

**Barriers to occupational injury reporting by workers:
A NEISS Telephone Interview Survey**

**Request for Office of Management and Budget Review and
Approval for Federally Sponsored Data Collection**

Section A

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May 21, 2012

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A. Justification

A.1. Circumstances Making the Collection of Information Necessary

Background

This is a new Information Collection Request (ICR) from the National Institute of Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention. We are requesting two years of OMB approval. Data collection will occur over 12 months. However, a two-year approval is needed to account for interviewer training and other potential start-up delays.

Each year about 5,400 workers die from a work-related injury and 4 million private industry workers report a nonfatal injury or illness. Some of those workers make up the 3.4 million workers treated in U.S. hospital emergency departments for a nonfatal injury or illness (CDC 2011). Although studies indicate that we have reduced the number of nonfatal injuries in recent decades, there is continuing evidence that our nonfatal occupational surveillance significantly underreports workplace injuries. This presumed undercount potentially decreases health and safety funding because of a false sense of improvement in the occupational injury rates. It also increases the misdirection of scarce safety and health resources because hazardous workplaces cannot be appropriately assessed and intervention efforts cannot be properly targeted or evaluated. It is this basic need for reliable and comprehensive occupational injury surveillance that led to the 1987 National Academy of Science report *Counting Injuries and Illnesses in the Workplace—Proposals for a Better System* (Pollack & Keimig, 1987) and the 2008 Congressional report *Hidden Tragedy: Underreporting of Workplace Injuries and Illnesses* (Committee on Education and Labor, 2008).

Our proposed research addresses two facets noted in these reports—we must thoroughly understand both barriers and incentives to reporting occupational injuries and we must use this knowledge to assess and improve our surveillance activities. In particular, our proposed research offers access on a national level to workers' perspectives on barriers to reporting in conjunction with their recent reporting behavior. This information for a nationwide sample is not available elsewhere. Agencies responsible for occupational injury surveillance, the National Institute for Occupational Safety and Health (NIOSH) in particular, will benefit from an improved understanding of reporting behaviors obtained through the proposed project.

Overview of nonfatal occupational injury surveillance: Two national surveillance systems focus on nonfatal occupational injuries: the Bureau of Labor Statistics (BLS) Survey of Occupational Injuries and Illnesses (SOII), commonly referred to as the “annual survey,” and the NIOSH National Electronic Injury Surveillance System—Work-Related Injury/Illness Supplement (NEISS-Work). The SOII is based on employer reporting of work-related injuries whereas NEISS-Work is primarily based on employee self-declaration of work-relatedness at the time of emergency department (ED) treatment.

Employer-based reporting: The BLS SOII is an establishment survey that depends on employer reporting of workplace injuries and illnesses based on Occupational Safety and Health Administration (OSHA) recordkeeping rules (Ruser 2008). Each of the selected employers in the sample (176,000 establishments) reports information from their OSHA injury and illness logs and their labor force characteristics (Ruser 2008). The survey currently excludes federal workers, the self-employed, private household workers, and workers on farms with fewer than 11 employees. These worker exclusions result in injuries and illnesses among more than 22% of U.S. workers not being counted (Bureau of Labor Statistics 2006). Overall, research suggests that SOII may undercount injuries and illnesses by as much as 70% (Boden & Ozonoff, 2008; Glazner et al., 1998; Jackson, 2001; Leigh, Marcin, & Miller, 2004; Rosenman et al., 2008).

Worker-based reporting: At the time of medical treatment, workers may self-declare their injury/illness to be work-related, independent of employer confirmation or workers' compensation coverage. It is this self-declaration and/or potential work-related recognition by the attending physician at the time of ED treatment on which NEISS-Work is based. NEISS-Work uses a statistically valid, national stratified probability sample of 67 U.S. hospitals with 24-hour EDs.¹ In NEISS-Work, work-related injuries and illnesses are identified from ED chart review (an indirect form of worker-based reporting). A case is defined as work related if the injury or illness was sustained by a civilian non-institutionalized worker while working for pay or other compensation, working on a farm, or volunteering for an organization (e.g., volunteer fire department), without regard to self-employment and full- or part-time work (Derk, Marsh, & Jackson, 2007; Jackson, 2001). NIOSH uses the OSHA recordkeeping rules as guidelines for identifying specific injuries and illnesses for inclusion. NEISS-Work is only able to produce estimates for injuries/illnesses that were treated in an ED; and only for those cases where there was sufficient information in the medical record to identify a work relationship. Current national estimates of ED versus other medical venue usage by injured or ill workers are not available, but prior research has indicated that about one third of all medically treated occupational injuries and illnesses are treated in an ED (Derk, Marsh, & Jackson, 2007; Jackson, 2001; "Surveillance for nonfatal," 1998).

Occupational injury and illness reporting issues: As can be seen above, surveillance data systems are intrinsically defined by their case definitions, the nature and representativeness of their data sources, and the extent of their inclusivity for a given population. The practicality of conducting surveillance; limitations in available data, access to data, legal basis for collecting data, and fiscal resources; various incentives and disincentives to reporting; and a myriad of other factors significantly influence the quality and representativeness of any surveillance system. Issues with the reporting of occupational injury and illness have been noted for a century. Most recent critiques of nonfatal occupational injury and illness surveillance in the U.S. have continued to focus on the lack of inclusivity of all worker types. Numerous other reasons for underreporting have been studied as well. Azaroff, Levenstein, and Wegman (2002),

¹ NEISS-Work currently includes data from only 63 hospitals due to hospital closures.

summarized scores of studies and created a conceptual framework of the filters to reporting. These include failure on the part of the employee to recognize an injury as work-related, disincentives to reporting injuries on OSHA logs for employers, and disincentives for employees to report workplace injuries to their supervisors and/or health care providers. Evidence that employees do not always report their occupational injuries to supervisors was found when the BLS investigated the SOII survey process and found that employers were providing accurate OSHA log information to the BLS (Ruser 2008). Similarly, OSHA conducted audits of various employer logs and generally found that employers were correctly including and recording their workers' injuries and illnesses on the establishment log (Ruser, 2008).

If employers are accurately recording the injuries or illnesses of which they are aware, then, for a multiplicity of reasons, workers must not be reporting a significant number of injuries and illnesses to their employer or filing workers' compensation claims which would presumably trigger the recording of the injury/illness. Disincentives to reporting for employees can take multiple forms including relatively subtle employer policies of "what I don't know about I can't record" to overt intimidation. Recent studies have focused on abusive conditions and the failure of social and safety networks to encourage reporting by workers (Lipscomb, McDonald, Dement, Schoenfisch, & Epling, 2007; Martin et al., 2009). Evidence also suggests that economic disincentives for employees to report injuries to their employers and for employers to maintain comprehensive records play a major role in the undercounting (Azaroff, Levenstein, & Wegman, 2002; Conway & Svenson, 1998; Leigh, Marcin, & Miller, 2004; Rosenman et al., 2006). These economic disincentives include increases in workers' compensation costs incurred by businesses and the current US economic downturn (Conway & Svenson, 1998). Economic pressures may influence the nature and relative importance of reporting incentives and disincentives among various worker or employer groups (Conway & Svenson, 1998).

There are also barriers to capturing the occupational origin of injuries at hospital EDs. ED staff may be so focused on providing medical treatment that they do not ask about or record the work-related aspects of an injury. Equally important, if not more so, the injured patient may not recognize the work association of the event or exposure. This can occur when the patient does not identify their activity at the time of injury as work (e.g., a farm chore or volunteer effort vs. paid work); the patient does not recognize the cause as being affiliated with work (e.g. occupational asthma); or the patient conceptualizes the injury as their fault (i.e., not that of the employer or work setting). Hospital records abstractors, who play a critical role in identifying work-related cases based on the information available in the medical record, may also miss cases. These filters likely contribute to underreporting in NEISS-Work and other medical-based surveillance.

In general, understanding the portion of injured workers who notify their employer or health care provider, the injury circumstances, and the barriers and incentives to reporting — information that will be gained from this project—will improve our understanding of the extent of underreporting and facilitate additional reporting research for both the SOII and NEISS-Work.

To better understand underreporting, we will interview two subpopulations of employed persons treated in a probability-based sample of U.S. emergency departments (EDs) identified through the National Electronic Injury Surveillance System (NEISS) and its supplemental programs—NEISS-Work and the All Injury Program supplement, NEISS-AIP. The respondents will represent individuals who were treated in the ED for an apparent work-related injury and individuals who were treated for an apparent non-work-related injury but who were employed at the time they were injured. Additional information on how and from whom the information will be collected is provided below, on page 9, and in Section B of this ICR.

In conducting the proposed project, NIOSH will be acting under P.L. 91-596 Section 20 (Appendix A). This law tasks NIOSH with conducting research involving innovative methods, techniques, and approaches for dealing with occupational safety and health problems. Under this law, this project will use a routine surveillance system and its supplements, all of which have a statistically sound sampling methodology, to obtain a sample of individuals. These individuals will have a known probability of selection from this surveillance system. Telephone interviews will be completed with the identified individuals. The NEISS system is one of only a few surveillance systems capable of collecting this information, and it is the only surveillance system receiving funding in order to implement such an effort.

The mission of NIOSH is to “generate new knowledge in the field of occupational safety and health and to transfer that knowledge into practice for the betterment of workers” [<http://www.cdc.gov/niosh/about.html>]. Surveillance is an important tool in monitoring and improving worker safety and health. This project will provide needed information for addressing this goal by elucidating the barriers and incentives to occupational injury reporting. The availability of this information will allow for the development and refinement of surveillance activities and initiatives to promote reporting of occupational injuries.

Privacy Impact Assessment

Overview of the Data Collection System

The sampling frame for this study involves cases routinely collected through NEISS-Work and NEISS-AIP. To be eligible for this study, subjects must (1) be between 20 and 64 years of age; (2) must speak English; (3) must not be employed on a farm or ranch; (4) must not be self-employed, an independent contractor, or a day laborer; (5) must have experienced an acute physical injury; (6) must not have missed more than three days from work because of the injury; and (7) must have been employed during the time period that the injury occurred. Cases will be pre-screened prior to sampling for age, type of health problem treated during the ED visit (i.e., injury, illness, or exposure), and work status when available. Further screening will take place during the telephone interview. Data collection for NEISS-Work, NEISS-AIP, and the proposed telephone interview follow-up study will be completed by the Consumer Product Safety Commission (CPSC). The NEISS-Work and NEISS-AIP data are collected in an ongoing, supplemental effort to the core National Electronic Injury Surveillance System (NEISS), which is

used by CPSC to capture and report product-related injuries. The telephone interviews will be a new data collection effort, enhancing the information available through NEISS-Work and NEISS-AIP.

Background on NEISS, NEISS-Work, and NEISS-AIP

In 1972, as authorized by statute (the Consumer Product Safety Act Sec. 5. [15 U.S.C. § 2054]), CPSC initiated the collection of consumer product-related injury and illness information through a surveillance system that uses a national probability-based sample of hospital emergency departments—the National Electronic Injury and Illness System (NEISS). Although the CPSC maintains a Privacy Act System of Records CPSC-1 (<http://www.ofr.gov/privacy/2009/cpsc.aspx#cpsc1>) for its Injury Investigation Files, the NEISS records are not retrievable by personal identifiers and hence are excluded from the CPSC system of records. These records may be provided to another Federal, State, or local agency or authority engaged in activities relating to health, safety, or consumer protection in accordance with section 29(e) of the Consumer Product Safety Act. The NEISS data are abstractions of existing information from ED medical records as collected by contract hospitals and paid records abstractors. Informed consent of the injured or ill patient is not required and data sharing by the hospital with CPSC and other federal agencies is allowed under the Health Insurance Portability and Accountability Act of 1996. With OMB approval for both the initial data collection and follow-up studies (OMB Control No: 3041-0029), CPSC regularly uses information attained through NEISS to conduct in-depth follow-up investigations; information collection extension requests are submitted every three years (e.g., Federal Register: Vol. 75, No. 65; Tuesday, April 6, 2010; 17391-17393).

Beginning in 1981, NIOSH began conducting research using NEISS data as authorized by the Occupational Safety and Health Act, Section 20, “Research and Related Activities” and Section 22(d), “Authority of Director, National Institute for Occupational Safety and Health” (29 U.S.C. 669, 671 (d)). The work-related injury data attained by NIOSH from CPSC through what is now referred to as NEISS-Work, do not contain direct personal identifiers such as name, social security number, or contact information. In the year 2000, NEISS was further expanded to collect information on all injuries rather than just consumer product-related injuries. This expansion was jointly funded by both CPSC and the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention (CDC). As is true for the regular collection of NEISS-Work, the information that will be provided to NIOSH for the proposed study will not contain direct personal identifiers, but will be obtained from the participating hospitals and retained by CPSC only for the purposes of conducting the intended follow-up interviews.

NIOSH used NEISS in 1981-1987 and again in 1991 through the present. In the 1990's, NIOSH conducted several follow-up telephone interview studies in collaboration with CPSC under their approval to collect information. OMB was regularly informed of these. Beginning in approximately 2002, CPSC requested that all federal agencies using NEISS for follow-up

investigations seek their own OMB approval for the specific follow-up study (as is being done herein).

NEISS-Work and NEISS-AIP

Routinely collected NEISS-Work and NEISS-AIP data are captured from a national stratified probability sample of 67 of the approximately 5,400 rural and urban hospitals in the U.S. and its territories. At each of these hospitals, a coder employed by CPSC abstracts standardized information from the ED record. According to the NEISS coder training manuals, cases should be captured if they are a first visit to that hospital's ED for (a) an injury, regardless of product involvement and regardless of intent; or (b) an illness causally linked to a civilian work activity. For the purposes of NEISS, an injury is defined as a medical condition resulting from contact with an external force, including chemicals or poisons, temperature extremes, or self harm, and typically involves a single, instantaneous event (e.g., sprain or fracture). "Work" is defined as performing an activity for pay or other compensation, volunteering for an organized group such as an EMS squad or fire department, or unremunerated work on a family farm or business.

For NEISS-Work, emergency department records are abstracted without restriction by age, type of employer or industry, or employer size. Work-relatedness is determined by the hospital abstractor based on the information provided in the ED chart at the time of treatment. Indication or filing of a Workers' Compensation claim is not required. NEISS-Work guidelines for defining a work-related injury or illness generally follow the Occupational Safety and Health Administration's (OSHA) requirements for recordable injuries and illnesses (e.g., all incidents resulting in a loss of consciousness and heart attacks that occur at work are included). Commuting to or from work and non-professional sports or recreational-related injuries are normally excluded. Common illnesses are not reportable within NEISS-Work unless a causal link to work activities can be established (e.g., tuberculosis exposure at work). Routine visits for drug and alcohol screening or treatment are also not reportable within NEISS-Work.

The NEISS-Work data are the property of NIOSH and are used for a variety of projects. They are maintained on password-protected computers and in secure files in locked NIOSH offices. NEISS-AIP records used for this project will be maintained in the same manner. NEISS data will be archived on a secure network drive accessible only by those persons who have completed required annual confidentiality training. The archived NEISS files will be maintained for a minimum of 20 years after the study is completed or becomes inactive in accordance with the CDC Records Control Schedule.

Telephone interview survey

CPSC routinely uses telephone interview survey methods to collect data related to injury incidents. CPSC maintains OMB approval "for a collection of information obtained from persons who have been involved in or have witnessed incidents associated with consumer products"

(OMB control number 3041-0029). The proposed study practices will follow those used by CPSC in their follow-up activities for consumer product-related activities. Additionally, NIOSH has received past OMB approval (OMB Control No.: 0920-0834, expiration 12/31/2012) for a separate study of emergency medical services (EMS) workers based on the same study practices.

For the proposed study, CPSC will attempt to obtain contact information for every sampled NEISS-Work and NEISS-AIP case from the treating hospital. While hospitals are generally cooperative in releasing this information, a few hospitals decline to participate owing to individual hospital privacy rules, or require that a letter be sent to the patient providing them the option of having their contact information withheld. Usually in the latter instance, if a response is not received from the patient within approximately 10 days, the hospital releases the information to CPSC. There are also instances where the contact information released by the hospital is incorrect or out-of-date.

When contact information is obtained by CPSC, potential respondents will be sent a letter describing the study, informing them of their rights as a participant, and giving them the option to opt out of the study by calling a toll-free number (Appendix C). Once sufficient time has passed to allow the participant to receive the letter and voluntarily opt out, the contact information is given to telephone interviewers under contract with CPSC to complete the interviews. The telephone interviewers are required to make at least ten attempts to contact each potential respondent. These attempts are made at varying, but reasonable, hours of the day and on varying days of the week. When no personal contact is made after a number of attempts, the interview is set aside and contact attempts are made later as time permits to maximize the response rate while minimizing recall bias issues. Interviewers are trained to be considerate of respondents and their families, leaving a minimal number of messages or speaking with the respondent or another individual of the residence to arrange a convenient interview time. Messages include a toll-free response number so that the respondent may call at their convenience. When no personal contact is made, no message system is available, or there is no indicator of an incorrect number, the interviewer typically spreads their call attempts over a longer time period and commonly makes more than 10 contact attempts over the initial contact attempt period and the subsequent missed interview follow-ups. The interviewers comply with CPSC contract requirements as approved by OMB. If contact is made with a potential respondent, they are offered the options to participate in the survey at the time of contact, participate in the survey later, or they may refuse to participate. The current response rate for CPSC telephone interviews is approximately 40-45%. We anticipate that the response rate for this project will be similar.

Because of the inherent cost of the telephone interview data and their intrinsic value to researchers, upon completion of the proposed research, the data will be maintained by the NIOSH Division of Safety Research (DSR) as “active” files for a period of up to five years.

Subsequently, the data will be maintained as archived protected data files for a period of up to 20 years in accordance with the CDC Records Control Schedule.

Items of Information to be Collected

NEISS-Work and NEISS-AIP

Routine NEISS supplement data collection includes: demographics (age, sex, and race/ethnicity); medical characteristics (treatment date, diagnosis, body part affected, and disposition (e.g., treated and released or hospitalized)), and incident characteristics (locale, fire or motor vehicle involvement, and a brief narrative description). NEISS-Work additionally routinely obtains employment information such as job title, industry, and employer name.

Telephone interview survey

The data collected via the telephone interviews (Appendix D) will capture valuable, detailed information to supplement the routine data collected in NEISS-Work and NEISS-AIP. The interview, including the introductory materials, will be about 30 minutes or less in length. A reduced number of questions will be asked of respondents with non-work related injuries. The interview will begin with an explanation of the study purpose and provide the information needed for verbal informed consent. The subsequent questionnaire will begin with a brief series of qualifying questions, followed by an opportunity for the respondent to give a free form narrative statement of the recent injury event. The remainder of the questionnaire will consist of separate modules that address workplace, personal, and injury characteristics; beliefs and reporting behaviors with respect to one's employer and ED staff; and elements of the Theory of Planned Behavior in response to a hypothetical vignette. The specific modules included are: (1) qualifying section (screening for those who do not meet sample criteria and are ineligible to participate); (2) ED reporting; (3) reporting a work-related injury (this section is only given to those whose injury occurred or was made worse at work); (4) medical coverage and state of recovery; (5) occupational data; (6) Theory of Planned Behavior questions; (7) demographic and sensitive occupational information; and (8) debriefing/summary. Information that could be used to directly identify an individual will not be collected. However, it is possible that the combination of injury narrative and other job-related and demographic indicators collected by the interview may be used to indirectly identify individuals. As a result, strict policies, as detailed above, will be followed to ensure that this information remains secure.

The initial draft questionnaire was developed by NIOSH staff in collaboration with outside experts in the field. NIOSH staff solicited comments from both experiential and topical experts. Experiential experts consisted of several workers (e.g., nurses and construction workers) who were asked to review the Theory of Planned Behavior questions and to provide feedback on ease of comprehension and relevance to their work situation. Topical experts reviewed and provided feedback on the questionnaire in its entirety. Revisions were made to the instrument

to incorporate reviewers' comments and to harmonize the questionnaire with another underreporting survey being conducted by NIOSH. The revised questionnaire was pilot tested on a small number of employees at the NIOSH Morgantown branch who used constructed scenarios in order to test the skip pattern, flow, understandability, and comprehensiveness of the questions and their answer choices. Subsequently, survey experts from Research Triangle Institute (RTI), an independent, nonprofit research institution with more than 45 years of experience in survey methodology, reviewed and commented on the questionnaire and conducted cognitive interviews on nine participants. Finally, NIOSH staff worked with RTI staff to revise the questionnaire (Appendix D) based on the results of cognitive testing.

Identification of Website(s) and Website Content directed at Children Under 13 Years of Age

The proposed project does not involve any web-based data collection methods nor is it associated with any websites with content directed at children under 13 years of age.

A.2. Purpose and Use of Information Collection

The data for this project are being collected to: (1) characterize and quantify the relative importance of incentives and disincentives to self-identifying work-relatedness at the time of medical treatment and to one's employer; (2) characterize individual and employment characteristics that are associated with non-reporting of workplace injuries and incentives and disincentives to reporting; (3) test the reliability of hospital abstractors to properly distinguish between work-related and non-work-related injuries; and (4) use study results to evaluate the feasibility, need, and requirements for a future larger study.

The data collected for this project fulfill several needs:

1. The information obtained through this study will be used to aid NIOSH and the Bureau of Labor Statistics (BLS) in improving the statistics that inform Federal enforcement and compliance efforts related to workplace safety and prevention of injuries. This is important because currently, according to a 2008 report from Congress, "work-related injuries and illnesses in the United States are chronically and even grossly underreported" (Committee on Education and Labor, 2008).
2. This project will provide important information on the individual, job, and injury characteristics that are associated with underreporting as well as the various barriers and/or incentives associated with reporting an injury to one's employer. This information can be used to better target programs whose objectives are to increase reporting of occupational injuries.
3. NEISS-Work national estimates are dependent on the work relationship of an injury being identified by the patient or provider, recorded in the medical record, and captured by the records abstractors. The proposed project will contribute to an assessment of both the validity and specificity of NEISS-Work cases by asking ED-treated individuals directly if their injury occurred at work. The project will also allow us to assess the quality of other data obtained through record abstraction such as the ED

diagnosis, injured body part, and demographic details. This information will be used to explore ways that the abstraction process can be improved to better identify work-related cases at NEISS-Work hospital ED's and to record information more accurately.

4. The proposed project will ask respondents whether they were asked by ED staff while checking in or being examined if their injury was work-related. This will give us information on the ability of record abstraction to pick up work-related cases that were not spontaneously self-reported in the ED.
5. Study results will be used to ascertain the feasibility of a larger Phase 2 study based on this pilot research. A larger research study would potentially include a wider range of employee types (e.g., farm or ranch workers), incorporate individuals with occupational illnesses, and be translated into Spanish. If judged to be useful and affordable, the Phase 2 study could incorporate information learned during this pilot study in order to make Phase 2 more successful.
6. Over time, the study results will be incorporated into new abstractor training, data processes, and routine NEISS-Work data reports such that a diverse dissemination of results occurs. More importantly, we will disseminate the findings from the proposed research through four primary communications channels: traditional scientific journal publications; a NIOSH summary document; surveillance-focused meetings such as the Council of State and Territorial Epidemiologists' (CSTE) annual meeting; and a final project closeout workshop. NIOSH will not publicly release micro-data from this study because of confidentiality requirements.

This project has much practical utility in that it will produce and disseminate products that alert employers, workers, and others vested in worker health and safety to the barriers and incentives associated with underreporting of occupational injuries and the individual and employment characteristics associated with these barriers and incentives to reporting. It will also help define actual reporting practices. Consequently, it will provide important information to develop and target campaigns to reduce barriers and promote incentives to occupational injury reporting. It will also provide information on the quality of the NEISS-Work data and issues that should be addressed in future abstractor trainings. Without this information, surveillance systems may continue to greatly undercount the number of occupational injuries and illnesses that occur to US workers. Finally, it will provide information on the feasibility of a larger Phase 2 study and provide a blueprint to study design should Phase 2 be pursued.

Collecting detailed data that will lead to improved surveillance of occupational injuries has direct benefit to NIOSH, addressing the agency's mission to "generate new knowledge in the field of occupational safety and health and to transfer that knowledge into practice for the betterment of workers" [<http://www.cdc.gov/niosh/about.html>]. Specifically, this project will contribute to the surveillance program at NIOSH, helping to bridge existing data gaps. Surveillance activities have been an integral part of NIOSH's work since it was created by the Occupational Safety and Health Act in 1970. Furthermore, this project addresses several of

NIOSH's surveillance strategic goals to (1) increase the utility of surveillance information for prevention of occupational illnesses, injuries, and hazards; (2) promote successful occupational safety and health surveillance conducted by employers, unions, and other non-governmental organizations; and (3) increase research to improve surveillance.

Whereas this project will collect data from a national sample of hospital EDs, and provide weighted estimates and confidence intervals representative of national numbers of those admitted to EDs, the resulting sample will not be representative of the national workforce nor all worker injuries for the workers covered in the catchment areas of the EDs in the sample. Of particular note, the sample is limited in that it only provides numbers based on ED-treated injuries. Consequently, the injuries captured are those that need immediate medical care. These injuries do not frequently result in hospitalization. However, currently, this surveillance system offers the best potential for capturing details regarding occupational injuries from a national perspective. All products from this project will explicitly acknowledge that the scope is limited to ED-treated injuries. Furthermore, we will clarify in all reports that although the data are not nationally representative of the workforce, they will give an important picture of incentives and disincentives for reporting of work-related injuries. Prior research has indicated that approximately one third of all medically treated occupational injuries and illnesses in the United States are seen in EDs. (Jackson, 2001).

Funds for this project are primarily provided by NIOSH through the National Occupational Research Agenda (NORA) funding mechanism. Supplemental funding will come from DSR, NIOSH, as DSR consistently funds routine collection of NEISS-Work data.

Privacy Impact Assessment Information

Reason for collection of the information

The Underreporting project objectives include use of the National Institute for Occupational Safety and Health's (NIOSH) occupational supplement to the National Electronic Injury Surveillance System (NEISS-Work) as the basis for telephone interview surveys to (1) characterize and quantify the relative importance of incentives and disincentives to self-identifying work-relatedness at the time of medical treatment and to employers; (2) characterize individual and employment characteristics that are associated with non-reporting of workplace injuries and incentives and disincentives to reporting; (3) test the reliability of hospital abstractors to properly distinguish between work-related and non-work-related injuries; and (4) evaluate the feasibility, need, and requirements for a future larger study. Results will be disseminated in multiple forms to reach a variety of occupational health and safety stakeholders.

Intended use of the information

The study results will be incorporated into new abstractor training, data processes, and routine NEISS-Work data reports such that a diverse dissemination of results occurs. We will specifically disseminate findings from the proposed research through four primary communications channels: traditional scientific journal publications; a NIOSH summary document; surveillance-focused meetings such as the CSTE annual meeting; and a final project closeout-underreporting workshop. Results will also be used to judge the feasibility and need for a larger Phase 2 study that would include individuals in a wider range of job types (e.g., self-employed), incorporate individuals with occupational illnesses, and be translated into Spanish.

Information in Identifiable Form (IIF)

The name, phone number, and address of potential telephone interview respondents will be collected by CPSC-contracted medical records coders and given to CPSC-contracted telephone interviewers. This information will be destroyed upon completion of the telephone interview or a declaration by the telephone interviewer that the potential respondent is not reachable, does not meet the case criteria defined within this study, or has refused participation. This information will never be released to NIOSH.

The data collected for this study will capture basic demographic information, such as age, education level, and race/ethnicity. It also will include details about the respondent's employment at the time of the injury or illness, including the name of their employer and the state in which they work. This information will only be used to determine the industry in which the respondent was working. Additional employment status information collected from each respondent will include: (1) job title and duties; (2) the type of company for which one worked at the time of injury (e.g., private-for-profit, family-owned business, or government); (3) the type of job held (e.g., temporary, contract, or permanent employee); (4) number of hours worked in an average week; (5) number of years or months employed by that employer; (6) labor union status; (7) workers' comp coverage; and (8) reporting policies of both the employer and, where applicable, the employees' union. Collecting this additional information is necessary to better understand factors associated with the barriers and incentives to reporting occupational injuries. In turn, understanding these factors will improve programs aimed at increasing workplace reporting. This information will be accessible to NIOSH staff and will be disseminated to stakeholders and the general public in aggregate form only, following NIOSH DSR reporting requirements that were established to ensure protection of the respondents' identities and the reporting of stable estimates.

CPSC and NIOSH both have extensive safeguards to protect against release of individual level data. Aggregated data are required to be screened by NIOSH DSR staff intimately familiar with NEISS-Work data. This adherence to data reporting requirements prior to release prevents a recipient of the data results from being able to separate identifiable individual level data from aggregate results. The largest potential for an adverse event would be related to a breach in

confidentiality from either NIOSH project staff or CPSC contracted telephone interviewers. The NIOSH project staff will notify CPSC immediately upon: (1) discovering any breach or suspected breach of security; (2) discovering any unauthorized disclosure of the project data; or (3) receipt of any legal, investigatory, or other demand for access to the project data in any form. Should any of these issues occur, project progress will be halted until approval is received from CPSC to resume project activities. In addition, the NIOSH Human Subjects Review Board will be informally notified of any potential breach of confidentiality within two working days of an incident and formally notified within two weeks of an incident. Proven violation of confidential information procedures related to or obtained from the data is cause for immediate termination of access to any data. The violation will be examined and additional safeguarding procedures implemented to decrease the likelihood of a similar incident happening during the remainder of the project.

A.3. Use of Improved Information Technology and Burden Reduction

NEISS and NEISS-Work

Routine NEISS data are collected by coders in approximately 100 hospitals via abstraction of the information found in ED records. Respondents to NEISS include hospitals that directly report information to NEISS and hospitals that allow access to a CPSC contractor who collects the data. In FY2008, there were 157 NEISS respondents (total hospitals and CPSC contractors). These NEISS respondents reviewed approximately 3.4 million emergency department records and abstracted over 350,000 consumer product-related injuries. Thus, based on FY2008 data, the total burden hours to respondents are estimated to be 41,497 hours. Per hospital, the average number of burden hours is 415. In actuality, the total burden hour per hospital varies by the size and location of the hospital. Estimated burden hours per hospital range from 100 to 1,300.

The total costs to NEISS respondents based on FY2008 data are approximately \$1.5 million per year. NEISS respondents are compensated for these costs by CPSC. The average cost per respondent is estimated to be about \$15,000; the estimated cost per burden hour is estimated to be \$36 per hour (including wages and overhead) (Bureau of Labor Statistics, June 2009, Total Compensation Civilian workers, Hospitals). The actual cost to each respondent varies due to type of respondent (hospital versus CPSC contractor), size of hospital, and regional differences in wages and overhead. The cost per respondent is estimated to vary from \$2,600 at a small rural hospital to \$75,000 at a large metropolitan hospital.

The collection of NEISS-Work and NEISS-AIP supplemental program data occurs at a 67-hospital subset of the 100 NEISS hospitals used by CPSC for product-related injury data (described above). Because CPSC reviews all ED records as a part of the basic NEISS product-related injury data collection, the burden associated with NEISS-Work and NEISS-AIP is the respondent burden associated with the abstraction of the occupational and all injury program

cases not already collected by CPSC. Respondent hospitals abstract approximately 240,000 additional injury cases per year for the NEISS-Work and NEISS-AIP supplemental programs. The supplemental program costs are approximately \$1.1 million per year representing approximately 31,400 burden hours among the subset of NEISS-Work and NEISS-AIP hospitals. Approximately 41,000 of the supplemental cases are occupational injuries and illnesses and account for an estimated 5,400 hours of the total supplemental hours and \$0.26 million of the total supplemental program costs paid to respondent hospitals. As noted above for CPSC, the actual cost per respondent hospital varies considerably based on the hospital size and other hospital specific factors.

Telephone Interview Survey

All follow-up studies performed by CPSC, collecting data directly from the injured person, are done via telephone interview surveys. The data collection process will be guided by and entered into a Computer Assisted Telephone Interview (CATI) system. This CATI system is used by CPSC for other follow-up studies and required for new follow-up studies. Use of the CATI will facilitate administration of the questionnaire as skip patterns will be automated, lessening the time the respondent will need to wait for the interviewer to find the correct question and eliminating concerns with inaccuracy due to incorrectly following skip patterns.

To ensure that the data collected will meet reporting requirements and provide an accurate national picture, NIOSH contracted with Westat, a research services company that provides services to the United States government, among other entities, to design the sampling procedures. Westat has extensive experience in all aspects of survey design and analysis and its staff includes internationally recognized experts in research methodology, sample design, and estimation. The sample design for selecting interview participants takes into account the underlying stratified hospital sample design for the NEISS-Work and NEISS-AIP surveillance. It maintains the nationally representative aspects of the hospital sample design while maximizing NIOSH's ability to detect significant differences among the study population (e.g., minimize variance issues). Finally, the sample design lends itself to a robust data analysis plan.

A.4. Efforts to Identify Duplication and Use of Similar Information

The project was developed based on governmental and independent reports that indicated that occupational injury and illness surveillance systems in the United States significantly undercount work-related injuries and illnesses (Committee on Education and Labor, 2008; Pollack & Keimig, 1987). NEISS and its supplements are unique from other surveillance systems in that they have the option to collect data directly from the worker using telephone interviews, providing greater detail and insight than can be obtained from abstracting data from written records (e.g., medical records or worker's compensation records) alone. Consequently, much of the data proposed for collection is available only via NEISS and its supplements. In addition, NEISS supplements capture cases from multiple industries and job types

without employment restrictions inherent in other national data systems. NIOSH is currently working on a second underreporting project using NEISS-Work to obtain data on the number of ED-treated injuries and illnesses by the worker's employment status; the reporting behaviors of injured or ill workers who were treated in a NEISS-Work hospital; and factors that may have influenced the worker's injury/illness reporting behavior. This second project is referred to as the Underreporting project (OMB 0920-11JZ). These studies are different in several important ways. First, this project, the Barriers project, is primarily concerned with the barriers and incentives to reporting work-related injuries, while the Underreporting project focuses on reporting behaviors and the existence of work-related chronic health problems. Additionally, because the Underreporting project does not serve as a pilot project in anticipation of a future larger study, it includes a larger range of worker types (e.g., ranch or farm workers and the self-employed) and incorporates ED visits due to illnesses and exposures. Finally, the Barriers project incorporates individuals treated in the ED for both work-related and non-work-related injuries. This will allow researchers to explore if the barriers and incentives to reporting work-related injuries differ based on ED visit type.

A.5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

A.6. Consequences of Collecting the Information Less Frequently

Without collection of these data, NIOSH and others involved in occupational safety research will not be able to benefit from increased knowledge about the characteristics of non-reporters and the incentives and/or barriers they face when injured while working. Furthermore, NIOSH will not be able to judge the feasibility of a larger Phase 2 study that includes a more diverse set of workers. Consequently, the probable undercounting of workplace injuries will persist at current levels and programs to increase reporting of workplace injuries will continue to lack the data needed to appropriately target program activities. Each respondent will be asked to complete the questionnaire one time for a designated ED-treated injury. There are no legal obstacles to reduce the burden.

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

Having reviewed all specific circumstances related to the guidelines of 5 CFR 1320.5, we believe that this request fully complies with the regulation 5 CFR 1320.5.

There is a very small possibility that a worker could be sampled twice because they incurred two or more injuries that were treated in a NEISS-Work- or NEISS-AIP-associated ED on multiple dates within one year. Should this happen, the respondent would be offered the chance to complete the telephone interview for each of the separate injuries, but would not be required to do so as the respondent will always maintain the right to refuse participation. We suspect

that the likelihood of a respondent participating twice is very small given that NEISS-Work and NEISS-AIP do not capture cases seen in the ED that are deemed to be follow-up related to the original injury.

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

60-Day Federal Register Notice Information

The 60-Day Federal Register Notice (see Appendix B) is included in this application packet. It was published on August 19, 2011 in Volume 76, Number 161, pages 51981-51982. One comment was received. This comment and the NIOSH response are also included in Appendix B.

Consultation with Persons Outside the Agency

The proposed project is part of a proposal that was submitted for funding via the NIOSH FY10 NORA Intramural Project Opportunity. All applications submitted under this funding mechanism were reviewed by three external peer reviewers who provided written critiques. Specifically, they evaluated the proposal for six criteria: Significance, Project Officer and Key Personnel, Innovation, Approach, Impact, and Environment. In the end, each proposal is assigned a merit score based on the strengths and weaknesses noted by the peer reviewers. These scores and additional NIOSH programmatic input served as the basis for determining which projects submitted to this process were funded.

The telephone interview survey instrument has been reviewed and/or tested by several persons outside the agency. The initial draft questionnaire was developed by NIOSH staff in collaboration with outside experts in the field. Refer to Appendix E for a list of topical experts, their affiliations, and their contact information. Also NIOSH staff solicited comments from experiential experts consisting of several workers (e.g., nurses and construction workers) who reviewed the Theory of Planned Behavior questions. The experiential experts were asked to provide feedback on ease of comprehension and relevance to their work situation. Topical experts reviewed and provided feedback on the questionnaire in its entirety. Revisions were made to the instrument to incorporate reviewers' comments and to harmonize the questionnaire with another underreporting survey being conducted by NIOSH. The revised questionnaire was pilot tested on a small number of employees at the NIOSH Morgantown branch who used constructed scenarios in order to test the skip pattern, flow, understandability, and comprehensiveness of the questions and their answer choices. Subsequently, survey experts from Research Triangle Institute (RTI), an independent, nonprofit research institution with more than 45 years of experience in survey methodology, reviewed and commented on the questionnaire. Under contract to NIOSH, RTI also conducted cognitive testing in early 2011 of the questionnaire to increase its reliability and validity. Revisions based on the cognitive testing resulted in the final questionnaire for interviewer administration.

Once OMB approval is received, NIOSH will have the opportunity to explain this study and provide training to the telephone interviewers responsible for conducting the survey. Collection of the telephone interview data will be monitored by both CPSC and NIOSH. If any concerns arise during the data collection process, CPSC can address the issues with the telephone interviewers. CPSC maintains regular contact with the contracted telephone interviewers.

A.9. Explanation of Any Payment or Gift to Respondents

This study does not provide a payment or gift to the respondents.

A.10. Assurance of Confidentiality Provided to Respondents

In order to contact respondents for participation in the telephone interview survey, the names, addresses, and telephone numbers of cases identified in the NEISS-Work and NEISS-AIP data will be collected from their medical records by the CPSC-supervised hospital coders who abstract routine NEISS data. CPSC will attempt to obtain contact information for every sampled case from the treating hospital. While hospitals are generally cooperative in releasing this information, a few hospitals decline to participate due to individual hospital privacy rules or require that a letter be sent to the patient providing them the option of having their contact information withheld. These letters are drafted and sent independently by select hospitals. Neither CPSC nor NIOSH has any involvement in this activity. If a hospital chooses to send a letter and a response is not received from the patient within approximately 10 days, the hospital releases the information to CPSC. Once contact information is obtained by CPSC, the contact information is then given to telephone interviewers under contract to CPSC to complete the interviews.

At least five business days prior to calling a case identified in the NEISS-Work or NEISS-AIP data, the worker will be sent a letter describing the study and the measures that will be taken to protect their privacy should they choose to participate in the study (Appendix C). The letter being mailed to potential participants has been written to provide them with the information required in an informed consent. A waiver of written informed consent has been granted by the NIOSH Institutional Review Board (IRB) (see Appendix F for the notification of IRB approval), as collecting written informed consent would likely be detrimental to the response rate of the study. It would also increase the study cost and the time lapse between the treatment date and interview date.

The letter that will be sent prior to the interview and the script read at the beginning of the telephone interview (included in Appendix D) both emphasize that participation is voluntary and explain the protections that will apply should they choose to participate. The letter provides the potential respondents an option to opt out of the telephone interview study by calling a toll-free number. If they do not opt out, the telephone script confirms their willingness

to participate by asking, “Would you please help us by answering some questions?” A positive response to this question will be deemed as the subject’s verbal consent to participate.

Completion of contact with a subject will occur when a potential respondent declines to participate, a potential respondent cannot be contacted, a potential respondent does not meet the study eligibility criteria, or a respondent completes the telephone interview survey. Once contact is completed, the subject’s name, phone, and address information will be removed from the database. CPSC completes quality assurance checks on all data submitted and takes precautions to insure that this information is never transmitted to NIOSH. Contact information will be destroyed following a case’s removal from the database, as there is no need to maintain this information.

Routinely collected NEISS-Work and NEISS-AIP surveillance data include indirectly identifiable information involving demographic data (not including birth date), employment status data (NEISS-Work only), and a short narrative describing the injury incident. Analyses of these data will be used to provide a general overview of injuries to workers in the surveillance system and to compare telephone interview respondents with non-respondents to examine any potential response biases. Using CPSC’s unique case identification number, the routine surveillance data will be linked to the individual case data captured via telephone interviews for purposes of validating the information received.

The data proposed for collection during the telephone interview survey (Appendix D) also contain information on employment and demographics (e.g., sex and race/ethnicity). This information is necessary to define the target population of greatest need when targeting programs that encourage reporting of occupational injuries, reduce barriers to reporting, or enhance available reporting incentives. All data collected for this project will only be presented in aggregate form. Even in aggregate form, the data will need to meet NIOSH NEISS reporting requirements designed to insure data stability and to help protect worker privacy, prior to release. NIOSH has three criteria for determining reportability of NEISS-Work data results:

1. Number of cases treated within the hospital sample must exceed a specified value;
2. The extrapolated national estimates must exceed a specified value; and
3. The coefficient of variation must be less than or equal to 33%.

Because of confidentiality restrictions, NIOSH does not publicly release the minimum sample size or national estimate requirements. Variance requirements are released.

The protocol for this study has been submitted for review and approval by the NIOSH IRB under an expedited review. [See Appendix F for a copy of the IRB approval.] CPSC does not have its own Institutional Review Board and will instead link an organizational FWA to NIOSH to enable them to defer to the NIOSH IRB. Data that result from the proposed project will be owned by NIOSH.

Privacy Impact Assessment

Subject to the Privacy Act

This submission has been reviewed by the NIOSH PRA contact who determined that the Privacy Act does apply. The applicable Systems of Records Notice is 09-20-0136, "Epidemiologic Studies of Surveillance of Disease Problems." The data are also protected by the Consumer Product Safety Act.

Securing information

Unless otherwise specified, the information on access controls described below applies to both collaborating agencies—NIOSH and CPSC.

Technical Controls: CPSC telephone interview contractors will use individual access and firewall protected laptop computers. For added safety, the laptops are also encrypted and password protected. The contractors will adhere to the privacy protections prescribed in the CPSC interview contracts. Personal identifiers are provided to the interviewers to complete the interviews. Once the interview is completed the personal identifiers are removed from the data by CPSC and only de-identified data will be provided to NIOSH.

Once collected, all data are stored on access-controlled agency computers. User authentication and robust passwords are required for data access within the agency firewalls. Data access from outside the firewall or offsite locations is not permitted. Within the firewall on agency servers, data files are located in access-controlled directories so that only individuals specifically authorized to access the project data may have read and/or write privileges.

Physical Controls: Each agency maintains a secure, guarded facility requiring employee identification badges and individual key cards. Visitors are restricted and require on-site escort. Security monitoring, including closed circuit TV, is in use.

Administrative Controls: CPSC has standard security protocols for acquiring the personal identifiers and providing the identifiers to the contract telephone interviewers. Similarly, NIOSH has in place standard processes for securing confidential data. Thus, no project-specific data security plan is required. All project data users will have confidential data training, sign data use agreements, and have role-based data access as described below.

The routine NEISS-Work surveillance data and the interview data are protected under the U.S. Consumer Product Safety Act and the Privacy Act. Once the personal identifiers are removed by CPSC prior to NIOSH receiving the data, the data are considered low to moderate sensitivity. NIOSH maintains an interagency agreement with CPSC ensuring protection of the NEISS data per applicable law, with additional stipulations to enhance the overall data protection. In addition, NIOSH requires that all NIOSH staff and/or contractors sign NEISS data use agreements, comply with specific confidential data practices, and take annual confidential data stewardship training. NIOSH requires that all contracts led by NIOSH staff that involve access to NEISS data include confidentiality provisions in the contract language, including the requirements for individual data use agreements, training, and so on. Quarterly, NIOSH reviews

individual data access needs. On an as needed basis, NIOSH removes access and conducts a data clearance process for departing employees and/or contractors or individuals who no longer have a demonstrated need for data access.

As the primary data steward for the NEISS-Work data including interview results, NIOSH follows CDC-wide backup protocols and maintains these data on a protected server that is backed up nightly. The same procedure will be followed for NEISS-AIP data. For this project the NIOSH staff directly involved in the data collection and analyses will have full data access. All other NIOSH staff will have access to aggregated data only in a review capacity. NIOSH will maintain the files for a minimum of 20 years to allow for re-analyses and comparison with potential future surveys. In compliance with Federal Records Retention regulations, at the end of the retention period all individual interview data files will be destroyed. Because of the remote possibility for indirect identification of an individual respondent, no individual records will be transmitted to the National Archives.

Obtaining respondent consent

Prior to receiving a telephone call, respondents will receive a letter inviting them to participate in the study (Appendix C). This letter will explain the study to them and cover the required elements of informed consent, including the purpose of the project and the protection of their individual responses during the release of the information. In addition to the letter, a written script will be read to potential respondents when they are called for the telephone interview (Appendix D). This script also explains the purpose of the study and the privacy protections that will be taken. Following these verbal explanations, the potential respondent will be asked whether they are willing to participate. A positive response to this question will be deemed as a verbal consent of the respondent.

Informing respondents of the voluntary nature of the survey

The introductory letter sent to respondents and the script read prior to the interview inform respondents that participation in this study is voluntary. Potential respondents are given the option to not participate by calling a toll-free number printed on the introductory letter prior to the telephone interview or by verbally declining participation at the time of the phone call. They are also given the option to refuse answering specific questions of their choosing.

A.11 Justification for Sensitive Questions

The telephone interview survey will ask for the respondent's primary diagnosis from their ED visit as well as a narrative account of the injury and how it occurred. This information is necessary for understanding the nature of the injury that was treated in the ED. The telephone interview survey also asks for the name and location of the company for which the respondent was working at the time of the injury. This information is needed in order to help classify the industry of the company that employed the respondent. If respondents hesitate or ask, they are informed of the reason for collection of this information and assured that their employer will not be contacted for any reason. Other questions that may be considered sensitive by the

respondent are demographic in nature (e.g., educational attainment and family income). This information is needed in order to better understand the characteristics of individuals that are associated with various barriers and incentives to reporting, and the behaviors associated with these barriers and incentives. As the survey is voluntary, respondents may refuse to answer any questions. Respondents are informed of their right to refuse participation and their right to refuse to answer individual questions in the introductory letter (Appendix C) and in the script that is read to them at the beginning of the telephone interview (Appendix D). The verbal consent of the respondent is obtained at the time of telephone interview. Consent for completion of the telephone interview survey will be described in the introductory letter and then confirmed in the written script at the beginning of the telephone interview.

A.12 Estimates of Annualized Burden Hours and Costs

Estimates of Annualized Burden Hours

For this survey we are using a statistical sampling method designed by Westat, under contract to NIOSH. Approximately 600 to 1,200 completed interviews—300 to 600 with individuals whose injury is work-related and 300 to 600 with those whose injury is not work-related—are anticipated pending funding limitations and other operational constraints in place at the time of interview. At the minimum, in this pilot project we will complete 600 interviews. These interviews will allow us to run simple descriptive analyses and provide basic information on perceived incentives and disincentives to reporting occupational injuries. In particular, this is the minimum number of interviews required to reasonably guide whether or not this pilot project would be feasible as a larger study—a major goal of the study. Completing an additional 600 interviews (i.e., a total of 1,200) will allow us to perform analyses that are more complex and provide more in-depth insight into injury reporting. There is substantial benefit to the additional interviews. However, at this time, funding for more than 600 interviews is not assured. The sampling frame excludes patients who (1) are under the age of 20 or over the age of 64; (2) are employed on a farm or ranch; (3) are self-employed, an independent contractor, or a day laborer; (4) presented to the ED with an illness; or (5) missed more than three days from work due to the injury. At the beginning of the interview, individuals will be screened out of the study if they were, in addition to the already stated exclusions, unemployed during the time period that the injury occurred or they do not speak English. For sample design purposes, the prevalence of specific groups was estimated using NEISS-Work and NEISS-AIP 2009 second and third quarter data with the hospital weights.

The sampling rate for the remaining eligible patients at each hospital ED were calculated to produce between 600 and 1,200 completed interviews per year, 300 to 600 from each NEISS supplement. Sampling will occur throughout the entire 12 month data collection period to avoid seasonal effects bias. Every eligible case will be given one (and only one) chance of selection. Sampling rates also assume an overall completion rate of 40 percent for sampled ED patients based on NEISS-Work 2009 second and third quarter data. These completion rates

account for non-response, loss-to-follow-up, and refusals. The rates for each hospital may be adjusted periodically to keep the sample yields on target should the response rate and contact assumptions prove to be inaccurate.

The telephone interview survey is a one-time response survey, with each telephone interview taking approximately 30 minutes to complete, resulting in a one-year burden estimate of 300 to 600 hours (or 37.5 to 75 person-days). The data collection phase of this project is expected to last only one year. However, a two-year OMB approval is being requested to account for start-up time needed to train interviewers, select the sample, and manage other potential project needs prior to initiating interviews.

Estimated Annualized Burden Hours

Type of Respondent	No. of Respondents	Average Burden per Response (in hours)	Total Burden Hours
US workers presenting to an emergency department	600	30/60	300
Total	600		300

Estimates of Annualized Burden Costs

Based on the U.S. Bureau of Labor Statistics, the average hourly earnings of all US employees in 2010 was approximately \$22.61. Because NEISS and its supplements do not collect household income, the average hourly earnings rate is used for determining the annualized burden costs.

Estimated Annualized Burden Hours

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
US workers	300 hrs	\$22.61	\$6,783
Total			\$6,783

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

There are no additional cost burdens for respondents. All record keepers are contractors of the federal government. Thus, estimated cost burden to them is included in section A.14 describing the annualized cost to the government.

A.14 Annualized Cost to the Government

The annualized cost to the government for this project is estimated to be \$77,350 - \$84,850. This range is based on the number of potential completed interviews ranging from 600 to 1200. The table below summarizes a breakdown of the estimated costs. To arrive at this estimate, the project costs for the year were estimated in a detailed. Labor costs were computed based on staff salary, benefit costs, and promotions. Costs for miscellaneous expenses include costs for software upgrades and miscellaneous supplies. Cost of interviews includes all money given to CPSC to hire contracted telephone interviewers who will perform the telephone interviews, input responses, and submit the data to CPSC.

The annualized cost includes only the cost of capturing the telephone interview data and the costs of monitoring incoming NEISS-Work data and the telephone interview data. The cost of collecting NEISS-Work data is not included as those data are not collected exclusively for this project, although the basic data collection burden hours are described in Section A3. They are historically collected and maintained under their own project allocation within NIOSH.

Budget for One Year of Data Collection

Budget Category	Annual Cost
Labor	\$68,600
Travel	\$0
Contracts	\$0
Interviews	\$7,500 - \$15,000
Miscellaneous	\$1,250
Total Annual Cost	\$84,850

A.15 Explanation for Program Changes or Adjustments

This is a new data collection.

A.16 Plans for Tabulation and Publication and Project Time Schedule

We plan to publish project results in both peer reviewed and non-peer reviewed journals. It is estimated that one year of data collection will be needed to produce large enough numbers to allow detailed reporting of results. Our projected timeline for the project is detailed in the table below.

Project Time Schedule

Activity	Time Schedule
Telephone interviewer training	1-2 months after OMB approval
Begin data collection	2-3 months after OMB approval
Begin regular monitoring/quality assurance of incoming data	4-5 months after OMB approval
Finalize dataset	14-18 months after OMB approval
Analyses	16-22 months after OMB approval
Publication ready for submission to peer-review journal	22-23 months after OMB approval
Product ready for dissemination to occupational health and safety organizations	22-24 months after OMB approval

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

The OMB expiration date will be displayed.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

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