

# **Food safety knowledge, attitude, and practices survey of correctional workers**

Request for OMB approval of a New Information Collection

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## **Supporting Statement B**

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### 1. Respondent Universe and Sampling Methods

Statistical methods will not be used in this assessment. The survey will target correctional workers currently employed at a federal, state, tribal, local, or private correctional facility in the United States. There are more than 390,000 persons employed as correctional officers in the United States according to the U.S. Bureau of Labor Statistics. There are likely thousands of additional workers in correctional settings from maintenance workers to healthcare workers, and others. While we aim to distribute this survey to as many individuals working in correctional settings as possible, this survey is being distributed passively via email from employers and professional associations, without incentives, therefore we expect a low response rate (<1.5%). The sample frame will represent a convenience sample of individuals working in correctional settings across the United States and will not be representative of all correctional workers. The results will not be generalizable.

### 2. Procedures for the Collection of Information

An anonymous, electronic-based survey will be employed using CDC's REDCap Web Survey platform. An anonymous survey link will be disseminated to leaders of correctional employers (federal, tribal, state, local and private) and professional organizations etc. via email to ask members to participate in the survey. They will be asked to share links to the anonymous survey environment with correctional workers within their organization through email. The survey is self-administered and self-paced. The survey allows for the documentation of individual knowledge, barriers and accelerators of food safety, food infrastructure including who is involved in food preparation and service and how those individuals are trained. Participation is completely voluntary and does not include collection of any personally identifiable information. The survey will be open for at least a month to provide ample time for participation. The same methods and survey tool will be used to survey correctional workers 2 years later to assess changes in attitude and practices related to food safety. Survey respondents will be sampled independently during the baseline and follow-up assessments so while the same individual may participate in both data collections, we will not specifically aim to recruit the same participant twice.

Only CDC PIs will have access to survey responses and results will be collected anonymously. Results will be summarized by CDC PIs with potential stratifications by occupational category, facility type, facility size, time spent supervising food preparation and service, and previous food safety certification. The data will be summarized using frequencies, bivariate and multivariate analyses, when appropriate.

Baseline assessments will be compared to follow-up assessments 2 years later to look for notable changes in attitudes and practices. Summarized results may be provided back to correctional leaders and organizations through meetings and presentations and results will be submitted for peer-reviewed publication.

### **3. Methods to maximize Response Rates and Deal with No Response**

Distributing organizations will be asked to share the anonymous survey link with correctional workers within their organization through email with at least one reminder. Organizations will be asked to emphasize that participation in the survey is voluntary, but the information will be used to improve training opportunities for correctional workers. We hope that by reaching out through employers as well as professional organizations that we will cover a large proportion of potential respondents and it will emphasize the value of participation. The survey will be open at least one month (and up to two months) to allow for ample time to collect survey responses. Survey tools will not include any collection of personal identifiers, contact information, employer details, or other private or sensitive information. To disseminate the survey tool, CDC will send a partner letter to correctional employers and organizations to encourage the dissemination of the survey link. As new publications of scientific findings become available, CDC will initiate outreach to public health and correctional partners about the disproportionate impact of foodborne illness in correctional facilities. This outreach will include partner letters with summaries of the latest outbreak data and will highlight CDC's next steps in developing and disseminating best practices for food safety in correctional facilities.

### **4. Tests of Procedures or Methods to be undertaken**

The survey includes a maximum of 45 questions which are largely multiple choice. Pilot testing reveals the survey should take less than 30 minutes to complete per individual. Pilot testers included individuals working in correctional settings. The survey tool was developed by CDC in consultation with environmental health, occupational health, and prison food service specialists. It was further shared with the Bureau of Justice Statistics, a federal organization that specializes in the collection and analysis of data on crime, criminal offenders, victims of crime, and the operation of justice systems at all levels of government.

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

Data collection and analysis will be conducted by epidemiology and evaluation staff of the Division of Foodborne, Waterborne, and Environmental Diseases, Prevention Office including:

Dr. Naomi Drexler, MPH, DrPH ([isj3@cdc.gov](mailto:isj3@cdc.gov)) (404) 718-4669, senior epidemiologist and study PI

Adora Nsonwu, MPH ([tvx2@cdc.gov](mailto:tvx2@cdc.gov)), evaluation fellow, study co-PI, data collection and analysis lead

Dr. Hilary Whitham, PhD, MPH, ([kqq7@cdc.gov](mailto:kqq7@cdc.gov)), (404) 639-8426, Associate Director for Prevention, study co-PI

Dr. Marisa Hast, PhD, MPH, ([iu1@cdc.gov](mailto:iu1@cdc.gov)) (404) 718-1109, senior epidemiologist and study co-PI

Additional statistical support is available to staff in the Division of Foodborne, Waterborne, and Environmental Diseases through the Surveillance, Information Management, and Statistics Office (SIMSO) led by Dr. Lyndsay Bottichio ([xmm8@cdc.gov](mailto:xmm8@cdc.gov)), (404) 639-0570.

The following individuals from the National Center for Environmental Health were consulted on the design and application of the survey tool:

Dr. Adam Kramer ScD, MPH, RS ([ank5@cdc.gov](mailto:ank5@cdc.gov)), (404) 498-1228.

Beth Wittry, MPH, REHS ([xks5@cdc.gov](mailto:xks5@cdc.gov)), (770) 488-7333.

The following individuals from the National Institute of Occupational Safety and Health were consulted on the design and application of the survey tool:

Dr. John Gibbins, DVM, MPH ([ffi9@cdc.gov](mailto:ffi9@cdc.gov)), (513) 841-4585

Sarah Hughes, MPH, REHS ([qsn3@cdc.gov](mailto:qsn3@cdc.gov)), (513) 533-8117

Dr. Wesley Attwood, DCJ ([oyk2@cdc.gov](mailto:oyk2@cdc.gov)), (412) 386-6156

Dr. Mitch Holliday, EDN, RDN ([MHolliday@bop.gov](mailto:MHolliday@bop.gov)), (507) 424-7469 was consulted from the Federal Bureau of Prisons on the design and application of the survey tool and to verify that the tool did not duplicate any materials developed by their facility.

Dr. Richard Kluckow ([richard.kluckow@usdoj.gov](mailto:richard.kluckow@usdoj.gov)), (202) 307-0765 was consulted from the Bureau of Justice Statistics on the design and application of the survey tool and to verify that the tool did not duplicate any materials developed by their facility.