Assessing Effectiveness of the Brochure: "Local Health Departments and the NIOSH Health Hazard Evaluation Program: Working Together"

OSTLTS Generic Information Collection Request

OMB No. 0920-0879

SUPPORTING STATEMENT – Section A

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Program Official/Project Officer

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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 assessing the effectiveness of outreach materials, the HHE Program is submitting this request for approval of the proposed data collection.

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.

In 2012, to assess the effectiveness of the outreach begun in 2011, we collected information from a small sample of local health officials after obtaining approval through the same Generic Information Collection (OMB No. 0920-0879). In that information collection, 84% of respondents said their department made referrals on occupational health issues, yet only one had ever made a referral to the HHE Program. Three-quarters of those said they were not familiar with the HHE Program. This information demonstrated the need to increase awareness of the HHE Program and how it can be helpful to local health departments. The purpose of the current effort is to assess whether a new brochure (**Attachment F**) is helpful in informing local health departments about the HHE Program.

Privacy Impact Assessment

Overview of Data Collection System – The data collection system consists of a web-based data collection (**Attachments G and H**) designed to elicit information from Local Health Department directors or their designees. The data will be collected using the Epi Info ™ Web Survey System developed by the Centers for Disease Control and Prevention. We will send an email to potential respondents. The brochure will be attached as a PDF file. The body of the email will include a Universal Resource Locator (URL) created solely for this information collection. The email will contain instructions for completing the instrument online. The data collection instrument has been pilot tested on six CDC/NIOSH health professionals. The results were used to refine the questions and establish the estimated completion time. The burden includes the time to read the brochure and answer the questions.

Items of Information to be Collected – The instrument consists of 24 items. These items cover the respondent's knowledge about key features of the HHE Program (11 items), familiarity with and likelihood of interacting with the HHE program (5 items), relevance of the HHE Program (1 item), opinion about the brochure (5 items), and unanswered questions about the HHE Program (2 item). Twenty-two items require the respondent to choose from two to five response options. One item requires respondents to check whether each of 24 answers applies. One item calls for a narrative response with a maximum of 2 lines, 100 characters each. 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 assess effectiveness of the brochure (**Attachment F**) "Local Health Departments and the NIOSH Health Hazard Evaluation Program: Working Together." We are requesting approval for clearance to assess the recipients' 1) opinions about the brochure 2) understanding of the key features of the HHE Program, and 3) changes in knowledge and likely behavior after reading the brochure.

The HHE Program to collect data from all 511 local health departments that will receive an electronic version (PDF file) of the brochure by email. 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 improve its products and services for local health officials and 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 the CDC's Epi Info ™ Web Survey System. Web-based data collection reduces respondent burden by enabling them to easily access the instrument and complete it at a convenient time and location. The web-based instrument will use easy-to-read response scales and text boxes. Skip patterns for questions that are only appropriate for a proportion of respondents have been programmed into the web-based instrument. This data collection effort is designed to gather the minimum information necessary to meet the goals of the project.

The CDC's Epi Info ™ Web Survey System is within the CDC firewall and thus meets all federal security requirements. 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. In the 2012 data collection approved under this Generic Information Collection mechanism, NIOSH invited 48 local health departments to participate in a data collection; 19 responded. As noted above, the results pointed to the need for the new brochure and guided its content. None of the local health departments invited to participate in the prior effort is included in the current information collection.

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 on testing of the brochure and the data collection instrument on CDC health professionals. In this testing, the median time to read the brochure was 5 minutes and the median time to answer the questions was 3.5 minutes. A rounded value of 10 minutes was used to determine the total burden (5 minutes to read the brochure, 5 minutes to respond to questions).

    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 511 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	511	1	10/60	87	$57.11	$4,968.57
TOTAL	**511**	**1**				**$4,968.57**

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 data collection.

14. Annualized Cost to the Government
There are no equipment or overhead costs. The only cost to the federal government is the salary of CDC staff supporting the data collection activities and associated tasks. The data collection instrument will be prepared by CDC staff (FTE) and a Technical Information Specialist contractor. A senior level FTE will review and approve the activities. The Technical Information contractor will set up the web-based instrument, monitor the responses, and manage and analyze the data. The senior level FTE will prepare a report. The estimated cost to the federal government is $9,599. 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, report preparation	80	$73.57	$5,886
Technical Information Specialist (GS-11) Monitor responses, manage data, analyze data.	100	$37.13	$3,713
Estimated Total Cost of Information Collection			$9,599

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. The report will be completed within 120 days following OMB approval with intermediate milestones shown in the table below.

Days following OMB approval	Activity
14 days	Email delivery of brochure and participant invitation; commence data collection
21 days	First reminder e-mail sent
26 days	Last reminder e-mail sent
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, web-based instrument screen shots
G. Data collection instrument, Word version
H. Data collection instrument, Web version