Assessing Adoption and Implementation of the National Institute of Occupational Safety and Health's (NIOSH) Outputs

GENERIC Information Collection Request

OMB Control Number: 0920-XXXX

Expiration Date: xx-xx-xxx

CDC/NIOSH

Supporting Statement A

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Goal of the project: Projects submitted under this generic information collection will aim to improve awareness, understanding, and/or assess external users' adoption and implementation of NIOSH outputs including proposed methods, research findings, technical assistance and services, guidance, and other products.

Intended use of the resulting data: Collection of this data will be used to improve the ability of NIOSH Divisions, Labs, and Offices (DLOs) to document and act upon the information for the purposes of

- internal planning and decision-making at operational and strategic levels
- development of new or modified outputs/products
- consideration of new or modified methods of dissemination
- demonstration of adoption and implementation of NIOSH products
- document the value and improve future use of NIOSH products and activities such as programmatic reviews and communication documents (e.g., impact sheets)
- improving the dissemination and types of NIOSH services offered (including those that are mandated) including identifying gaps for whom and where these services are offered

Methods to be used: Methods used to collect information from external NIOSH output users may include surveys, interviews, focus groups, and other methods primarily occurring virtually, but may also occur during conferences, strategic partnership or sector council meetings, and other situations where potential users are gathered in one place.

The subpopulation to be studied: The universe of respondents includes users and potential users of NIOSH research and service outputs/products such as those in industry (small, medium, and large-sized organizations) across occupational sectors, workers, labor, academia, manufacturers, NIOSH funding recipients, and government.

How the data will be analyzed: Techniques and standardized analysis methods will vary across projects to include quantitative and qualitative techniques. Specific analysis methods will be discussed in detail for each separate package submitted under this generic information collection.

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH), is requesting approval of a new generic umbrella package for a period of three years under the project titled, "Assessing Adoption and Implementation of the National Institute of Occupational Safety and Health's (NIOSH) Outputs." NIOSH was established as a federal agency by the Occupational Safety and Health Act of 1970 and is responsible for conducting worker safety and health research and making recommendations to prevent worker injury and illness. It currently facilitates the National Occupational Research Agenda (NORA) which is a partnership effort across government, industry, labor, and academia to encourage innovative research and improve workplace practices.

With the continuation of the Government Performance and Results Act (GPRA) and the more recent passage of the Foundations of Evidence-Based Policy Making Act, there is an increased need for federal agencies to measure and demonstrate their impact. However, measuring impact is challenging, especially for organizations that have a science-driven mission because of the time it takes to move from basic to applied research.[1] Demonstrating attribution (cause and effect relationships) is particularly challenging for research organizations.[2] The Australian Research Council defines research impact as "the contribution that research makes to the economy, society, and environment, beyond the contribution to academic research," to be assessed by qualitative information and supplemented with quantitative data, where available.[3] In line with this definition, NIOSH uses the scientific impact framework and a modified version of contribution analysis to demonstrate the influence of its research to end outcomes (i.e., improvements in safety and health in the workplace that can be attributed to NIOSH efforts).[4, 5]

This approach centers upon NIOSH's ability to demonstrate *intermediate outcomes*. NIOSH defines intermediate outcomes as actions taken by external persons or organizations to improve occupational safety and health in response to knowledge or products generated by NIOSH or NIOSH-funded initiatives, projects, or programs. Researchers are requested to document intermediate outcomes at the beginning of their proposals. Generally, intermediate outcomes are written as standalone statements for a project and should be understood by any reader regardless of familiarity with the topic. Some general examples of intermediate outcomes might be:

- A company adopting NIOSH findings or products directly into workplace practice.
- A labor union incorporating NIOSH research into new training programs.
- A university building on NIOSH findings to pursue their own additional research or service.
- A consensus standard citing NIOSH research into an authoritative document.
- An employer transferring NIOSH technology into operation (e.g., using commercialized technology or using findings to design/redesign technology).

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[1] Maynard R, Goldstein, N, Nightingale, DS. Program and policy evaluations in practice: Highlights from the federal perspective. New Directions for Evaluation. 2016; 152, 109- 135.

[2] U.S. Government Accountability Office, GAO-13-518, Managing for Results: Executive Branch Should More Fully Implement the GPRA Modernization Act to Address Governance Challenges (2013). Available from: http://www.gao.gov/assets/660/655541.pdf

[3] www.arc.gov.au [internet]. Canberra: Australian Research Council; c2022 [cited 2022 Feb 26]. Available from: https://www.arc.gov.au/about-arc/strategies/research-impact-principles-and-framework

[4] Downes A, Novicki E, Howard J. Using the contribution analysis approach to evaluate scientific impact: A case study of the National Institute of Occupational Safety and Health. American Journal of Evaluation. 2019; 40(2): 177-189.

[5] Ari MD, Iskander J, Arajuo J, Casey C, Kools J, Chen B, et al. A science impact framework to measure impact beyond journal metrics. PLoS One. 2020; 15(12): e0244407.

- A state health department using NIOSH-analyzed surveillance data to prioritize safety/health programs or interventions in the workplace.
- The research community using NIOSH-developed methods.

Examples of project specific intermediate outcomes have included:

- Private sector manufacturer will license, produce, and market a meth wipe based on NIOSH surface detection methods.
- Fire service organizations will use the results of the injury study to increase awareness of occupational injury risks among firefighters.

Note that citations ONLY count as intermediate outcomes when they are within authoritative documents; page views, downloads, and citations within journal articles are NOT considered intermediate outcomes. Although sometimes depending on their scope of influence, achieving certain intermediate outcomes may take several years and/or the culmination of outputs and short-term outcomes for projects. However, this is not to be confused with longer term or more complex outcomes (i.e., end outcomes) for research projects. End outcomes are the big picture changes towards improved occupational safety and health. Examples of end outcomes specific to projects include:

- Contribute to a reduction in cardiovascular disease in landscaping workers.
- Contribute to a reduction in non-fatal and fatal injuries in law enforcement.
- Contribute to a reduction in upper body MSDs in commercial fishing workers.
- Contribute to a reduction in chronic obstructive pulmonary disease (COPD) in concentrated animal feeding operations workers.

Note the distinction between intermediate (others acting based on NIOSH research) and end (contributing to larger bodies of knowledge) outcomes. For projects that are focused on seeking data around these bigger, more complex outcomes, NIOSH will seek approval via the full PRA approval process.

A typical NIOSH research project lasts approximately four years, and a pilot research project is often shorter (i.e., 1-2 years). Short research windows for funded projects in combination with necessary human subjects and subsequent Office of Management and Budget (OMB) approval minimize NIOSH's opportunities to document achievements and impact that can effectively inform future efforts. This proposed generic information collection package will allow researchers and staff to expeditiously pursue the aforementioned efforts to provide NIOSH with critical information to inform mission-driven needs. This data collection is authorized by Section 20(a)(1) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 669) (Attachment A).

2. Purpose and Use of the Information Collection

This generic information collection will allow individual projects to assess use of research conducted internally by NIOSH staff, and research funded and conducted by external investigators. These efforts will allow NIOSH to improve awareness, understanding, and/or assess the adoption of products, services, and guidance as well as implementation practices employed among users of NIOSH research efforts and products. Collection of this data will improve the ability of NIOSH DLOs to document information for the purposes of:

- internal planning and decision-making at operational and strategic levels,
- development of new or modified outputs/products,
- consideration of new or modified methods of dissemination,
- demonstration of adoption and implementation of NIOSH products, and

- document support and guide future efforts for activities such as programmatic reviews and the development of impact sheets.
- improving the dissemination and types of NIOSH services offered (including those that are mandated) including identifying gaps for whom and where these services are offered.[6]

Because it can take months or years for research findings to be adopted into practice, these instances of impact are rarely captured in final reports. Proxy measures of research use such as downloads of key documents and citations are also tracked. While commonly recognized metrics, these data sources are not comprehensive, representative, or informative of the adoption and implementation of NIOSH products and efforts. Additionally, the proposed information collection request will allow researchers go beyond simply measuring dissemination and customer satisfaction to facilitate understanding of the outcomes and impacts associated with NIOSH research in the real-world contexts. It will also advance NIOSH's burden, need, and impact framework for future research while also supporting the Office of Management and Budget's guidance regarding the Foundations of Evidence-Based Policymaking Act.

As illustrated in Appendix A (Attachment D), this collection will allow researchers to engage subject matter experts, research users, and funding recipients to assess adoption and implementation. Research users include, but are not limited to, employers, workers, policy makers, manufacturers/developers, occupational safety and health professionals, and scientists. These intended users of NIOSH research are integral to moving research into practice. Funding recipients include individuals who currently or previously have received NIOSH funding through a grant or cooperative agreement. Funding recipients can provide valuable insight into impacts that occurred after the funding period. The data gathered using quantitative and qualitative methods will enable NIOSH to document the value of its research and improve program operations to maximize impact.

For example, NIOSH recently completed four program reviews, in which independent peer review panels reviewed the activities and impact over a 10-year period and then scored programs on relevance and impact. Multiple review panels recommended that NIOSH move beyond using reach metrics like downloads and page views as a proxy for use, and instead work towards more direct measures. The data collected under this generic information collection will fill this gap and allow researchers and staff to obtain direct feedback from research users about use (or lack thereof) and potential impacts and subsequently pivot in real time prior to new or upcoming funding cycles. This information is not intended to be used for wider policy development, budget formulation, or other public-facing purposes (for example, as evidence to support worker safety rulemaking) not described in this supporting statement. Lastly, the subject matter and data collection methods are expected to be free of any controversy or special circumstances that may warrant public comment or extended review by OMB. Any such surveys will be submitted through the normal clearance process.

3. Use of Improved Information Technology and Burden Reduction

To reduce burden to human subjects and to comply with the Government Paperwork Elimination Act, Public Law 105-277, title XVII, signed into law on October 21, 1998, data collection will occur in the most time efficient and technologically advanced fashion possible. For example, it is possible that some

[6] NIOSH provides the following service work: Respirator approvals*; Health Hazard Evaluations; Radiation dose reconstruction*; Emergency preparedness and response activities, except Disaster Science Responder Research activities; Coal Worker's Health Surveillance Program activities*; B-Reader certification; Spirometry; MINER Act activities*; Fatality Assessment and Control Evaluation activities; Fire Fighter Fatality Investigation and Prevention activities; Information and dissemination activities, including the NIOSH website, newsletters, social media and NIOSHTIC-2 publications database. *Denotes mandated service activities

respondents will have information on more than one topic. When possible, all questions for the same respondent will be completed in a single information collection incident. In addition, the use of a semi-structured guide for applicable information collections will allow for some flexibility to avoid asking questions that do not apply to a specific participant.

Respondents may complete surveys or participate in qualitative information collections to provide feedback regarding their demographic background, health, occupation, perceptions, adoption and implementation of NIOSH products, services, and guidance. To reduce the human subject burden as per the Government Paperwork Elimination Act, data will be collected electronically or virtually whenever possible. This approach ensures data quality but decreases respondent burden, for example, allowing use of skip logic. Most often, electronic platforms such as CDC's Research Electronic Data Capture (REDCap), Survey Monkey, or Qualtrics will be used.

Though electronic technologies will be used by many of the individual projects submitted under this generic information collection, the nature of some proposed activities requires direct interaction between respondents and project staff, especially in the case of in-depth focus groups or interviews. However, some interviews and focus groups can also be conducted using MS Teams or Zoom to reduce burden on respondents. In other scenarios, this data collection could occur during a conference or association meeting where people are already gathered in one place, also reducing burden on applicable respondents.

4. Efforts to Identify Duplication and Use of Similar Information

NIOSH is the only federal entity that conducts research to improve occupational safety and health. Thus, this effort is not duplicative as no other entity collects information about the implementation and impact of NIOSH outputs. Within NIOSH, there are no current approved information collections available to assess external users' awareness, understanding, and/or adoption and implementation of NIOSH products, services, and guidance.

However, NIOSH will monitor information collection to ensure there is no duplication across projects. Specifically, as the steward of the NORA Agenda, NIOSH co-chairs 17 NORA councils consisting of individuals representing organizations interested in advancing occupational safety and health research and improving safety and health in the workplace. Through regularly scheduled council meetings, in addition to other standing committee and group meetings with federal and non-federal partners, NIOSH can ensure research efforts are tailored, necessary, and coordinated where applicable. Due to these structured, standing council, committees, and groups, a mechanism is already in place to coordinate and minimize redundancy in information collection across industry program and projects.

Furthermore, assessing the adoption and implementation of research products and other outputs may decrease burden on the public in the future by reducing NIOSH's need to conduct formative research with the same groups.

5. Impact on Small Businesses or Other Small Entities

The data collection efforts reflected in this request will occur from individuals volunteering for participation in studies in their own free time. As such, the data collection will not negatively impact small businesses or other small entities with additional paperwork or task burdens. The outcomes of this effort may benefit small employers by providing resources that inform their decision making about new research products that they can use to support their occupational safety and health practices. If, in the case that an individual study involves information or assessments directly related to small businesses or other

small entities, the methods used to minimize burden will be explained when being submitted under this generic information collection. For example, only one individual per organization may be asked to participate in a survey or interview.

6. Consequences of Collecting the Information Less Frequently

The information collection described in this package will be completed on a reoccurring basis across the lifespan of this generic information collection. The timeline for data collection is largely driven by regulatory agendas, timeframes established by individual projects and outputs, or by urgent needs. This data collection request and associated timeline allows for collection of information in a timely and efficient way without significant time lag from identification of need to generation of solutions. Document review has provided limited information to date about research impact in real-world occupational safety and health contexts. Without the data collected through this mechanism, the perspectives and outcomes of workers and other groups may not be represented thus leading to biased conclusions about the effectiveness of NIOSH products. If this research is not conducted at all or in this manner, the contemporary needs, and challenges of new solutions to protect workers may not be able to be considered efficiently enough to have large scale impact on the evolving research designs and products. Thus, the workers may not be supported or protected adequately. There are no legal obstacles to reducing the burden.

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

This request fully complies with the regulation 5 CFR 1320.5.

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

A 60-day Federal Register Notice was published in the Federal Register on 06/28/2024, Vol. 89, No. 125, pp. 54000-54002 (see Attachment B). CDC received 2 non-substantive comments – attached to this package (Attachment C). Commenters did not provide any contact information.

Representatives and/or previous projects that sought to assess adoption and implementation of NIOSH products across CDC NIOSH DLOs and centers were engaged to provide feedback on this request. Representatives or programs who provided feedback are listed in Table 1.

NIOSH DLO, Center, or Program	Representatives
Division of Safety Research	Associate Director for Science Research Epidemiologist
Respiratory Health Division	Research Health Scientist
Exposure Assessment Program	Industrial Hygienist Funding Recipient
Spokane Mining Research Division	Research Evaluation Scientist
Western States Division	Associate Director for Science
Office of Extramural Coordination and Special Projects	Director
Office of the Deputy Director for Management	Deputy Director Team Leader Health Scientist

9. Explanation of Any Payment or Gift to Respondents

Per OMB guidance, incentives are generally not appropriate for contractors, research partners, grantees, or program participants because they already have a pre-existing relationship with the agency. Incentives are most appropriate when participants are being asked to travel to a site to provide feedback in-person or virtually. Incentives are generally not appropriate for questionnaires/surveys.

If an incentive is proposed, a detailed justification based on the type of collection, population of respondents, and other circumstances will be provided in the individual information collection request. Per the Office of Information and Regulatory Affairs, Office of Management and Budget guidance document, Questions and Answers when Designing Surveys for Information Collections (Updated Oct. 2016) justifications will focus on data quality, burden on the respondent, experience, improved coverage of specialized respondents, rare groups, or minority populations; reduced survey costs; and/or equity.

Each justification will cite the research literature that demonstrates significant improvements in response rates and non-response bias when applied to similar participants, data collection methods, and data collection contexts. OMB does not consider it appropriate to use private sector market rates as a justification for incentives in government information collections. The following includes expected ceiling amounts for different types of collections:

- Focus groups where participates are expected to travel to a central site: Up to $40 total
- Cognitive interviews or similar exercises (intensive one-on-one probing of basis for thoughts) in which participants are expected to travel to a central site: Up to $40 total
- Questionnaires/surveys/interviews: TBD, under special circumstances

For any collection over 90 minutes, participants may be offered an additional incentive to account for incidental expenses (transportation, childcare, lost wages, etc.). This will be included in all justification documents if applicable.

10. Assurance of Confidentiality Provided to Respondents

Depending on the specifics of the individual data collection project, the Privacy Act may or may not apply to an information collection. For each individual investigation, the appropriate CDC NIOSH contacts will be consulted for an official Privacy Act determination. Further, if NIOSH or its representative is receiving and/or storing personal identifiable information as a part of a specific project, then the Privacy Act may apply, and the specific actions required to ensure the security of that information will be discussed in the documentation for each project submission.

Although personally identifiable information (PII) may be collected in some instances, NIOSH will not receive any identifiable information from individual projects. In such cases, when the individual data collection activities require respondents to provide identifying or potentially identifying information to local project staff and/or answer sensitive questions, the information will be removed from data sent to NIOSH, and NIOSH will, at no time, have access to local data that contains identifiers. Local project staff will verify that individually identifiable information that has been collected during their activities has been removed from information transmitted to or shared with NIOSH.

Certificates of confidentiality may be sought for individual data collection activities that involve sensitive and potentially identifiable information at the local project level. Also, depending on the specifics of the project, the assurance of confidentiality afforded in accordance with Section 308(d) of the Public Health Service Act (42USC242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347) may apply.

As methods and materials may differ between individual projects, appropriate human subjects review procedures will be conducted for projects as they are developed. Projects will acquire IRB approval when appropriate and submit documentation. Participation in all research activities is strictly voluntary. Respondents will be provided with informed consent forms prior to the start of information collection and will be allowed to ask questions about the project before deciding whether to participate. These forms will be included in individual collection requests. The consent form describes the purpose of the study, specific procedures that will be conducted, and describes protections for respondents' privacy.

On occasion, collecting information about sensitive topics requires that we do not collect personal identifiers at any point. Collection of these identifiers may place the respondent at risk of potential harm resulting from breach of privacy. In these cases, a waiver of documentation of informed consent will be requested (i.e., respondent signatures are collected on consent forms), but the same consent and privacy protection information is still provided to the respondent.

Information might be collected electronically or on paper (depending on the individual information collection request). Electronic means include handheld devices, computer-assisted self-interview (CASI), audio computer-assisted self-interview (ACASI), computer-assisted telephone interview (CATI), web-based surveys, or other point of service collection devices. Paper copies are the common mode for focus groups or interviews that may request more information around perceptions and experiences with technologies of interest. Web-based methods for survey or intervention information collection may be used. There will be no internet content directed at children under the age of 13. Individual collection requests submitted under this generic information collection package will describe any web-based material involved.

Persons participating in all projects conducted or sponsored by NIOSH will be informed that their data will be maintained in a secure manner, and that the data will only be used for purposes stated in the consent form. Generally, all individually identifiable information collected by local partners will be unlinked or stripped from the data that are submitted to CDC. Although the identities of respondents may be known to local project personnel who conduct interviews and interact with respondents, data collected regarding such sensitive topics will not be stored or accessed in a Privacy Act system of records, and the respondents' identifying information will not be submitted to CDC. Only authorized project staff will be allowed access to study information (whether identifiable or not) and all hard-copy information will be kept in a locked cabinet and/or locked office with limited access.

Electronic data collection and data management systems used for these activities will comply with the current encryption security standards from National Institute of Standards and Technology (NIST) Federal Information Processing Standards (FIPS), which meet or exceed Advanced Encryption Standards (AES). Each individual request under this generic information collection will provide adequate descriptions of information systems that will be used in their study.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB requirements are project specific. Because methods and materials may differ between individual projects, appropriate human subjects review procedures will be conducted for each project as they are developed. Some projects require IRB approval while others fall within the IRB exemption criteria (45 CFR Part 46.104) or are considered non-research or public health surveillance (45 CFR Part 46.102(l)(2). For individual investigations, the appropriate CDC NIOSH contacts are consulted for individual project official research determinations.

Each individual information collection request will address human subject participation and IRB approval. Projects that need IRB approval will be submitted with a copy of the approval document. If the study has been determined to be exempt from IRB determination, a copy of the exemption determination will be attached. If the appropriate CDC official has determined that the data/information collection is not research involving human subjects, the information collection submitted under this generic information collection will state that IRB approval is not required.

Sensitive Questions

At times, race and ethnicity data, as well as diagnoses of medical conditions that may affect employability or insurability, may be viewed as sensitive or threatening by a portion of respondents. The reasons for collection of sensitive information and their application for the improvement of CDC's prevention efforts for the specific study sample will be addressed in the specific requests. The procedures used to obtain consent and the content of the consent form will be explained and justified. Sensitive personally identifying information (PII) will not be collected during the individual project data collections. All methods will be outlined clearly in each individual project submission associated with this generic information collection. See section 10 Protection of the Privacy and Confidentiality of Information Provided by Respondents for more details about how this data will be handled.

12. Estimates of Annualized Burden Hours and Costs

The universe of respondents consists of users and potential users of NIOSH outputs/products that can be divided into three categories: 1) subject matter expects, 2) former NIOSH funding recipients, and 3) other intermediary and end users. Since the methods employed will vary by project, our estimates reflect the burden by three primary methods (survey, focus group, interview). While some other collection methods may be used infrequently, individual projects will estimate burden hours for all methods proposed. We estimate an annualized burden of 6,069 hours over a three-year period (total three-year burden = 18,207 hours). The following table provides estimates of the annualized burden hours over a three-year period based on previous NIOSH research. There is no cost to respondents other than their time.

Table 1. Estimated Annualized Burden Hours

Type of Respondent	**Type of Data Collection Instrument**	**Number of respondents**	**Number of responses per respondent**	**Average burden per response (in hours)**	**Total Burden Hours**
Subject matter experts	Survey instrument (single, pre and post, or poll) including demographics	5,000	1	20/60	1,667
	Informed consent form	250	1	5/60	21
	Interview or	250	1	1	250

	focus group guide				
Former NIOSH funding recipients	Survey instrument (single, pre and post, or poll) including demographics	200	1	20/60	67
	Informed consent form	25	1	5/60	2
	Interview or focus group guide	25	1	1	25
Intermediate or end users (e.g., employers, workers, manufacturers, labor/professional associations, policymakers)	Survey instrument (single, pre and post, or poll) including demographics	10,000	1	20/60	3,333
	Informed consent form	650	1	5/60	54
	Interview or focus group guide	650	1	1	650
Total		**17,050**			**6,069**

Data collections by CDC/NIOSH are generally funded through internal or external research funding and these will be noted in the specific collection requests. The annualized cost to respondents is segmented accordingly in Exhibit A.12.B. The United States Department of Labor, Bureau of Labor Statistics, May, 2023 (http://www.bls.gov/oes/current/oes_nat.html) data were used to estimate the hourly wage rate for the general public for the purpose of this generic information collection. Each project will include costs specific to their population of respondents. Because it is not known what wage rate category will be appropriate for specific projects (or even whether they will be employed at all), the figure of $30.00 per hour was used as an estimate of average hourly wage across the country.

Exhibit A.12.A - Annualized Cost to Respondents

Activity	Total Burden Hours	Hourly Wage	Total Respondent

		Rate	Cost
Data collection	6,069	$30.00	$182,070

A13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

NIOSH does not anticipate providing start up or other related costs to private entities.

A14. Annualized Cost to the Government

Actual annualized costs to the government will vary depending on the specific needs of individual information collection activities. Generally, each development activity will involve participation of at least one NIOSH project officer (GS-12, 13, 14, or 15 levels) who will be responsible for project design, IRB approvals, project oversight, data analysis, and dissemination of results. The NIOSH project officer will provide onsite technical assistance during data collection. Most projects will include effort for a NIOSH data manager or technical assistant (typically equivalent to GS-9, 11 or 12). An estimated average cost per individual activity is listed below, but detailed costs will be submitted with individual collection requests. While many of the proposed data collection efforts will not require travel due to electronic data collection strategies, other collection efforts may design data collection efforts to coincide with conferences and association meetings, requiring travel to off-site locations. Thus, investigator travel costs are included in the annualized cost estimates.

Table 3. Estimated Annualized Cost to the Government

Expense Type	Expense Explanation	Annual Costs (dollars)
Direct Costs to the Federal Government		
	NIOSH Project Officer (GS-13/14, 0.5 FTE)	$40,641
	NIOSH data manager or technical assistant (GS-9/11, 0.5 FTE)	$13,450
	CDC NIOSH IT Security Compliance	$25,000
	NIOSH Travel (2 trips)	$3,000
	TOTAL COST TO THE GOVERNMENT	$82,091

15. Explanation for Program Changes or Adjustments

This is a new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Individual project data collections under this generic information collection will be time-limited and generally engage participants once, except when studies incorporate multiple methods (e.g., survey and focus group) and/or longitudinal designs (e.g., pre/post). No single data collection project is expected to take longer than three years from design of information collection to a report of findings. Proposed timelines will be submitted for each individual data collection project. Only in rare cases would data that is collected not be published and made publicly available in aggregate form.

It is expected that each data collection would result in at least one dissemination activity such as an internal or external presentation to partners or published report or paper. For example, sharing results at a conference administered by a professional society would allow experts in the domain of interest to engage and provide feedback about the interpretation of analyses prior to final publication or changes to NIOSH product development and dissemination activities. Finally, findings from these information collections may be used to update processes used to develop or update NIOSH-numbered publications such as fact sheets or infographics to ensure members of the public such as workers benefit from NIOSH products and activities. In general, publication of findings is expected to occur anywhere from 6-18 months after the completion of information collection.

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.