

ATTACHMENT K
PUBLIC COMMENTS AND
RESPONSE

ATTACHMENT K: SUMMARY OF PUBLIC COMMENTS AND NIOSH RESPONSE TO COMMENTS

FRN Vol. 74 No 218, Nov 14, 2009, 60Day-10-10AA

Program will respond and file with CDC/ICRO.

National Occupational Safety and Health Professional Workforce Assessment: Employer and Education Provider Survey Data Collection

Origin	Comments	Responses
<p>AMERICAN COUNCIL OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE</p> <p>Pamela Hymel, MD, President, ACOEM</p> <p>Submitted by: Patrick O'Connor ACOEM Director of Government Affairs</p> <p>Kent & O'Connor, Incorp. 1990 M St., NW Suite 340 Washington, DC 20036 202/223-6222 f - 202/785-0687</p>	<p>I am writing to express ACOEM's strong concerns with the proposed <i>National Occupational Safety and Health Professional Workforce Assessment: Employer and Education Provider Survey Data Collection</i>. The comments expressed in this letter have also been submitted by copy of this letter to the CDC Acting Reports Clearance Officer, as requested in the November 13, 2009 Federal Register.</p> <p>We request that NIOSH withdraw the proposed survey data collection document. As constructed, it will neither accurately nor adequately "enhance the quality, utility, and clarity of the information to be collected." ACOEM recommends that NIOSH develop multiple survey collection documents to capture the perspective of the need for occupational health services from employers, workers and occupational health providers.</p> <p>Although the following comments reflect the perspective of occupational and environment medicine (OEM), I would expect that our colleagues in the other occupational health disciplines may have similar concerns.</p>	<p>We appreciate your concerns and have considered each of them carefully. Before addressing each of the 7 concerns separately, to provide context for our responses we have briefly summarized the objectives of the survey and how we have developed the proposed survey instruments.</p> <p>The objectives of this survey are to (1) assess the current supply and future demand for Occupational Safety & Health (OS&H) professionals and (2) determine the professional competencies (i.e., knowledge, skills and abilities) desired by employers for existing and new OS&H staff during the next 5 years. To meet these objectives, we propose to survey employers regarding current employment and competencies and needs for future employment and competencies for OS&H professionals. We also propose to collect information from providers of training services to OS&H professionals regarding the types of training they provide and the numbers of graduates they are producing. The data collected will be used to identify real and perceived deficiencies in the current scope and/or depth of OS&H education and training. The data also will be used to identify expected core and specialized areas of knowledge, skill, and competency that will address OS&H demands over the next 5 years.</p> <p>Eleven separate focus groups were held among various stakeholder constituencies, including employers of OS&H professionals, OS&H professionals, and training providers to identify issues that would be addressed in the surveys. Draft survey instruments were developed using information obtained from these focus groups. These drafts were revised to incorporate input from a special NIOSH-appointed Task Force composed of OS&H professionals that was formed to advise NIOSH on the surveys and assessment.</p> <p>We considered a variety of options for collecting data for this survey, including surveying each of the OS&H disciplines separately. The primary advantage we identified with this approach was the opportunity to obtain targeted and focused information from responders in a brief survey. However, we also identified disadvantages, including the added cost of sampling and surveying multiple populations, the concern that some responders who employ multiple types of OS&H professionals would be overburdened, and the concern that we would lose valuable information about the interdisciplinary nature of the OS&H field. We felt we could most comprehensively survey all OS&H fields through the approach we have proposed.</p>

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	<p>1. A workforce assessment survey should not be limited to human resources (HR) personnel. The survey assumes a level of sophistication regarding occupational health that most HR personnel do not have. For example, the distinction between “technical skills” and “nontechnical skills” present throughout the survey is artificial and possibly pejorative. In many corporations, if occupational health is part of risk management or safety, HR has no oversight or knowledge of occupational health functions.</p> <p>We suggest that at each company where HR personnel are surveyed, that occupational professionals and workers also be surveyed. For occupational medicine, we would suggest that corporate medical directors, as well as OEM physicians who provide services off site.</p> <p>We recognize the challenge inherent in identifying the specific subset of individuals to survey. However, a smaller survey sample that includes HR, occupational health (OH) and workers will provide more useful information.</p> <p>2. The survey is oriented to occupational health practice of the 70’s rather than today. It lists only the old traditional fields that were counted when NIOSH began the Education and Research Centers (ERCs). It asks, “In which of the following additional areas, if any, would you like for these professionals to also perform work” but lists only the old traditional fields. The survey could potentially adversely impact occupational health by reinforcing the outdated rigid structures in the NIOSH training system.</p> <p>We concur with this statement from the Federal Register notice, “Developing and supporting a new generation of practitioners is critical to the future of occupational safety and health.” We do not believe, however, that the proposed survey is consistent with this statement.</p> <p>3. The survey as written may misestimate the physician workforce. It uses the definition of “work onsite”, whereas many OEM services are handled off-site or on a contractual basis. Only the largest facilities will have a physician on-site.</p>	<p>Responses to Specific Issues:</p> <p>1. We do not limit the survey to HR personnel. The targeted respondent in any establishment is the most senior manager(s) most directly responsible for supervising the OS&H professional(s) and who is in a position to know hiring and training needs. We will screen thousands of establishments to identify those eligible to participate, and where an eligible establishment is identified, we then will identify the most appropriate respondent(s). We anticipate that for most establishments, the Human Resources Department will be able to help us to identify this person or persons. Because establishments are organized and managed differently, (we will be contacting employers of all types including, large and small businesses, manufacturers, construction operations, independent medical clinics, etc.) we believe that the human resources contact can help identify the appropriate person who most closely meets our study requirement. The expectation is that the actual respondent to the survey will not be a member of the company’s HR staff. Furthermore, because of differences in organizing and managing OS&H functions, in some large establishments we anticipate the need to survey staff in multiple departments.</p> <p>2. The commenter’s concern was raised in several of our focus groups, and we agree that the survey data collection needs to go beyond the traditional fields to account for emerging needs or broader configurations by which OS&H services are provided. We also sought to balance the need to meet the objective to estimate the current supply of and future demand for the OS&H professional disciplines included in the survey with the need to capture how OS&H services actually are provided. Therefore, we designed the survey instrument to capture the breadth of information on skills and competencies needed by employers. For example, we included questions that allow the responder to state what competencies are needed for current staff and future hires. These questions are open-ended so that the responder can answer how he or she pleases. Lists of competencies that are associated with the traditional disciplines are included in a drop down box if the responder needs guidance, but the responder is not limited to using information on these lists. We also include a section of questions regarding training needs of professionals who are in other areas of OS&H and a section regarding for future hiring of professionals in other areas of OS&H.</p> <p>3. We appreciate this concern and throughout the development phase we have sought information about where to find OS&H professionals. Consideration of the variety of work settings (e.g., onsite clinics, freestanding clinics, offsite mobile clinics, contractors, etc.) in which occupational physicians are employed was an important part of this</p>
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	<p>4. Furthermore, many OH professionals, particularly medicine and industrial hygiene (IH), work for multiple companies. This might lead to double-counting. In general, it would be useful to ask if the OH professional works provides occupational health services at other sites as well.</p> <p>5. The future hiring expectations for occupational medicine will be severely underestimated by the survey. A large proportion of occupational medicine service to workers/patients is not provided onsite or by physicians who are employed by the company served. Hence, asking about 'future hiring' will affect the MD/DO's more than any of the other OH disciplines.</p> <p>6. The survey does not consider management, communication, risk assessment, and other recognized OEM competencies as relevant areas provided by the OEM Physician. These should be asked explicitly. Nor does it consider health promotion explicitly as part of OEM.</p> <p>7. It includes "health physics" as one of the main OH fields but does not list toxicology, behavioral science, etc. It is likely that relatively few companies actually need health physicists.</p>	<p>information gathering. The survey design includes a broad variety of employer types for the specific purpose of capturing information about OS&H professionals who work in a variety of settings. For example, the survey is designed to include contract clinics whether they are free standing or part of a facility owned by another entity. However, in response to this comment we have reviewed the survey instrument and will make modifications to ensure that coverage of OS&H professionals in their places of work is as complete as possible.</p> <p>4. We agree that double counting needs to be avoided. The survey plan is designed to minimize the potential for double counting. It focuses on the employer of the OS&H professional, regardless of the location where the OS&H professional may perform work.</p> <p>5. As noted in the response to comment #3 above, the survey is designed to include a variety of employment situations for physicians and other OS&H professionals. Respondents who provide the information regarding needs for physicians will include both those who directly employ physicians and those who procure or expect to need to procure physician services. This should avoid underestimation.</p> <p>6. The survey instrument includes questions regarding competencies where the employer desires additional training and competencies desired for future hires. The drop down lists prepared for these questions, which were not included in the OMB package draft, were constructed from lists provided by members of the Task Force that advised NIOSH on the development and conduct of this survey. These drop down lists, which were reviewed by these Task Force members prior to submittal of the original package for OMB review, and which ACOEM now has reviewed, are shown in the revised employer survey instrument.</p> <p>7. Health Physics training is an OS&H-related discipline that currently is supported by NIOSH; training topics in toxicology, behavioral science and others are addressed in other NIOSH-supported disciplines. This survey also has the intent to identify the current and future competencies needed for OS&H professionals, for example, the demand for toxicology and behavioral science.</p>
<p>AMERICAN INDUSTRIAL HYGIENE ASSOCIATION</p> <p>Aaron K. Trippler <i>Director, Government Affairs</i></p> <p>Direct +1 703-846-0730 Office</p>	<p>Request for a copy of the data collection plan and the specific data collection instruments</p>	<p>Materials provided</p>

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<p>+1 703-849-8888 Fax +1 703-207-8673 www.aiha.org 2700 Prosperity Ave., Suite 250, Fairfax, VA 22031</p> <p>AIHce 2010 — Protecting Worker Health Through Science. Denver, Colorado May 22-27, 2010 www.aihce2010.org</p>		
<p>EDUCATION RESOURCE CENTER</p> <p>Lee S. Newman, MD, MA Director, NIOSH Mountain and Plains Education and Research Center Professor, Colorado School of Public Health and School of Medicine University of Colorado Denver MS B119 13001 East 17th Place, Room E3326 "The 500 Building" Aurora, CO 80045 303-724-4405 (office) 720-480-0992 (cell) lee.newman@ucdenver.edu</p>	<p>Request for a copy of the data collection plan and the specific data collection instruments</p>	<p>Materials provided</p>
<p>EDUCATION RESOURCE CENTER</p> <p>Kurt Hegmann, MD, MPH Professor and Center Director/ Dr. Paul S. Richards Endowed Chair in Occupational Safety and Health Rocky Mountain Center for Occupational and Environmental Health, University of Utah</p>	<p>Performing a national needs assessment is important to attempt to gauge the level of perceived needs of Occupational Safety and Health (OSH) professionals. It is also important to understand that two influences on the needs assessment are both likely to result in a considerable underestimation of the actual current and future needs. The simpler issue to address is that there are many retirements of OSH professionals that are rapidly approaching. This aspect of the needs assessment may be reasonably addressed through surveys of OSH professionals, although it would need to include questions on timing and extent of potential curtailment of activities over time that so often occurs prior to, as well as immediately after retirement when some transition to part-time consulting activities. The other aspect is more difficult to adjust for and involves the propensity of businesses and HR managers in particular, but also some full-time OSH professionals, to understate their current and future needs including those of large businesses that employ full-time OSH professionals. In the case of small businesses, the answers are likely to be 'no need' (except when there is a problem or emergency or other urgent requirement, but that</p>	<p>We agree that these are important issues. Each of the issues described emerged during our focus group discussions, and the sample design and survey instruments address them.</p>

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	<p>is unlikely to occur at the time of the survey or be subsequently recalled). This is in addition to the widespread under-recognition of the ongoing, non-emergent needs of the small business community. The importance of noting these issues is that a priori, the OSH workforce needs are likely to be substantially underestimated.</p>	
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<p>INDUSTRY Dr. Rick Zimmerman, CSP Senior Principal Scientist Occupational Safety & Industrial Hygiene CH2M HILL Plateau Remediation Company PO Box 1600 H8-20 Richland, WA 99352</p>	<p>Request for a copy of the data collection plan and the specific data collection instruments</p>	<p>Materials provided</p>
<p>INDUSTRY John Wells MS, CSP ERMCO P.O. Box 1228 Dyersburg, TN 38024</p>	<p>Request for a copy of the data collection plan and the specific data collection instruments</p>	<p>Materials provided</p>
<p>OCCUPATIONAL HEALTH PSYCHOLOGY Robert R. Sinclair, Ph.D. President, Society for Occupational Health Psychology Department of Psychology, Clemson University 418 Brackett Hall Clemson, SC 29634 rsincla@clemson.edu (864) 656-3931</p>	<p>We write this letter in response to the decision to drop occupational health psychology as one of the occupational categories in the NIOSH Occupational Safety and Health Professional Workforce Assessment Survey. As you know, NIOSH has invested a great deal in the development of the field of Occupational Health Psychology (OHP). This includes a significant amount of support of graduate training programs in OHP through the ERC and TPG programs, millions more in extramurally funded research on OHP-related topics, and critical human capital investment in the enormously successful and steadily growing Work Stress and Health conference series. We are quite sure that OHP would not have developed to the extent that it has without extensive support from NIOSH. Both on behalf of our field, and as individuals, we valued the opportunity to participate in the NIOSH workforce survey development process. We saw our involvement in this process as an important opportunity to spread the word about OHP and as a way to establish some benchmarks for employers' current perceptions about needs in occupational health psychology. Consequently, we see the removal of OHP from the survey as a missed opportunity for NIOSH and for SOHP. We have expressed our specific concerns about survey content along the way and will not reiterate them in this letter.</p>	<p>We have considered your concerns and plan to make modifications to the survey instrument as described below. We also believe an explanation for our original design would be helpful. The objective of the overall survey is "...to determine the current supply and projected demand for occupational safety and health (OS&H) professional workforce across the United States." A key challenge in our attempts to meet this objective has been developing a sampling frame that assures the validity of the survey data collected. Bureau of Labor Statistics (BLS) survey results, which we concluded offered the best source of data for the maximum number of OS&H professionals, shows that fewer than 15% of employers employ at least 1 OS&H professional. As a result, a substantial telephone screening effort is required to identify establishments that employ at least one OS&H professional. Our burden estimate shows that to identify 1,000 eligible establishments would require that over 8,700 establishments be screened. We also assumed that of the 1,000 eligible establishments, we would be able to obtain approximately 400 complete surveys. We are concerned whether this number of complete surveys will yield adequate precision on some OS&H disciplines, including the need for services provided by OHPs. Because of this concern, and because of the relatively small numbers of OS&H professionals described as practicing occupational health epidemiology, occupational health psychology, or occupational injury</p>

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	<p>So, we wanted to convey both our disappointment in OHP being removed from the final survey and our appreciation at being included along the way. The health-related concerns caused by psychosocial factors at work are both numerous and wide spread. Clearly, OHP must play a central role in addressing these concerns. Thus, we look forward to a future in which OHP is an increasingly prominent partner in efforts to improve workers' occupational safety, health, and well-being.</p> <p>Sincerely, Robert R. Sinclair, Ph.D. Leslie B. Hammer, Ph.D. Janet Barnes-Farrell, Ph.D. Paul Spector, Ph.D. Joe Hurrell, Ph.D.</p>	<p>prevention, we concluded that it would be unlikely that we could provide estimates for OS&H professionals in such disciplines with confidence. In the draft survey instrument we included these three OS&H professions as "allied OS&H professions" in an effort to limit respondent burden. However, we will include three additional OS&H professional areas currently funded by NIOSH among the specific disciplines included in the survey, thus adding the following to the 6 disciplines already named:</p> <p>Occupational health epidemiology, Occupational health psychology, and Occupational injury prevention.</p>
<p>OSHA Sandra J. Jessen OSHA - Office of Training and Education Development (OTED) 2020 S. Arlington Heights Road Arlington Heights, IL 60016 847.759.7709</p>	<p>The OSHA Directorate of Training and Education is very interested in the data collected regarding Safety and Health professional competencies.</p>	<p>We appreciate your interest in this program and will ensure that you receive the results.</p>
<p>OSHA Rob O'Brien, OSHA Compliance Safety & Health Officer Boston North Area Office</p>	<p>In regards to your upcoming assessment of OSH professionals, I ask you to focus on the desired competencies and the qualifications for becoming a safety professional. As you may or may not know, the job series 0018 (Compliance Safety & Health Officer) used by the Office of Personnel management (OPM) does not have a positive education requirement.</p> <p>In my opinion, not having an education in the basic sciences, math or reading comprehension adversely affects the employers being regulated by the Federal government. An educated workforce is of paramount importance and the federal government should lead the way.</p> <p>This is a very important issue to be studying; I applaud your efforts and look forward to the results.</p>	<p>We agree with your concerns. The focus of this research program is on identifying numbers of and competencies for OS&H professionals desired by employers.</p>