

September 7, 2010

TO THE REVIEWER OF: OMB NO. 1220-0141
Cognitive and Psychological Research

FROM: Polly Phipps
Senior Research Statistician
Office of Survey Methods Research

SUBJECT: Submission of materials for cognitive testing on
reporting days away from work injuries and illnesses
in the Survey of Occupational Injuries and Illnesses
(SOII) and Workers' Compensation claims data

Please accept the enclosed materials for approval under the OMB clearance package number 1220-0141 "Cognitive and Psychological Research." In accordance with our agreement with OMB, we are submitting a brief description of the research, and the materials to be used in the research at least two weeks prior to the beginning of the study.

We will be conducting in-person cognitive interviews with establishment respondents who complete the SOII. These interviews are being undertaken to explore differences in reporting of days away from work illnesses and injuries in the SOII compared to Workers' compensation claim data.

We plan to interview respondents from up to 100 establishments. The maximum number of burden hours is estimated to be 100 hours.

If there are any questions regarding this project, please contact Polly Phipps at (202) 691-7513.

Attachments

Cognitive Testing to Explore Differences in the Survey of Occupational Injuries and Illnesses (SOII) and Workers' Compensation claims data

I. Purpose

The goal of this study is to explore possible reasons for differences in reporting days away from work injuries and illness between the SOII and State Workers' Compensation claims data. Studies comparing the two data sources suggest that there are differences, and the differences may be associated with a lower count of injuries and illnesses in the SOII. Since SOII respondents are requested to complete the survey using Occupational Safety and Health Administration (OSHA) logs and supplemental reports, we focus on both OSHA forms and the SOII in our protocol.

II. Methodology

The proposed study will be conducted using in-person interviews. SOII respondents from the State of Kentucky will be selected into the study based on industry, employment size, and multi-establishment status. In addition, the sample will be split between establishments with high or low agreement between SOII reported days away from work injuries and illnesses and state workers' compensation claims injuries and illnesses.

- Size (1-10, 11-49, 50-249, 250-999, 1000+)
- Industry (natural resources and mining; construction; mining; trade, transportation, and utilities; information; financial activities; professional and business services; education and health services; leisure and hospitality; other services, except public administration)
- Multi-establishment or not

The instrument (Attachment 1) has been designed to question respondents about general company background, their background and role as respondent, as well as the following subject areas:

- The types of information, forms, and records that are used when reporting injuries and illnesses,
- Whether survey form directions and definitions are clear, and how they might differ from other forms the respondent may complete, and
- The difficulties respondents face in completing the survey, such as whether some types of injuries and illness are more difficult to report than others.

Respondents will be recruited by telephone (see Attachment 2). Respondents agreeing to in-person interviews will be asked at the time of visit whether taping is acceptable, following the protocol in Attachment 3.

III. Subject and Burden Hours

The BLS estimates that the total burden will be 100 hours. OMB clearance is requested through September 2011. We expect that the in-person interviews will take approximately 60 minutes.

IV. Confidentiality

Respondents will be informed as to the voluntary nature of the study. Information related to this study will not be released to the public in any way that would allow identification of individuals except as prescribed under the conditions of the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws.

V. Attachments

1. Draft employer protocol/instrument
2. Solicitation protocol
3. Personal interview taping protocol

Attachment 1. Employer Interview Protocol

Introduction

The Bureau of Labor Statistics is conducting a study to better understand differences in workplace injury and illness data. For example, when the BLS survey is compared to other injury and illness data, such as worker's compensation claims, the numbers are sometimes different. We routinely ask businesses to help us during the survey design process to assure that we collect the best survey data possible. We appreciate your willingness to assist us.

To make sure we collect accurate data, we need to better understand:

- The types of information, forms, and records you use when reporting injuries and illnesses,
- Whether survey form directions and definitions are clear, and how they might differ from other forms you may complete, and
- The difficulties you face as a respondent in completing the survey, such as whether some types of injuries and illness are more difficult to report than others.

This study is not part of any type of enforcement action and we are not conducting an OSHA inspection. Per federal law, we will not and cannot share any information with OSHA.

Anonymity and Taping

With your permission, we would like to audiotape our discussions. We like to use a recorder so we can refer back to it while report writing. Would you mind if we tape this session?

In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. Your participation is voluntary, and you can decline to answer any questions. A standard procedure in this kind of interview is to obtain your written consent to participate. Here is a consent form and statement that tells you more about your rights as a participant. Please sign both copies and keep one for yourself.

Do you have any questions before we start?

Company Background¹

1. First, I'd like to get a little background on the company. What does (Company Name) do/make exactly?
2. About how many years has (Company Name) been in business?
3. We have your employment at this worksite as (NUMBER); is that about right?
4. How many locations do you have in (State; US)? Is there a separate headquarters?
5. What type of work do your employees do? Do your employees cover a wide range of occupations or are they in certain occupational types?
6. Would you say your average worker has been with the company less than one year, between 1 and 3 years, or over 3 years?
7. Do any of your employees belong to a union? About what percent?
8. Do you know if your company is required to maintain OSHA logs?
9. Do you know if your company is self-insured for workplace injury and illnesses?

Respondent and Position Information

10. Now I have a few questions about your position. First, what is your job title?
11. How long have you been in this position?
12. Are you the person who completes paperwork on workplace injuries and illnesses?
13. Are the workplace injury and illness paperwork and records maintained in your office?
14. Do you usually receive the annual BLS survey of occupational injuries and illnesses?
15. Do you maintain/use the OSHA logs (OSHA Form 300) and supplemental records (OSHA Form 301)? If yes, how long have you been responsible for them? If no, skip to Q 18.
16. (IF Multi) Are you responsible for or do you oversee the logs for more than one location? If yes, how many locations?
17. Does anyone else share these responsibilities? (IF YES, ask for job title, relationship to respondent).

¹ An internet search may yield information on the company background, and if so, it will be integrated into these questions—e.g., if there is information on how long the company is in business, we will ask whether the information acquired through the search is correct or not.

18. Do you complete the paperwork for workers' compensation claims? Are those records maintained in your office? (IF NO, Who does that? Job title, location.)
19. IF R HAS WC CLAIMS RESPONSIBILITY, Does anyone else share the responsibility for workers' compensation claims? (IF YES, job title, relationship to respondent).
20. Do you have a direct supervisor? (IF YES) ask for job title and: Does he or she assist you with injury or illness tasks?

Reporting of Cases

21. We're interested in how injuries and illnesses get reported. First I'd like to know what happens when an employee is injured or becomes ill. How do you find out about it? (supervisor, nurse, etc; ask about last several cases as examples.)
22. Does your company have a specific injury or illness reporting process? (Probe for written procedures for supervisors on how to report injuries or illnesses.)
23. When you first learn of an injury or illness, what do you do? How do you decide whether or not you should (report/record) it? Who else helps decide whether it is (reportable/recordable)? If you're not sure, what do you do?
24. How many different forms do you usually complete? What about:
 - a. State first report of injury or worker's compensation report
 - b. A separate form for insurer
 - c. OSHA log (Probe for form date)
 - d. OSHA supplementary record (Probe for form date)
 - e. BLS survey
 - f. Any others?
 - g. None
25. What form do you complete first? Then what?
26. Are some cases reported on one form and not another? (PROBE FOR DETAILS.)
27. What guidelines do you use in completing the various forms: (GRID FORMAT; ASK FOR EACH FORM IN 24; Provide respondent with show card)?
 - a. Instructions printed on state forms
 - b. Other instructions for state forms
 - c. Trade association guidelines
 - d. Insurer guidelines
 - e. Company guidelines
 - f. Instructions on OSHA forms
 - g. OSHA recordkeeping guidelines on web
 - h. Instructions on BLS forms
 - i. Anything else?

- j. None of the above
28. Now focusing on the (OSHA log-give respondent a blank 300 if he/she doesn't have one in hand/BLS survey if respondent does not complete log), how do you get any additional information you need for the (log/survey) besides what you get when you learn of the illness/injury? What pieces of information are particularly difficult to get? (ASK FOR EXAMPLES.)
 29. Is it difficult to keep the log up to date? Do you have a certain time that you record injuries in the log? Do you ever wait until a case is complete before recording it (Probe for difficulties with November and December?)
 30. How would you amend a case when the status changes? How many times do you need to return to the logs to add or change information for a particular case? Which items do you have to add or modify information?
 31. Do you find out when an employee is on light duty for a medical reason? How? Would you record this type of situation as restricted work activity?
 32. How do you get the information on days away from work and days of restricted work activity? When do you record this information on the log?
 33. If a case with days away from work also had job transfer or restricted activity, how would you classify the case: as a days away from work—H, or a job transfer or restriction--I, or other recordable case--J? Would you include the number of days away from work; would you complete the number of days on job transfer or restriction?
 34. Are there any types of cases on the OSHA logs that you would not include on the BLS survey form? (Probe for injuries/illnesses not eligible for worker's compensation; if R provides examples, ask for an estimate of how many cases would be involved.)

Cumulative trauma injuries/Workers' Compensation Claims

35. I have a few questions on some injuries that may be more difficult to report -- injuries that are the result of cumulative trauma and can have a long time frame, like carpal tunnel syndrome, tendonitis, or back and neck injuries. Are these types of cases less likely to get recorded in the (OSHA log/BLS survey) compared to more acute injuries, such as a fracture or puncture? Why is that? How do you determine the date of injury on cumulative trauma cases? If a workers' compensation claim were filed on these types of cases, do you think that date of injury would be the same as that in the (OSHA log/BLS survey)?
36. For workers' compensation claims, can you estimate about what percent of cases you as the employer file first reports for? Are there cases where an employee, physician, or insurer would submit a claim first? Would you complete a first report if this happened? Are there specific types of injuries or illnesses that

employees/physician/insurers are more likely to submit the first claim? (Probe for cumulative trauma cases.)

37. Do you ever cross check to see if workers' compensation claims are included on the (OSHA log/BLS survey)? If yes, have you ever added workers' compensation claim cases into the log at a later date? If yes, how many months later has that ever happened?
38. How do you handle workers' compensation claims that are contested by the insurer? Are they included in the OSHA log? Do you include them on the BLS survey?
39. In general, can you think of any (other) situations or types of cases that might show up in the workers' compensation claims but not in the OSHA log? Not the BLS survey? (Probe for DAFW cases at a later point tied to a prior recorded injury; paid claims that the employer does not think are work-related.)
40. How about cases that would show up in the OSHA log, but not in worker's compensation claims? How about the BLS survey, but not in worker's compensation claims?

Other Factors

41. Does anyone other than you review the log? Who? What kind of review? What kind of feedback do you get?
42. IF UNION: Does the union have any part in this process?
43. During the time you have been doing this work, did you receive any on-the-job training related to it? Could you give me a little detail on it?
44. How about formal training, such as classes, seminars, or something like that? Could you tell me more about the formal training?
45. Does your company post the number of injury free days somewhere on location? Do you ever have low injury campaigns/competitions?
46. Do you post the OSHA 300A summary? (Feb 1- April 30)
47. (Multiple State UI records) You mentioned you have more than one location in this state; would all the locations have about the same days away from work cases, or are there certain locations that would have on average more days away from work cases? (If yes, how many, type of activity at location, number of employees.)

Benefits/On-Site Medical

48. I have a few more questions on the benefits you provide to employees. Do you offer medical insurance to employees? Do you know about what percent of your employees participate?

49. Do you offer paid sick leave? Paid vacation leave? To all or some employees?

50. (If not known from earlier questions): If someone needs medical assistance, do you have anyone on-site that assists, for example, supervisors, a doctor, nurse, or someone else? Do you have a medical office on site? Do you coordinate with this office on information for the OSHA log?

Attachment 2. Telephone Solicitation Protocol

1. Call person completing the SOII survey for the reference year.

2. Suggested Script

Hello, my name is (NAME). I am calling for the U.S. Department of Labor, Bureau of Labor Statistics. Is (INITIAL CONTACT NAME) there? Our records show that you are the person that completed the 2006/7 Survey of Occupational Injuries and Illnesses. Are you the person who prepares this report?

- YES
- NO

The Bureau of Labor Statistics is conducting a study to better understand differences in workplace injury and illness numbers. We need your help to make our data better. We are interested in talking to you about your experiences with the BLS survey and your thoughts on any differences you might have noticed between the BLS survey and Worker's Compensation reporting and recordkeeping.

I realize you are probably very busy, but would you have a little time in the next month to assist us with this study? It would be very valuable to us if we could meet in person with you.

[IF NECESSARY:

There is nothing you need to do to prepare. Our questions will focus on:

- The types of information, forms, and records you use when reporting injuries and illnesses,
- Whether survey form directions and definitions are clear, and how they might differ from other forms you may complete, and
- The difficulties you face as a respondent in completing the survey, such as whether some types of injuries and illness are more difficult to report than others.]

The visit will take about an hour of your time.

As you may know, the Bureau of Labor Statistics is an independent statistical agency and will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act (Title 5 of Public Law 107-347), the information you provide to the BLS will not be disclosed in identifiable form without your informed consent.

This study is not part of any type of enforcement action and we are not conducting an OSHA inspection. Per federal law, we will not and cannot share any information with OSHA.

3. IF RESPONDENT AGREES:

- Two people from our research team will travel to your establishment to talk with you. Which day between [DATE] and [DATE] would be best for you?

APPT DAY: _____

- What might be the best time of day for our in-person visit?

APPT TIME: _____(ABOUT 60 MINUTES)

- I called [PHONE NUMBER]. Is this the best phone number to use to reach you?

YES

NO → CORRECT THE INFORMATION HERE: _____

- We'll give you a reminder call or email about our appointment a day or two before the interview.

- Confirm mailing address and tell respondent we will send a letter describing more about our meeting. Also get, email for possible reminder.

Email: _____

- If you need to reach me for any reason, you can call me at [NUMBER]. Again, my name is [NAME]. Do you have any questions for me? Thank you very much for your time. We look forward to talking with you.

Recruitment Appointment Reminder Call or Email

Call establishment two or three days before the scheduled interview to remind them of the following:

- interview time and date
- let them know who will be there from BLS
- Give them the appropriate phone # for BLS staff in case there is a last minute problem.

Attachment 3. Personal Visit Interviews Taping Statement and Consent Form

Anonymity and Taping

With your permission, we would like to audiotape our discussions. We like to use a recorder so we can refer back to it while report writing. Would you mind if we tape this session?

In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. Your participation is voluntary, and you can decline to answer any questions. A standard procedure in this kind of interview is to obtain your written consent to participate. Here is a consent form and statement that tells you more about your rights as a participant. Please sign both copies and keep one for yourself.



CONSENT FORM

The Bureau of Labor Statistics (BLS) is conducting research to increase the quality of BLS surveys. This study is intended to suggest ways to improve the procedures the BLS uses to collect survey data.

The BLS, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. The Privacy Act notice on the back of this form describes the conditions under which information related to this study will be used by BLS employees and agents.

During this research you may be audio and/or videotaped, or you may be observed. If you do not wish to be taped, you still may participate in this research.

We estimate it will take you an average of 60 minutes to participate in this research (ranging from 45 minutes to 90 minutes).

Your participation in this research project is voluntary, and you have the right to stop at any time. If you agree to participate, please sign below.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. OMB control number is 1220-0141 and expires February 29th, 2012.

I have read and understand the statements above. I consent to participate in this study.

Participant's signature

Date

Participant's printed name

Researcher's signature

OMB Control Number: 1220-0141
Expiration Date: [02/29/12]

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that this study is sponsored by the U.S. Department of Labor, Bureau of Labor Statistics (BLS), under authority of 29 U.S.C. 2. Your voluntary participation is important to the success of this study and will enable the BLS to better understand the behavioral and psychological processes of individuals, as they reflect on the accuracy of BLS information collections. The BLS, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.