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

Application of a Web-based Health Survey in Schools

Section B

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B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Respondent Universe and Sampling Methods

The study population is comprised of all employees in 50 elementary schools in a large urban school district in the northeastern United States. This is a convenience sample of elementary schools that have approximately 70-90 staff each, with a total of approximately 4,000 staff. Based on an 80% participation rate we would expect 3,200 respondents. We estimate school staff to consist of 54% teachers, 12% instructional aides, 3% administrators, and 29% other school staff (e.g. nurses, counselor, food service workers, custodians/housekeepers, and maintenance staff).

Respondents	Number
Elementary school employees	3,200
Total respondent universe	3,200

The aim for the information collection is to understand associations between health outcomes and dampness/mold scores measured using a standardized dampness and mold assessment tool. Power analyses for the sample size are given in section 16 of part A.

2. Procedures for the Collection of Information

Employees within these schools will be notified of the questionnaire and will receive an informational flyer approximately three to four weeks before the start of the survey (see Appendix H: Fact Sheet).

At the start of the survey period, NIOSH will send an email that contains a unique identification number, along with a link, for each participant to click on and confidentially access the survey (Appendix G: Invitation Email and Consent). After the participant completes the survey, the data will be downloaded to a secure CDC server and will only be available to authorized NIOSH personnel directly involved with the project.

NIOSH will send reminder emails halfway through the survey, and 1 week prior to the survey closing (Appendix I: Reminder Email). The survey will be available to access for a total of two months.

3. Methods to Maximize Response Rates and Deal with Non-Response

To encourage participation in the questionnaire, NIOSH and the union will send an informational flyer to all potential participants in the 50 selected schools explaining the purpose of the study (Appendix H: Fact Sheet). This will be done approximately three to four weeks before the questionnaire opens.

To maximize response, NIOSH will send out a reminder emails to all employees who have not yet responded during the week the survey begins and one month after the survey opens, as well as one final email a week before the survey closes (Appendix I: Reminder Email). Staff will be reminded and encouraged to participate in the questionnaire at employee meetings by the union and school district during this two month period.

If we get less than 80% participation, to address non-response bias, NIOSH will mail a 5-minute questionnaire (Appendix E: Non-respondent survey questionnaire) to 400 (10% of the total invited population) non-respondents after the main survey is closed. The mailing will include a stamped return envelope.

4. Tests of Procedures or Methods to be Undertaken

The NIOSH questionnaire will be done online and will collect demographic information, work history, respiratory and non-respiratory symptoms, physician diagnoses of certain medical conditions and illnesses, cigarette smoking history, and the home environment (see Appendix D: Elementary School Staff Questionnaire). Screen shots from the online version of the questionnaire will be provided to OMB prior to information collection (please note that due to the revision requested, new screen shots have not been completed as of this date). The questionnaire was developed from instruments used in previous indoor air quality studies conducted as part of our Health Hazard Evaluation program (OMB Approval No. 0920-0260, Expires 11/30/2014). Estimated time to complete the questionnaire is approximately 20 minutes or less. If we get less than 80% participation, to address non-response bias, NIOSH will mail a 5minute questionnaire (Appendix E: Non-respondent survey questionnaire) to 400 (10% of the total invited population) non-respondents after the main survey is closed. The mailing will include a stamped return envelope. The non-respondent questionnaire was developed using questions from the main study questionnaire and will collect demographic information, current job, respiratory symptoms, and physician diagnoses of asthma, and cigarette smoking history. Additionally there is one question on reasons for non-response.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The following individuals will be involved in the design, collection and analysis of the data obtained in this study:

<u>Jean Cox-Ganser, PhD</u> – Supervisory Research Health Scientist, Field Studies Branch, Division of Respiratory Disease Studies, NIOSH, Morgantown WV, 304-285-5818, <u>jjc8@cdc.gov</u> is a co-principal investigator on this project and is also the Research Team Supervisor. She will provide oversight of the study, as well as be involved in the design, collection and analysis of data.

<u>Steve Game, MS</u> – Field Studies Branch, Division of Respiratory Disease Studies, NIOSH, Morgantown WV, 304-285-6113, <u>srg0@cdc.gov</u> is a co-principal investigator on this project and is also the Technical Team Supervisor. He will provide oversight of the administration of the online questionnaire, as well as handling all contracts.

<u>Ju-Hyeong Park, ScD</u> – Research Industrial Hygienist, Field Studies Branch, Division of Respiratory Disease Studies, NIOSH, Morgantown WV, 304-285-5967, <u>gzp8@cdc.gov</u> is a co-principal investigator on this project. He will be involved in the design, collection, and analysis of data and will prepare and oversee the environmental assessment.

<u>Michelle Martin, MS</u> – Project Manager, Field Studies Branch, Division of Respiratory Disease Studies, NIOSH, Morgantown WV, 304-285-5734, <u>mij2@cdc.gov</u> will serve as the project manager for this study.

<u>Sandra White, MS</u> –Epidemiologist, Field Studies Branch, Division of Respiratory Disease Studies, NIOSH, Morgantown WV, 304-285-6094, <u>sqg8@cdc.gov</u> will be

involved in the management, cleaning, and analysis of the health and environmental assessment data.

<u>Jenna Armstrong, PhD</u> – Industrial Hygienist, Field Studies Branch, Division of Respiratory Disease Studies, NIOSH, Morgantown WV, 304-285-5865, <u>wse3@cdc.gov</u> will be involved in conducting the environmental assessment.

<u>Michael Beaty</u> – Program Operations Assistant, Field Studies Branch, Division of Respiratory Disease Studies, NIOSH, Morgantown WV, 304-285-5744, <u>mtb5@cdc.gov</u> will be involved in conducting the environmental assessment.

<u>Randy Boylstein, MS</u> – Industrial Hygienist, Field Studies Branch, Division of Respiratory Disease Studies, NIOSH, Morgantown WV, 304-285-6062, <u>zig1@cdc.gov</u> will be involved in conducting the environmental assessment.

<u>Michael Humann, PhD</u> – Industrial Hygienist, Field Studies Branch, Division of Respiratory Disease Studies, NIOSH, Morgantown WV, 304-285-6193, <u>uzo1@cdc.gov</u> will be involved in conducting the environmental assessment.

<u>Mark Ryan, LCDR</u> – Occupational and Environmental Safety & Health Specialist Field Studies Branch, Division of Respiratory Disease Studies, NIOSH, Morgantown WV, 304-285-6308, <u>mdr2@cdc.gov</u> will be involved in the cleaning and preparation of data from the NIOSH dampness and mold assessment tool.

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