I-Catalyst Program - NIOSH Occupational Safety Resources

GenIC Submission under OMB #0920-1158

Juliana K. Cyril, MPH, PhD
Director, Office of Technology and Innovation
Office of the Associate Director for Science
Centers for Disease Control and Prevention

Ph: 404-639-4639 Fax: 404-639-4903

Team Lead - Amanda Terminello, NIOSH

Submission Date: 10-24-2017

Contents

. Jı	ustification	3
	1. Circumstances Making the Collection of Information Necessary	3
	2. Purpose and Use of Information Collection	3
	3. Use of Improved Information Technology and Burden Reduction	4
	4. Efforts to Identify Duplication and Use of Similar Information	4
	5. Impact on Small Businesses or Other Small Entities	4
	6. Consequences of Collecting the Information Less Frequently	4
	7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5	4
	8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency	4
	9. Explanation of Any Payment or Gift to Respondents	4
	10. Assurance of Confidentiality Provided to Respondents	4
	11. Justification for Sensitive Questions	4
	12. Estimates of Annualized Burden Hours and Costs	4
	13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers	5
	14. Annualized Cost to the Government	5
	15. Explanation for Program Changes or Adjustments	5
	16. Plans for Tabulation and Publication and Project Time Schedule	5
	17. Reason(s) Display of OMB Expiration Date is Inappropriate	5
	18. Exceptions to Certification for Paperwork Reduction Act Submissions	5

GenIC Package & Attachments

- 1. Supporting Statement A
- 2. Att. 1: I-Cat Interview Protocol Guide and Questions
- 3. CDC I-Catalyst Request Template
- The NIOSH project team hopes to clarify information and to develop tools to provide relevant, helpful, easy to implement, and impactful safety and health information, recommendations, and resources to small residential construction business owners and managers, that will assist in decreasing construction related injuries, illness, and fatalities among workers.
- Teams will use convenience sampling methods to select subjects who are readily available and within close proximity.
- Populations and customers to be interviewed include owners and managers of small residential construction businesses (fewer than 20 employees) who supervise employees performing construction tasks.
- Resulting data will be used for internal CDC discussion and decision-making. The project team hopes to identify solutions to support small firms that is intuitive inexpensive field ready and able to engage

A. Justification

1. Circumstances Making the Collection of Information Necessary

Out of 4,379 worker fatalities in private industry in calendar year 2015, 937 or 21.4% were in construction — that is, one in five worker deaths in 2015 were in construction. The leading causes of private sector worker deaths (excluding highway collisions) in the construction industry were falls, followed by struck by object, electrocution, and caught-in/between. These "Fatal Four" were responsible for more than half (64.2%) of the construction worker deaths in 2015, according to Bureau of Labor Statistics (BLS) reports. As indicated, the construction industry is one of the most dangerous industries, with high rates of injuries and fatalities among workers. The smaller the company, the greater the risk for injuries, illnesses, and fatalities.

Construction is a high hazard industry that comprises a wide range of activities involving construction, alteration, and/or repair. Examples include residential construction, bridge erection, roadway paving, excavations, demolitions, and large scale painting jobs. Construction workers engage in many activities that may expose them to serious hazards, such as falling from rooftops, unguarded machinery, being struck by heavy construction equipment, electrocutions, silica dust, and asbestos. Ninety-two percent (92%) of construction firms in the U.S. have fewer than 20 employees. Therefore, small residential construction businesses are at risk of increased injuries, illness, and fatalities among workers. The CDC's National Institute for Occupational Safety and Health (NIOSH) develops new knowledge in the field of occupational safety and health and transfers that knowledge into practice.

To support small construction firms, the NIOSH team request OMB approval in this GenIC to conduct semi-structured interviews to identify solutions that are intuitive, inexpensive, field ready, and able to engage the public in reducing construction-related fatalities, illnesses, and injuries. The efforts of CDC activities is authorized under Section 301 of the Public Health Service Act 42 U.S.C.241.

2. Purpose and Use of Information Collection

The CDC I-Catalyst program guides participants through a "customer discovery" process aimed at helping teams with a new solution to identify their customers. This is done by taking a team's main assumptions about who their customer is, the exact problem they are solving for the customer, and how the customer wants to receive or use the solution from the team—and turning those assumptions into hypotheses which the teams will then test (mainly through interviews with potential customers). Only conversations with potential customers (stakeholders) can provide the facts from which hypotheses are proven or disproven about whether a solution (product, process, etc.) creates value for the intended beneficiaries. It is expected that participants will leave the program with the ability to evaluate and translate their insights into solutions that have high levels of efficacy and user acceptability. The information collection is necessary to guide CDC project teams to create usable solutions that are customer centric and meaningful to users, whether it's adhering to recommendations, policies, protocol or interventions.

Resources that will be effective to construction firms should be informed by the hierarchy of controls and tailored and accessible to the target audience. The NIOSH project team would like to engage members in an iterative process to assess needs and barriers to improve on efforts to decrease injuries, illnesses, and fatalities among workers in small construction firms. The information collection will provide insights and assist the team in developing tools to provide relevant, helpful, easy to implement, and impactful safety and health information, recommendations, and resources to small residential construction business owners and managers, to ensure safety among workers.

The customer interviews will be conducted with owners and managers of small residential construction businesses with fewer than 20 employees.

3. Use of Improved Information Technology and Burden Reduction

The interviews will be conducted in person, on-site or by virtual video conferencing like Skype for Business or Adobe Connect (Att. 1 – Interview guide). Using formative interview protocols allows the interviewer to follow the respondent's lead during in-person conversations. This wouldn't be possible if a list of fixed questions were used. This also is not possible if automated, technological-based collection techniques, such as a web-based survey, are used. On-site, in-person interviews allow interviewers to establish rapport with respondents and produce visual cues for interpreting responses that may require further probing or clarification. However, there are instances where teams can use improved information technology such as Skype or video conferencing for interviews to reduce the burden and provide flexibility in responder's schedule.

4. Efforts to Identify Duplication and Use of Similar Information

This is a unique I-Catalyst project and a new proposed solution. There are no existing databases that can provide the level of detail about the small construction firms' usage of safety recommendations and limitations to adaptability that can aid in developing tailored resources that can assist them in decreasing fatalities on the worksite.

5. Impact on Small Businesses or Other Small Entities

Customer interviews will involve owners and managers of small (less than 20 employees) businesses in the residential construction industry. The project will minimize the impact on small business concerns and entities by keeping all interviews to no more than 30 minutes and number of questions asked to owners and managers to 5 or fewer.

6. Consequences of Collecting the Information Less Frequently

Data is collected once at this stage in the discovery process, respondents will participate in an interview once lasting no more than 30 minutes.

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

This request fully complies with the regulation 5 CFR 1320.5. There are no special circumstances.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency Not Applicable

9. Explanation of Any Payment or Gift to Respondents

There is no exchange of payment or gifts to respondents for the voluntary interviews.

10. Assurance of Confidentiality Provided to Respondents

Activities for this request do not involve the collection of Individually Identifiable Information.

11. Justification for Sensitive Questions

There are no sensitive data items to be asked of individual respondents. The CDC Human Research Protection Office determined that data/IC is not research involving human subjects and IRB is not required. Participation is voluntary.

12. Estimates of Annualized Burden Hours and Costs

The project team will interview 50 business owners and managers for an average of 30 minutes and maximum of 1 response per respondent. Annualized burden will be 25 hours and the estimated annualized burden cost is \$1,073.25.

Estimated Annualized Burden Hours

Table A: Estimated Annualized Burden Hours

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hrs.)	Total Burden (in hrs.)
business owners and managers in construction firms	Interview Guide	50	1	30/60	25
Total		25			

Table B: Estimated Annualized Burden Costs

Type of Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hrs.)	Total Burden (in hrs.)	Hourly Wage Rate*	Total Respondent Costs
business owners and managers in construction firms	Interview Guide	50	1	30/60	25	Average 42.93	\$1073.25
							\$ 1073.25

^{*}Average of hourly wage from http://www.bls.gov/home.htm

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

There are no projected cost burdens for reporting.

14. Annualized Cost to the Government

a. The project cost is associated with the CDC project team members responsible for conducting the interviews. These figures were estimated as the sum of the anticipated direct labor; fringe and burden on direct labor.

Project Staff Oversight	Annual Cost		
CDC Cost: Health Scientist (5% of Time)	\$5,000.00		
CDC Cost: PH Advisor & Analyst (5% of Time)	\$3,500.00		
Total	\$8,500.00		

15. Explanation for Program Changes or Adjustments

This information collection request is a new submission.

16. Plans for Tabulation and Publication and Project Time Schedule

The proposed interviews will be conducted within 3-6 months after receipt of OMB approval. Interim reports will be developed, which will incorporate data collected from these sources in 2017 and 2018.

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

The display of the OMB expiration date is not inappropriate.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification statement.