work sites expecting to return home at the end of their shift, or the end of the day, with their health and well being still intact. Yet every day approximately 11,500 workers return home injured. Another 137 workers and retirees die each day from diseases they developed due to their current or former jobs, and roughly 16 workers each day die from injuries or illnesses encountered that day at work.

In 2003, U.S. employers spent an estimated $50.8 billion on wage payments and medical care for workers hurt on the job. The economic impact of work-related illnesses and injuries has been estimated at $171 billion annually, the same as cancer or cardiovascular disease and much greater than the burden from HIV/AIDS or Alzheimer's. Beyond this fiscal burden is the substantial economic and emotional toll these injuries, illnesses and fatalities take on the worker, their family and friends. Moreover, losing individuals to injury, illness or death robs our country of the potential contributions such individuals could make as productive workers.

One way to prevent occupational illnesses, injuries and death is by reducing the occupational hazards that workers are exposed to in the first place. Prevention and early intervention to promote the health and safety of people at work are included as Healthy People 2010 objectives.[1] In accordance with the Occupational Safety and Health Act of 1970 and the Federal Mine Safety and Health Act of 1977, NIOSH is authorized to conduct evaluations to identify chemical, biological, or physical hazards in workplaces throughout the United States. These Acts require NIOSH to:

1 (a) Provide a practical means to assure that workers exposed to the thousands of substances for which standards have not yet been developed are properly protected, and
2 (b) Obtain information on health hazards at current workplace exposure levels. This information may indicate the need for changes in existing occupational health standards.

[1] http://www.healthypeople.gov/document/html/volume2/20occsh.htm

This authority forms the basis for the NIOSH Health Hazard Evaluation (HHE) Program, the only existing federal mechanism by which new health hazards are identified.[2] Each year, NIOSH receives approximately 450 such requests resulting in approximately 200 on-site workplace evaluations. Additionally, NIOSH uses its general research authority found in Section 20(a)(4), 20(a)(6), and 20(a)(7) of the Occupational Safety and Health Act[3] (see Attachment A.1) and Sections 301(a) and 501(a)(5) of the Federal Mine Safety and Health Act[4] (see Attachment A.2) to respond to requests for similar investigations from other federal agencies, and state and local institutions (i.e., "technical assistance") and to perform self-initiated short term studies of "emerging problems." The implementing regulations for these programs are 42 CFR Parts 85 and 85a (see Attachment A.3). These Acts, as well as Section 241 of the Public Health Service Act (42 USC 241) also require that findings from these activities be disseminated to the general public (see Attachment A.4).

NIOSH plans to conduct customer research to help ensure that the HHE Program is responsive to the needs of its customers. A research matrix has been created to show the relationship between the research questions and the corresponding survey items that address those areas (see Attachment C.3). With the information gathered through this customer research, NIOSH will develop a targeted marketing campaign to increase awareness of and access to HHE Program services. The research will also lead to the development of marketing materials to help enhance the diversity of requests the HHE Program receives from worksites concerning a variety of hazards. NIOSH also will use the information to revise and refine existing communication methods and materials, and develop and implement new communication methods and materials.

NIOSH proposes to conduct quantitative and qualitative research with NIOSH customers (e.g. working adults) in the form of a web-implemented survey and focus groups. To begin, customer surveys with 5,760 adult employees will be conducted. Customer survey respondents will be asked about their knowledge and awareness of HHE Program services, barriers and motivators to using these services, and their preferences for information channels, materials and formats. This will be followed by 24 customer focus groups conducted using standard focus group methodologies[5] to test message concepts and materials related to the HHE Program with adult employees. Focus group participants will be asked for feedback about the extent to which the HHE Program concepts and materials are appealing, comprehendible, credible, relevant and useful. Recommendations for message improvement will also be obtained.

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[2] Unlike the Department of Labor's Occupational Safety and Health Administration (OSHA), NIOSH is authorized to respond to requests from employees and their authorized representatives. The NIOSH focus is on health, rather than safety, which accounts for much of the work of the OSHA compliance assistance and consultation programs. The HHE Program has the ability to provide assistance focused not only on hazards addressed by specific OSHA standards, but also on a broad range of workplace health concerns. In fact, NIOSH receives referrals from OSHA consultation programs when specific health issues can be better addressed by NIOSH. The HHE Program communicates with the relevant entities within OSHA to guard against redundancy. Thus, while NIOSH and OSHA both address workplace hazards, the programs offered by the two agencies complement each other to protect the health of workers in the United States.

[3] http://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=OSHACT

[4] http://www.msha.gov/REGS/ACT/ACTTC.HTM

[5] Krueger, R.A., (1994). Focus groups: A practical guide for applied research, (2nd ed.) Thousand Oaks, CA: Sage Publications.

Privacy Impact Assessment

Overview of the Data Collection System
Data will be collected in two fashions:

> ***Customer survey:*** A web-based customer survey of adult employees will be conducted (see Attachment C.2). The survey is estimated to take approximately 10 minutes to complete. A sample of 10,000 individuals listed in a purchased directory will be contacted via mail and email and invited to complete a brief survey via a secure website. Respondents who request it will be able to complete the survey via paper and pen. Approximately 5,760 completed responses are anticipated.
>
> ***Customer focus groups:*** Twenty four customer focus groups will be conducted with 216 adult employees (9 adults per focus group) to test message concepts and materials. Participants will be recruited by a professional focus group facility from a different source than the customer survey, using a screening instrument ("screener") collaboratively developed by CDC/NIOSH and its contractor (see Attachment D). The groups will be led by a trained moderator using collaboratively developed discussion guides (see Attachments E.1 and E.2) and held in a professional facility that allows for observation of the discussion by project staff.

CDC/NIOSH has contracted with the Academy for Educational Development (AED) to assist with the data collection. This is a one-time data collection.

Items of Information to be Collected

> ***Customer survey:*** The exact information to be collected in the survey can be found in Attachment C.2. Information on the following will be collected:
>
> - Knowledge and awareness of the HHE Program
> - Preferred methods and channels for information dissemination
> - Preferred sources for workplace health and safety information
> - Factors that would motivate or inhibit use of HHE Program services
> - Perception of workplace hazards
> - Industry of employment
> - Years employed in industry
> - Number of employees at current workplace
> - Role at current workplace
> - Gender
> - Racial and ethnic identity

Customer focus groups: The exact information to be collected in the focus groups can be found in Attachments E.1 and E.2. Information on the following will be collected:

- Knowledge and awareness of the HHE Program
- Preferred methods and channels for information dissemination
- Preferred sources for workplace health and safety information
- Feedback on the appeal, credibility, relevance, appropriateness and ease of understanding concepts, messages and materials

No information that directly identifies participants will be gathered in the data collection. However, information in identifiable form (IIF) will be used to contact respondents for the customer survey and to screen participants for the customer focus group. The IIF includes respondent:

- Name
- Mailing address
- Email address (customer survey respondents only)
- Phone number (customer focus group respondents only)

Customer survey: IIF will only be used to contact respondents. This information will be purchased from Dun & Bradstreet who will provide a mailing list with respondent name, job title, place of employment and mailing address to the contractor AED. This information will be used to send respondents via mail an invitation and reminder to participate in the survey (see Attachment C.1). These invitations and reminders will be prepared and mailed by the contractor AED. Dun & Bradstreet will then send an invitation and reminder to participate in the survey via email on CDC/NIOSH's behalf; the email addresses will never be made available to CDC/NIOSH or to the contractor AED. No IIF will be included in the data files that are analyzed and no IIF will be transmitted to CDC/NIOSH (see Section A.10).

Customer focus group: IIF will only be used to screen participants for the focus groups (see Attachment D). This information will be retained by the focus group facilities subcontracted to recruit participants and reported to CDC/NIOSH and its contractor AED in aggregate form only. No IIF will be transmitted to CDC/NIOSH (see Section A.10)

Identification of Website(s) and Website Content Directed at Children Under 13 years of Age

The customer survey will utilize web-based data collection. The data will be accessible via username and password protection only to CDC/NIOSH's contractor AED. No cookies will be used to collect the data. The website privacy policy is in compliance with the European Union's Safe Harbor principles.

No website content is directed at children under13 years of age.

2. Purpose and Use of Information Collection

The goals of this customer research are to assess:

1. Customer awareness and understanding of HHE Program services;
2. Perceived barriers and motivators to using HHE Program services; and
3. The best messages, materials, methods and channels to disseminate information about HHE Program services.

This customer research will provide the necessary information to design a targeted marketing campaign that ensures that the HHE Program is responsive to the needs of customers. It will provide practical and useful information to CDC/NIOSH from which well-informed decisions can be made regarding communication with HHE Program customers. The findings will be used to ensure that communication methods and materials are designed in a manner to meet the information needs of adult employees in a variety of U.S. industries.

Privacy Impact Assessment

i. Why the information is being collected
As noted above this information is being collected to better understand the needs of adult employees in the U.S. for information and/or services that the HHE Program can provide. This information is not available from any other source. The data is essential to crafting effective and efficient messages and materials to raise awareness of and access to the HHE Program services.

ii. Intended use of the information
The information gathered in this research will be used internally by CDC/NIOSH staff and its contractor AED to help determine refinements to existing HHE Program services, materials and methods. The information will also be used to develop new services, materials and methods.

As noted in section A.1 above, no IIF collected by the contractor AED (or the subcontractor focus group facilities) will be transmitted to CDC/NIOSH.

3. Use of Improved Information Technology and Burden Reduction

Primary data collection for the customer survey will utilize web technology. Potential respondents for the survey will be invited to participate via mailed and emailed invitations. These invitations will provide instructions directing respondents to a secure internet website where they will complete the survey (see Attachments C.1 for survey invitation and C.2 for survey instrument). It is assumed that, at minimum, since the majority of individuals contacted will have email addresses, they will also have web access. With web technology, complex skip patterns can be utilized to make the survey more efficient for respondents. Using web technology also provides survey respondents with 24-hour access to the secure website hosting the survey. Ninety-five percent of all customer surveys are expected to be completed via the web.

Respondents who choose not to complete the survey via the web will be offered the option of completing a traditional paper and pencil survey.

The customer focus groups rely on responses being provided orally and respondents being able to view and inspect communication materials; thus, there are no electronic technologies that would reduce respondent burden in terms of the time required for focus group participation. However, the telephone-based screening process for the customer focus groups has been designed to minimize respondent burden. Recruiters will use a screening questionnaire ("screener") to identify eligible respondents. The screener is carefully thought out so that the questioning process is short, easy to understand, friendly, and efficient (see Attachment D). Also, the moderator's guides for the focus groups have been developed specifically to ensure that the questions are easy to understand and answer, well-organized, and flow well together. In addition, the moderators will be instructed to limit focus group discussions to no more than two hours to limit respondent burden with respect to their time (see Attachments E.1 and E.2).

4. Efforts to Identify Duplication and Use of Similar Information

The proposed data collection is unique and does not duplicate any past, current, or planned information collection by any other federal government agencies.

5. Impact on Small Businesses or Other Small Entities

This information collection involves individuals only. No small businesses or small entities will be impacted.

6. Consequences of Collecting the Information Less Frequently

The lack of quantitative and qualitative information will impair the overall effectiveness of the marketing campaign in increasing awareness and access to the HHE Program services. There are no technical or legal obstacles to reducing the burden of the information collection; however, the development of effective educational materials, both in terms of enhancement or modification to current materials and the addition of new materials may be lessened.

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

This data collection request fully complies with Guidelines of 5 CFR 1320.5. No special circumstances exist outside the guidelines.

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

A notice of this proposed project was published in the *Federal Register*, Volume 73, Number 92, on May 12, 2008, pages 26997-86998, as required by 5 CFR 1320.8(d) (see Attachment B). There were no public comments.

CDC/NIOSH convened an Evaluation Advisory Group (EAG) to review the customer survey during its development. The EAG was comprised of health and safety professionals from the Food and Beverage Manufacturing Sector and the Services to Buildings and Dwellings Sector. The purpose of the EAG was to gather feedback and comments from these industry experts on the clarity of the survey questions, language preferences, readability issues, and the ease of navigating the survey instrument. The EAG met on March 5th and March 27th to review and provide feedback on the survey instrument and research methodology. The EAG members provided invaluable feedback on how to improve the survey in order to ensure that NIOSH gathered the data we were seeking to gain from survey participants. The members of the EAG include:

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9. Explanation of Any Payment or Gift to Respondents

All respondents in the customer focus groups will receive modest remuneration as research on participation in focus groups indicates that, without providing minimal levels of monetary compensation, insufficient numbers of participants will attend and results will not be useful.[6] The amount of compensation will not exceed $75 per person and will be provided directly to participants by the focus group facilities.

[6] Krueger, R.A., (1994). Focus groups: A practical guide for applied Research, (2nd ed.) Thousand Oaks, CA: Sage Publications.

10. Assurance of Confidentiality Provided to Respondents

All data will be collected by the contractor AED and all IIF will be excluded from the data records. For the web-based customer survey, no IIF will be collected. For the customer focus groups, the contractor will subcontract with professional focus group facilities to conduct the focus group interviews. Each focus group facility will screen and schedule the respondents. All IIF will be maintained at the focus group facility in its proprietary files, and will not be accessible to AED or CDC/NIOSH. All information provided by respondents will be maintained by the facility in a secure manner unless compelled otherwise by law. The customer survey and focus group data files that are delivered to CDC/NIOSH will be analyzed in the aggregate and no individual respondents will be identified.

NIOSH's Human Subjects Review Board reviewed the project and deemed it Non-Research (see Attachments F.1 and F.2). The contractor's Institutional Review Board (IRB) reviewed the research instruments and deemed them exempt from IRB review because the questions are not sensitive and the security of IIF is assured (see Attachment G).

Privacy Impact Assessment Information

10-A. This submission has been reviewed by ICRO, who determined that the Privacy Act does not apply since no IIF will be transmitted to CDC/NIOSH.

10-B. Paper and pen surveys will be stored in a locked file cabinet at the contractor's offices. Data from these surveys will be entered and combined with data collected from the web survey. The data files will be stored in a secure, password protected location on the contractor's computer network. Access to this information will be restricted to contractor staff directly involved with the study. At the end of the data collection the paper and pen surveys will be destroyed.

10-C. ***Customer survey*** respondents are advised in the survey invitation and instructions that:

- Participation is voluntary
- All responses will be kept secure
- Responses will not be disclosed to anyone outside CDC/NIOSH or its contractor except as required by law
- Data will be provided to CDC/NIOSH in aggregate form only
- Any potentially identifying information will be removed
- Any question may be skipped and they may stop at any time

Completion of the survey is regarded as consent to these procedures.

Focus group respondents provide their consent by reading the "About this project" statement and signing a consent form (see Attachment H).

10-D. ***Customer survey*** respondents are advised in the survey invitation and instructions that their participation is voluntary.

Focus group respondents are advised in the "About this project" statement that their participation is voluntary (see Attachment H).

As noted above, no IIF collected will be transmitted to CDC/NIOSH.

11. Justification for Sensitive Questions

Questions regarding employment status, race or ethnic origin, age, and education may be considered sensitive by some individuals. These questions are necessary to determine how these individual demographics affect preferences for communication methods and materials.

12. Estimates of Annualized Burden Hours and Costs

The respondents targeted for the proposed customer survey are adult employees. A random sample of 10,000 names of adult employees will be purchased from a commercial directory (see additional details in Section B.1). We estimate that 80% of the names and numbers on the list are accurate and up-to-date (e.g., the contact information is correct). As explained in detail in Section B.1, this will result in 8,000 usable email and mail addresses that correspond to the adult employees targeted for the research. Of these adult employees, we expect that 80% (6,400) will participate in the survey. Of the surveys completed, we expect 90% (5,760) will provide analyzable data. The amount of time required to complete the customer survey is estimated to be 15 minutes, including instructions (see Attachment C.2). These estimates are based on internal testing with project staff, and will be confirmed in a pretest of the survey instrument (see Attachment C.2) using a sample of 32 adult employees, as explained further in Section B.4.

Adult employees are also the target respondents for the customer focus groups. The time required to screen each focus group participant is estimated to be 15 minutes (see Attachment D). Each focus group concept testing discussion is estimated to last two hours and each focus group materials testing discussion is estimated to last one and one-half hour (see Attachments E.1 and E.2). These estimates are based on CDC/NIOSH and AED's experience in recruiting for and conducting focus groups (see additional details in Section B.2).

12-A. Estimated Annualized Burden Hours

The estimated total burden hour request for this information collection is 1,880 hours. The estimated burden for customer survey pretest respondents is 8 hours. The estimated burden for customer survey respondents is 1,440 hours. The estimated burden to customer focus group screener respondents is 54 hours. The estimated burden to customer focus group concept testing respondents is 216 hours. The estimated burden to customer focus group material testing respondents is 162 hours. The table below outlines the estimated annualized burden hours by respondent type.

Table A-1 Estimated Annualized Burden Hours

Type of Respondent	Number of Respondents	Number of Responses per Respondent	Average Burden (in hours)	Total Response Burden Hours
Customer Survey Pretest Respondent	32	1	.25	8
Customer Survey Respondent	5,760	1	.25	1,440
Customer Focus Group Screener Respondent	216	1	.25	54
Customer Focus Group Concept Testing Respondent	108	1	2	216
Customer Focus Group Material Testing Respondent	108	1	1.5	162
			Total	1,880

12.B Estimated Annualized Respondent Costs

Participation in the customer research is voluntary. To minimize the chance that participation in the research would entail loss of respondents' regular income, customer survey pretest and customer survey respondents will be able to complete the survey during any time of day using a web-based interface. The customer focus groups will be held during various hours and on multiple days to minimize the likelihood that the work schedule of participants is impacted.

The estimated total cost to respondents for this information collection is $33,371. The estimated cost for customer survey pretest respondents is $142. The estimated cost for customer survey respondents is $25,560. The estimated cost for customer focus group respondents is $7,509.

Table A-2 Estimated Annualized Costs to Respondents

Type of Respondent	Number of Respondents	Number of Responses per Respondent	Average Burden (in hours)	Hourly Wage Rate*	Respondent Cost
Customer Survey Pretest Respondent	32	1	.25	$17.75	$142
Customer Survey Respondent	5,760	1	.25	$17.75	$25,560
Customer Focus Group Screener Respondent	216	1	.25	$17.75	$959
Customer Focus Group Concept Testing Respondent	108	1	2	$17.75	$3,834
Customer Focus Group Materials Testing Respondent	108	1	1.5	$17.75	$2,876
				Total	$33,371

*The value assigned to respondent time is based on the average U.S. hourly wage rate, as published by the U.S. Bureau of Labor Statistics, February 2008 (posted at http://www.bls.gov/news.release/pdf/empsit.pdf).

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

None

14. Annualized Cost to the Federal Government

The estimated annual cost to the Federal government is $129,579. This figure includes survey design and development, survey implementation, data analysis, and report writing, and oversight by a Federal Project Monitor. CDC/NIOSH has contracted with AED for this project/work. To estimate the annualized cost to the government, contractual and government staff and their respective number of hours designated for work on this project were tabulated, as shown the table below.

Table A-3. Annualized Cost to the Government

	Hours	Hourly Rate	Cost at Hourly Rate	Other Costs (data collection, office supplies, etc)	Total
Customer Survey					
Contractor	1,893	$85.31	$161,492	$23,554	$185,046
Federal Project Monitor	300	$50.74	$15,222		$15,222
Customer Focus Groups*					
Contractor	256	$85.31	$21,839	$121,840	$143,679
Federal Project Monitor	40	$50.74	$2,030		$2,030
Total Cost					**$345,977**
Project duration					**32 months**
Total Annualized Cost					**$129,579**

*Calculation assumes 9 participants per focus group

15. Explanation for Program Changes or Adjustments

This is a new request for approval of a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Data analyses for the customer survey will be conducted in two stages. In the first stage, frequencies of responses to all items will be tabulated. The tabulation of response frequencies will provide a summary of employee knowledge and awareness of HHE Program services, as well as key motivators and barriers to accessing these services. An overall review of response frequencies will reveal any major patterns and will be used to inform subsequent analyses. Frequencies will be depicted in tables, charts, and graphs, and reported to CDC/NIOSH as part of the survey findings. The second stage of data analyses conducted will be chi-square tests, cross tabulations, or ANOVAs of responses by relevant response categories or variables. These tests will be conducted to assess respondent differences based on the respondent's employment sector or sub-sector.

A period of 10 months will be needed to complete the customer surveys, analyze data, and write the report. CDC/NIOSH will be prepared to begin conducting the customer survey as soon as OMB approval is obtained. The table below outlines the project time schedule, by activity:

Table A-4. Project Time Schedule for Customer Survey

Activity	Time Schedule
Recruit respondents for pretest of customer survey	1-4 weeks after OMB approval
Pretest customer survey	5-6 weeks after OMB approval
Survey invitation sent to potential respondents	7-8 weeks after OMB approval
Data collection	9-14 weeks after OMB approval
Data validation and cleaning	15-18 weeks after OMB approval
Data analyses	19-28 weeks after OMB approval
Report preparation and review	29-40 weeks after OMB approval

The customer focus groups will begin after the customer surveys are completed and will require a period of 22 months to conduct the focus groups, analyze data, and write the reports. CDC/NIOSH will be prepared to begin the focus groups as soon as the customer survey report is completed. The table below outlines the project time schedule, by activity:

Table A-5. Project Time Schedule for Customer Focus Groups

Activity	Time Schedule
Formulate approach for content testing focus groups	41-52 weeks after OMB approval
Recruit respondents for content testing focus groups	53-56 weeks after OMB approval
Conduct 12 content testing focus groups in 3 different geographical regions	57-72 weeks after OMB approval
Prepare final report for the content testing focus groups	73-84 weeks after OMB approval
Formulate approach for materials testing focus groups	85-96 weeks after OMB approval
Recruit respondents for materials testing focus groups	97-100 weeks after OMB approval
Conduct 12 materials testing focus groups in 3 different geographical regions	101-116 weeks after OMB approval
Prepare final report for the materials testing focus groups	117-128 weeks after OMB approval

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

Not applicable. The OMB expiration date will be displayed.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

None.