Evaluating the Health Hazard Evaluation Program's Communication with Local Health Departments
OSTLTS Generic Information Collection Request
OMB No. 0920-0879

SUPPORTING STATEMENT – Section A

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Section A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

Background

This data collection uses the Generic Information Collection mechanism of the OSTLTS Survey Center (OSC) – OMB No. 0920-0879. The respondent universe for this data collection aligns with that of the OSC. Data will be collected from Local Health Department Directors or their designees.

In accordance with its mandates under the Occupational Safety and Health Act of 1970 and the Federal Mine Safety and Health Act of 1977, the Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health (NIOSH) responds to requests for Health Hazard Evaluations (HHEs) to identify chemical, biological, or physical hazards in workplaces throughout the United States. In recent years, NIOSH has received about 200 requests annually. The NIOSH HHE Program conducts approximately 80 short-term field evaluations each year to identify potential chemical, biological, or physical hazards in a given workplace. For the remaining requests, NIOSH responds by letter or telephone. This authority forms the basis for the NIOSH HHE Program. The HHE Program field investigations operate under ICR 0920-0260 (**Attachment A**). This approved information collection covers activities specifically related to the HHE Program's field investigations. Because it does not explicitly cover other aspects of the HHE Program, such as program evaluation, the HHE Program is submitting this request for approval of the proposed data collection related to program evaluation.

Since 1970, NIOSH has responded to over 14,000 HHE requests. The main purpose of an HHE is to help employers and employees identify and eliminate work hazards. In response to requests, the HHE Program assembles an interdisciplinary team (e.g., industrial hygienists, engineers, occupational physicians, epidemiologists, psychologists) who carry out exposure and health assessments. The findings from these assessments are used to formulate recommendations to ameliorate identified hazards and prevent occupational illness and disease. Findings are shared with employers, employees, and public health agencies in a written report (an example is provided in **Attachment B**). This report is published on the NIOSH website.

In 2009, the National Academies reviewed the HHE Program to assess its impact and relevance. On a scale from 5 (best) to 1 (worst), the HHE Program received scores of 5 for relevance and 4 for impact (**Attachment** C). The review panel recommended expanding communication with other public health agencies. The Health Hazard Evaluation program works collaboratively with other public health entities at the federal, state, and local level to ensure that fundamental public health measures are in place. In 2010, the HHE Program responded to the National Academies review with its implementation plan (**Attachment** D), which became the driver for subsequent Program strategic plans (**Attachment** E). An element in these plans called for enhancing interactions with local health departments. As a result, in March 2011, the HHE Program began directly notifying local health departments about requests for workplaces in their area. To date, 26 local health departments have received information regarding investigations of exposures to noise, chlorine gas, lead, and infectious agents, among other hazards. The HHE Program also began sending local health departments a copy of its investigation report. The purpose of this new effort was to raise awareness of occupational health as a public health issue and to inform local health departments of the resources available through the HHE Program. The HHE Program wants to know whether these objectives have been accomplished. It also wants to know whether the local health departments have other needs that it could address.

Privacy Impact Assessment

Overview of Data Collection System – The data collection system consists of a web-based survey instrument (**Attachments F and G**) designed to elicit information from Local Health Department Directors or their designees. The data will be collected using Survey Monkey®. We will send an email to potential respondents with a link to the survey instrument. The email will contain instructions for completing the instrument online. Respondents will also be given the option of filling in a Word version of the instrument that can be returned by either email or fax. The survey has been pilot tested on five CDC/NIOSH health professionals. The results were used to refine the questions and establish the estimated time for completing the survey.

Items of Information to be Collected – The survey consists of 24 items. These items cover the respondent's job title (1 item), experience of the respondent's health department with occupational health (9 items), and familiarity and experiences with NIOSH and the HHE program (14 items). Nineteen items require the respondent to choose from one of three to five response options. Two items require the respondent to fill in information such as a job title. Three items call for a narrative response ranging from a maximum of 150—1000 characters in length. An effort was made to limit questions requiring narrative responses.

2. Purpose and Use of Information Collection

The primary purpose of this data collection is to evaluate the HHE Program's communication with local health departments about our investigations in their area. We are requesting approval for clearance to assess 1) the value of this communication, 2) awareness of the HHE Program and its services, and 3) technical assistance needs that could be met by the HHE Program.

The HHE Program proposes a data collection from all local health departments to which it has sent either a notification letter of a field investigation or a final report (n=26) and an equal number of departments with which it has had no communication. The information gathered in this data collection is not available from other data sources or through other means.

Results of the data collection will have several uses. The first will be to strengthen relationships between the HHE Program and local health departments. The second will be to enhance the impact and effectiveness of the HHE Program's activities and products. The third will be to strengthen the organizational effectiveness of the HHE Program. Ultimately, the data collection will enhance the HHE Program's ability to help ensure safe and healthy work places for all American workers.

The scope of data collection is limited to experiences and opinions of local government employees acting in their official capacity. This data collection will not require IRB review.

The data collection will not yield data that can be generalized. CDC expects to use these findings to understand better the range of experiences of local health officials/employees. This information will serve as an input to program management.

3. Use of Improved Information Technology and Burden Reduction

These data will be collected using Survey Monkey®, a web-based survey tool. Web surveys reduce respondent burden by enabling them to easily access the survey and complete it at a convenient time and location. The web survey will use easy-to-read response scales or text boxes that are embedded in the online survey. Any skip patterns included in the survey (that is, questions that are only appropriate for a proportion of respondents) have been programmed into the web-based form. Screen shots of the data collection instrument are in **Attachment F**. A Word document is provided as **Attachment G**. The survey was designed to collect the minimum information necessary to meet the goals of the project.

Survey Monkey ® has a data center located in a SAS70 Type II certified facility. The facility is staffed and under surveillance 24/7. The servers are in a locked cage, with digital surveillance equipment monitoring at the data center. Secure Sockets Layer (SSL) technology protects user information using both server authentication and data encryption, ensuring that data is safe, secure and available only to authorized persons in a password protected system. Personally identified information will not be collected.

4. Efforts to Identify Duplication and Use of Similar Information

This data collection is unique to the HHE Program and does not duplicate other efforts. Prior NIOSH surveys of its stakeholders have included private sector employers, state health agencies, among others, but not local health departments.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

The purpose of this request is to ensure collection of data that is not otherwise available in current, time sensitive, or relevant formats to specific or emergent priorities of HHS and CDC. Without this data there would be no timely feedback regarding effectiveness of the HHE Program efforts to inform local health departments of its activities and services and less effective collaboration between local and national public health programs.

There are no legal obstacles to reduce the burden.

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

There are no special circumstances with this information collection package. This request fully complies with the guidelines of 5 CFR 1320.5.

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

   This data collection is being conducted using the Generic Information Collection mechanism of the OSTLTS Survey Center (OSC) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on October 22, 2010, Vol. 75, No. 204; pp.65353-54. Two comments were received from the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO).

   CDC partners with professional STLT organizations, such as the ASTHO, the NACCHO, and the National Association of Local Boards of Health (NALBOH) along with the National Center for Health Statistics (NCHS) to ensure that the collection requests under the individual ICs are not in conflict with collections they have or will have in the field within the same timeframe.

9. Explanation of Any Payment or Gift to Respondents

   CDC will not provide payments or gifts to respondents.

10. Assurance of Confidentiality Provided to Respondents

    The Privacy Act does not apply to this data collection. Employees of state, tribal, local, and territorial public health agencies will be speaking from their official roles and will not be asked, nor will they provide individually identifiable information.

    This data collection is not research involving human subjects.

11. Justification for Sensitive Questions

    No sensitive information will be collected.

12. Estimates of Annualized Burden Hours and Costs

    The estimate for burden hours is based internal testing of the questionnaire on CDC health professionals. In this testing, the average time to complete the survey was approximately 10 minutes.

    Estimates for the average hourly wage for respondents are based on the Department of Labor (DOL) National Compensation Survey estimate for management occupations – medical and health services managers in state government (http://www.bls.gov/ncs/ocs/sp/nctb1349.pdf). Based on DOL data, an average hourly wage of $57.11 is estimated for all 52 respondents. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents						
Type of Respondents	Number of Respondents	Number of Responses per Respondent	Hours per Response	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
Local health department director/designee	52	1	10/60	8.67	$57.11	$495.15
TOTAL	**52**	**1**		**17.33**		**$494.15**

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

There will be no direct costs to the respondents other than their time to participate in the survey.

14. Annualized Cost to the Government

There are no equipment or overhead costs. The only cost to the federal government would be the salary of CDC staff supporting the data collection activities and associated tasks.

Surveys will be prepared by CDC staff (FTE). A senior level FTE will review and approve the activities. An information specialist FTE will generate the list of contacted health department. A summer student intern will identify the non-contacted departments, make the phone calls, follow up with nonrespondents, enter the data, and prepare descriptive statistics and a report. The estimated cost to the federal government is $15,106.20 . Table A-13 describes how this cost estimate was calculated.

Table A-13: Estimated Annualized Cost to the Federal Government

Staff or Contractor	Hours	Average Hourly Rate	Average Annual Cost
Health Scientist (GS-15) Lead on development of instrument, pilot testing, review and oversee OMB package preparation, data collection, data coding and entry, quality control, data analysis, report preparation	40	$73.57	$2942.8
Technical Information Specialist (GS-11) Create list of health departments and contact	4	$37.13	$148.52
Summer Student Intern	400		$12,000
Estimated Total Cost of Information Collection			$15,091.32

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

There are no plans to publish the results of this data collection. The results will be used by the HHE Program to improve the content and delivery of its communication products to local health departments. Data collection will commence approximately 2 weeks following OMB approval. An email will be sent to each local health department to inform them of the survey and provide the survey link. Reminder emails will be sent 7 and 12 days later. A report will be generated for internal CDC use. The report will be completed within 120 days following OMB approval. A summary of this timeline is provided below.

Days following OMB approval	Activity
14 days	Email announcing survey; commence data collection
21 days	First reminder e-mail sent
26 days	Last reminder e-mail sent
28 days	Telephone reminder
29 days	Last day of data collection
90 days	CDC report completed

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

CDC does not request exemption from display of the OMB expiration date.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

LIST OF ATTACHMENTS – Section A
Note: Attachments are included as separate files, as instructed

A. ICR 0920-0260 Notice of Approval
B. HHE report sample
C. National Academies brief report
D. HHE Program implementation plan
E. HHE Program Fiscal 2012 Strategic Plan
F. Data collection instrument, screen shots
G. Data collection instrument, Word file