

Supporting Statement A

EVALUATING THE EFFECTIVENESS OF  
OCCUPATIONAL SAFETY AND HEALTH PROGRAM ELEMENTS IN THE  
WHOLESALE RETAIL SECTOR

Request for Office of Management and Budget (OMB) Review and Approval  
for a Federally Sponsored Data Collection

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## 1 Table of Contents

Section Title Page Number1

### A. JUSTIFICATION

A1. Circumstances Making the Collection of Information Necessary.....	3
A2. Purpose and Use of Information Collection.....	7
A3. Use of Improved Information Technology and Burden Reduction.....	10
A4. Efforts to Identify Duplication and Use of Similar Information.....	11
A5. Impact on Small Businesses or Other Small Entities.....	11
A6. Consequences of Collecting the Information Less Frequently.....	11
A7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5.....	12
A8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency.....	12
A9. Explanation of Any Payment or Gift to Respondents.....	15
A10. Assurance of Confidentiality Provided to Respondents.....	15
A11. Justification for Sensitive Questions.....	18
A12. Estimates of Annualized Burden Hours and Costs.....	18
A13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers.....	20
A14. Annualized Cost to the Government.....	20
A15. Explanation for Program Changes or Adjustments.....	20
A16. Plans for Tabulation and Publication and Project Time Schedule.....	21
A17. Reason(s) Display of OMB Expiration Date is Inappropriate.....	22
A18. Exceptions to Certification for Paperwork Reduction Act Submissions.....	22

### LIST OF ATTACHMENTS

Attachment A: Occupational Safety and Health Act [29CFR § 671]  
Attachment B: 60-Day Federal Register Notice  
Attachment C: NIOSH Strategic Goals and Activities  
Attachment D-1: Relation of Project to Broader CDC Research Agenda  
Attachment D-2: Prior OSH Program Effectiveness Studies  
Attachment E-1: OBWC - NIOSH Letter of Agreement.  
Attachment E-2: Letter of Support from OBWC  
Attachment E-3: Comparison of US and Ohio NAICS Codes  
Attachment F: Information Security Plan  
Attachment G: Informed Consent  
Attachment H-1: OSH Program Evaluation Survey, Year 1  
Attachment H-2: OSH Program Evaluation Survey, Year 2  
Attachment I: IRB submission for Data Collection  
Attachment J: OSH Program Survey Sampling Strategy  
Attachment K: OSH Program Survey Sample Size Requirements  
Attachment L: Non-Respondent Follow-Up Interview

## SECTION A. JUSTIFICATION

### A1. Circumstances Making the Collection of Information Necessary

#### Background

This is a new information collection request (ICR) from the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). This data collection is authorized by Section 20(a) (1) of the Occupational Safety and Health Act (29 U.S.C. 669) (**Attachment A**). The 60-day Notice for this collection was published in the Federal Register on February 21, 2012, as required by 5 CFR 1320.8(d) (**Attachment B**).

The proposed information collection will address the need to assess the effectiveness of occupational safety and health (OSH) programs among wholesale/ retail trade (WRT) sector firms. This need is expressed in a number of NIOSH Strategic Goals (**Attachment C**). This study will provide current important information on the health and safety of WRT workers that is not available elsewhere. This project is part of the mission of CDC-NIOSH to conduct rigorous scientific intervention effectiveness research to support the evidenced based prevention of occupational injuries and illnesses. Additional information on how this project integrates into CDC's broader research agenda is provided in **Attachment D-1**.

Liberty Mutual has estimated direct workers' compensation costs to industry in the United States in 2009 to be \$50 billion. The WRT industry sector employs over 21 million workers or 19% of the workforce in private industry. In 2007, the majority of non-fatal injuries and illnesses involving days away from work in the WRT sector involved musculoskeletal disorders (MSDs, 29%) or slip/ trip/ falls (STFs, 22%). Accordingly, major strategic NIOSH goals in the WRT sector are to reduce MSDs and STFs and other injuries/illnesses in part by assessing the effectiveness of occupational safety and health (OSH) programs. There is some evidence that OSH prevention programs built on key elements (management leadership, employee participation, hazard identification and control, medical management, training, and program evaluation) reduce losses. However, little evidence exists on the relative effectiveness of program elements compared to each other.

There is a need for research to develop reliable OSH program metrics and determine which elements have the greatest impact on injuries, illnesses and work disability. A renewed partnership between NIOSH and the Ohio Bureau of Workers Compensation (OBWC) provides a timely opportunity to conduct such research in a relevant, efficient, and impactful manner. Although several researchers have published studies using OBWC data in the past, OBWC and NIOSH have recently developed a formal agreement (**Attachment E-1**) to collaborate on a number of research goals, including descriptive WC data analyses, evaluation of prior OBWC-sponsored programs, and prospective intervention research.

OBWC has many strengths as a potential research partner, including its size (approximately 250,000 insured establishments), diversity of industry that is largely representative of the larger US in both industry classification [both general 2-digit North American Industry Classification System (NAICS) and WRT sub sectors] and establishment size distribution (**Attachment E-3**), geographical proximity to the Cincinnati, OH and Morgantown, WV locations of NIOSH, and perhaps most importantly, their active engagement in intervention research. OBWC represents an ideal translational research partner. OBWC is an extremely pro-active workers compensation insurance carrier that spends millions of dollars annually supporting many programs to encourage insured companies to improve their primary OSH prevention through tertiary OSH prevention programs. For example, in 1999 OBWC initiated a program known as “Safety Grants” to provide matching funds to insured employers to put into place OSH controls and measure effectiveness. From 1999 to 2009, this was a 3-1 (OBWC to employer) matching with up to \$40,000 per grant. Over the history of the program, OBWC has provided over 1,500 Safety Grants (111 in the WRT sector), with approximately 100 grants implemented per year and a total of \$3 million annually in matching funds. To receive the grant, OBWC requires that companies participate in onsite evaluations to document before and after workplace changes and provide 2 years of follow-up data. A number of completed Safety Grant projects (~15%) are shared as “best practices” for various sectors (including WRT) through the OBWC website. More recently OBWC has developed a Safety Program incentive program where insured companies can receive a WC insurance premium discount for establishing a structured OSH program.

In summary, OBWC has years of experience in developing, implementing, evaluating, and disseminating OSH programs with clients. Although OBWC has actively engaged in prevention research, the organization is dedicated to demonstrating the effectiveness of their various programs using the most scientifically rigorous methods possible. For this reason, OBWC is eager to collaborate with NIOSH on a number of research projects including this OSH program research study. In this way, evidence based practices can be shared with the greatest audience possible and OBWC can efficiently allocate their own resources among program alternatives that range widely from primary prevention to disability management.

For the current study, NIOSH and the OBWC will collaborate to examine the association between survey-assessed OSH program elements (organizational policies, procedures, practices) and workers compensation (WC) outcomes in a stratified sample of OBWC-insured wholesale/ retail trade (WRT) firms. Crucial OSH program elements with particularly high impact on WC losses will be identified in this study and disseminated to the WRT sector. There are expected to be up to 4,104 participant firms and surveys will be administered twice to the same firms in successive years (e.g. from January-December 2013 and again from January- December 2014). A nested study at 60 firms will ask multiple respondents at each firm to participate. This will result in 4,404 total participants from 4,104 firms.

## Privacy Impact Assessment

The survey will collect data about firms (self-reported ratings of a firm's OSH programs, firm demographics) and collect limited data about individual respondent demographics (job title/ tenure and gender). The study will also maintain personal identifiers (respondent name, firm address, respondent phone number at the firm, and respondent email address at the firm) in a separate secure database to coordinate contacts at each firm. Although the Privacy Act does not apply to organizations, some of these firms may still view some data as sensitive. The method of handling the information will comply with the Freedom of Information Act and the Privacy Act of 1974. Disclosure under the Privacy Act System is permitted: to private contractors assisting NIOSH; to collaborating researchers under certain limited circumstances to conduct further investigations; to the Department of Justice in the event of litigation; and to a congressional office assisting individuals in obtaining their records. All data collection and records management practices and systems (including the online survey) will adhere to all applicable federal, Health and Human Services (HHS), Centers for Disease Control (CDC), and NIOSH IT security policies and procedures [Security Requirements for Federal Information Technology Resources, January 2010; Health and Human Services Acquisition Regulation (HHSAR), Clause 352.239-72]. For example, data will be stored on encrypted CDs, flash drives, and/or file transfer protocol (ftp) sites according to applicable Federal Information Processing Standards Publications (FIPS PUBS, see <http://www.itl.nist.gov/fipspubs>). See the Information Security Plan in **Attachment F** for more information.

Questionnaires will be administered primarily using a self-administered secure web portal. The survey will be on a secure web site that will be accessible by sampled members of the participating establishments. The hyperlink and internet address to the survey will only be made available to members of participating establishments and researchers conducting the study. The information will not be directed at children under the age of thirteen years. Aggregated survey results will be made available on the NIOSH public internet site. Please see below for additional information related to the Privacy Impact Assessment.

## Overview of the Data Collection System

Questionnaires will be administered using several options (self-administered secure web portal, self-administered hard copy forms, and telephonic interviews). The respondent will be strongly encouraged to use the self-administered web-based format of the survey. It is estimated that the vast majority (95%) will be collected via the online system. For those respondents lacking internet connections or those who do not wish to complete a web-based survey, a hard copy format will next be offered. An interview option will be offered as a last resort for those respondents who do not find the web-based or hard copy formats acceptable. Survey data will be collected for this study primarily using an online secure website that will comply with applicable 508 requirements to accommodate individuals with disabilities (<http://www.hhs.gov/od/508policy>). NIOSH contractors will

primarily conduct the data collection and data management. Information will be maintained until 2017, two years after the conclusion of the study.

### Items of Information to be Collected

No information in identifiable form (IIF) will be collected as part of the actual survey or the informed consent process. The names and job titles of respondents at each firm will be collected from the study partner OBWC and from publicly available resources (such as [www.manta.com](http://www.manta.com)) which provide contact information for commercial firms.

Information collected via the surveys is described below. Collected information will be used to determine whether a significant relationship exists between self-reported firm OSH elements and firm WC outcomes while controlling for covariates. Individual participant personal information will not be published in any identifiable form and will be protected to the extent allowed by law (Freedom of Information Act and the Privacy Act). The questionnaire data are standard tools used to assess OSH programs. The study is designed to determine the effectiveness of particular OSH program elements in reducing workers compensation (WC) injury/ illness outcomes. The survey is provided in **Attachments H-1 and H-2** and described below.

OSH Program Survey: This survey will be administered twice to the same firms in successive years (e.g. from January- December 2013 and again from January- December 2014). A nested study at 60 firms will ask multiple respondents at each firm to participate. Based on pilot-testing, it is estimated it will require on average 12 minutes (up to a maximum of 20 minutes) per data collection.

#### Year 1 (see **Attachment H1**):

Safety Training- 5 questions

Safety Diligence- 11 questions

Hazard Detection and Control- 7 questions

Health and Safety Leadership- 9 questions

Ergonomics Practices- 5 questions

Disability Case Management- 7 questions

Proactive Return to Work- 8 questions

Wellness- 4 questions

People Oriented Culture- 8 questions

Firm Background Information- 6 questions

Respondent Background Information- 6 questions

Year 2 (see **Attachment H2**):

The Year 2 survey is the same as Year 1, except the Respondent Background section is reduced if the same respondent at the firm answers the survey, and the Firm Background section includes requested safety and health changes in last 12 months.

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

As described, the proposed research will involve the collection of information through a secure website. The research will not direct any website content at children under 13 years of age. All data collection and records management practices and systems (including the online survey system) will adhere to all applicable federal, Health and Human Services (HHS), Centers for Disease Control (CDC), and NIOSH IT security policies and procedures [Security Requirements for Federal Information Technology Resources, January 2010; Health and Human Services Acquisition Regulation (HHSAR), Clause 352.239-72]. See the Information Security Plan in **Attachment F** for more information.

A2. Purpose and Use of Information Collection

All information collected will be used to determine whether a significant relationship exists between self-reported firm OSH elements and firm WC outcomes while controlling for covariates. Results of the study (in de-identified and aggregated form) will be disseminated in the scientific literature and in educational materials through NIOSH and OBWC channels (website, publications). The privacy of all data collected will be protected to the extent legally possible, as covered by the Privacy Act of 1974, Title 5, United States Code, Section 522 (a). Individual participant personal information will not be published in any identifiable form.

The data collection for the OSH program study is part of a multi-phase project between NIOSH and OBWC that is fully funded from Fiscal Year 2011 through Fiscal Year 2014. The project was awarded federal funds through the NIOSH National Occupational Research Agenda (NORA) competitive process for intramural research.

The data collection is justified because very few studies for the effectiveness of OSH program elements have been conducted. Clearly there is a need to conduct rigorous research to define further the effectiveness of OSH programs. This will enable evidence based practices to be shared with the greatest audience possible. Such data has practical utility to the federal government, state government, and private stakeholders.

For example, the federal Occupational and Safety and Health Administration (OSHA) has proposed a regulation for an injury/illness prevention program (US Federal Register, 2010b). OSHA is in the process of soliciting input for this potential standard. On January 6, 2012, OSHA took the first step toward rulemaking and notified the Small Business

Administration (SBA) that it intends to convene a small business review panel. OSHA is also required to submit justification for the implementation of proposed regulations. Without rigorous studies on the effectiveness of OSH program elements, such analyses can be difficult.

State organizations such as the OBWC that sponsor prevention programs are seeking to evaluate the effectiveness of their various programs using the most scientifically rigorous methods possible. For this reason, OBWC is eager to collaborate with NIOSH on this project. The goal is to identify evidence based practices and programs that can be shared with the greatest audience possible. In this way, OBWC can efficiently allocate their resources among program alternatives that range widely from primary prevention to disability management. OBWC and NIOSH have also formalized an agreement (**Attachment E-1**) to outline a collaborative research partnership and specify a data sharing agreement to ensure data security. This OSH program effectiveness study represents one of the key steps towards addressing many of the partnership goals and OBWC is committed to supporting these projects, starting with the WRT sector (see the letter of support from OBWC in **Attachment E-2**).

The results of the current study are also relevant for private companies (such as WRT companies, workers compensation or health insurance carriers) that may sponsor prevention programs. Premium discount programs for developing OSH programs are currently rare among private insurance companies. If a rigorous study can determine the level of effectiveness of such a program, other insurance and WRT companies may utilize this data to determine whether such a program should be implemented or expanded.

The findings from this project will also be transferred to private stakeholders and OSH practitioners using several main channels:

OBWC (website, publications, annual safety conference, and personnel)

- o The OBWC has a developed infrastructure to reach companies within the state of Ohio. NIOSH and OBWC just signed a formal agreement and this project will leverage this collaboration to encourage participation in the studies, solicit input from WRT companies, and provide results as they become available. As well, OBWC offers a free yearly safety conference (with an average attendance of ~6,000) where presentations and workshops about the studies will be conducted.

NIOSH (website, publications, and personnel)

- o Links to the same dissemination products outlined in the OBWC section above will also be cross promoted on the WRT portion of the NIOSH website.

WRT trade organizations (website, publications, and personnel)

- o Links to the same dissemination products will also be provided directly to several trade organizations. Additional outreach is already being conducted with other WRT trade organizations within the state of Ohio to raise

awareness of NIOSH in general, and the specific studies with OBWC and to solicit input and participation in the research. Aspects of the studies will also be submitted for publication in trade journals.

Peer reviewed journals

- o For this study, at least one manuscript will be submitted for publication in a peer reviewed journal. Main audiences for these types of journals are fellow researchers, but also OSH practitioners.

Privacy Impact Assessment Information

No information in identifiable form (IIF) will be collected as part of the actual survey or the informed consent process. The names and job titles of respondents at each firm will be collected from the study partner OBWC and from publicly available resources (such as [www.manta.com](http://www.manta.com)) which provide contact information for commercial firms. This individual participant personal information will be maintained in a separate secure database to coordinate contacts at each firm.

Actual surveys will be identified only using a unique identifier (created by NIOSH contractors) to track each survey completed at the firm. Individual participant information will not be published in any identifiable form and will be protected to the extent allowed by law (Freedom of Information Act and the Privacy Act). Information will be maintained until 2017, two years after the conclusion of the study. The IIF data will only be used by NIOSH researchers for the purposes outlined below.

<b>IIF Being Collected</b>	<b>Purposes</b>
First and last name of the individual participant	The first and last name of the individual participant will not be collected in the actual surveys, but will be maintained in a separate secure database to coordinate contacts at each firm. The first and last name of the individual participant will be used for recruitment and to send the participant hard copy questionnaires if the participant requests paper versions for their mode of data collection. The first and last name of the individual participant will also be used to send a hard copy of aggregated study results if requested by the individual.
Street address of the participating firm	The street address of the participating firm will not be collected in the actual surveys, but will be maintained in a separate secure database to coordinate contacts at each firm. The street address of the participating firm will be used for recruitment and to send the participant hard copy questionnaires if the participant requests paper versions for their mode of data collection. The street address of the participating firm will also be used to send a hard copy of aggregated study results if requested by the individual.

Firm phone number of the individual participant	The firm phone number of the individual participant will not be collected in the actual surveys, but will be maintained in a separate secure database to coordinate contacts at each firm. The firm phone number of the individual participant will be used for recruitment and to prompt participants to submit the data collection.
Firm email address of the individual participant	The firm email address of the individual participant will not be collected in the actual surveys, but will be maintained in a separate secure database to coordinate contacts at each firm. The work email address of the individual participant will be used for recruitment and to prompt participants to submit the data collection. The firm email address of the individual participant will also be used to send an electronic copy of aggregated study results if requested by the individual.

The proposed survey contains questions that rate a firm’s OSH program, but none that should be considered sensitive on a personal basis. The impact on the privacy of the individual is considered to be minimal if there were a breach of security.

### A3. Use of Improved Information Technology and Burden Reduction

In order to maximize efficiency and reduce burden, a web-based survey is proposed for the majority (estimated 95%) of all data collection. At a secure web site, the survey will be constructed for easy respondent use, allowing the automatic administration of skip patterns, while maintaining a simple, seamless navigation. Web-based surveys have gained increasing acceptance as a research tool as they offer many advantages, including:

- On-line surveys create cost efficiencies because respondents complete them during a much shorter window of time than other survey modes, and at a substantially reduced cost (i.e., less labor is involved than telephone or in-person surveys; postage is required for mail-based surveys);
- On-line surveys create time efficiencies (i.e., less time to complete the survey because it can be programmed to efficiently guide respondents through skip patterns so that they are not asked questions that do not apply to them or have to spend time navigating through complex instructions);
- All responses are automatically recorded, allowing for minimal data cleaning, and rapid tabulation and analysis of findings;
- Respondents potentially have the option of answering questions in a private setting where they feel comfortable and at ease (e.g., at home);

- Respondents can complete the survey within their own time schedule, and can exit the survey at any time and resume the survey where they ended;
- Previous research [Catalano et al 2006] suggests that workers in some industries prefer completing an online survey when given a choice between a web survey and a paper survey.

The respondent will be strongly encouraged to use the self-administered web-based format of the survey. For those respondents lacking internet connections or those who do not wish to complete a web-based survey, a hard copy format will next be offered. It is estimated approximately 5% of respondents will require hard copy formats. An interview option will be offered as a last resort for those respondents who do not find the web-based or hard copy formats acceptable. It is estimated approximately less than 1% of respondents will require personal interview formats.

#### A4. Efforts to Identify Duplication and Use of Similar Information

NIOSH has searched the scientific literature, contacted colleagues at NIOSH and OSHA, contacted professional, labor and industry organizations representing WRT workers. To date, NIOSH is unaware of any prospective OSH program effectiveness study being conducted in the WRT sector with such a design as the proposed research. As evidenced by the letters of support (**Attachment E-2**), the OBWC agrees that there is a need for such a rigorous study to determine the effectiveness of OSH programs and identify evidence based practices.

#### A5. Impact on Small Businesses or Other Small Entities

Small OBWC-insured WRT businesses will be included in this study. To reduce burden for all respondents, a web-based survey will be used for the majority of data collection. All participants will be asked to complete the entire survey, but questions have been held to the minimum required for the intended use of the data.

#### A6. Consequences of Information Collected Less Frequently

Surveys will be administered twice to the same firms in successive years (e.g. from January- December 2013 and again from January- December 2014). If a given respondent remains in the same role with the same firm, that respondent will be asked to complete two surveys in a 2 year period. The data being collected includes an OSH program assessment survey (**Attachments H-1 and H-2**). The frequency of this data collection is justified because OSH program attributes can vary over time and less frequent measures would not be sensitive to business climate variation or to changing work exposures. The planned frequency of data collection is already at a minimum level to reduce burden on respondents while also retaining sensitivity for a valid intervention effectiveness study. There are no legal obstacles to reduce the burden.

## A7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances associated with this data collection activity. This request fully complies with regulation 5 CFR 1320.5.

## A8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A: In accordance with 5 CFR 1320.8(d), a review of the proposed study was sought through a 60-day publication period in the *Federal Register* (February 21, 2012, Vol. 77, No. 34, pages 9929-9930, (Attachment B)). No comments were received in response to the Federal Register notice.

B: NIOSH has consulted with numerous individuals and organizations outside the agency regarding the availability and usefulness of the proposed data collection. The following chronology documents these contacts:

### ***2009***

NIOSH researchers met several times with OBWC representatives from 2009-2010 to establish a long term and sustainable research partnership and discuss research goals and projects. A formal agreement (**Attachment E-1**) was then developed outline a collaborative research partnership and specify a data sharing agreement to ensure data security. An early stated goal was to evaluate the effectiveness of the OBWC sponsored prevention programs. NIOSH and OBWC co-developed the current OSH program study as a way to determine which program elements most impact losses. As indicated in the background literature review, very few studies have been designed in such a rigorous way and conducted for this purpose.

### ***March to July 2010***

The OSH program study was peer-reviewed as part of a multi-phase project between NIOSH and OBWC and rated based on project approach, potential impact, innovation, and significance through the NIOSH National Occupational Research Agenda (NORA) competitive process for intramural research. The project received favorable scores and was chosen for funding by NIOSH from Fiscal Year 2011 through Fiscal Year 2014.

### ***December 9, 2010***

NIOSH and OBWC presented an overview of the study to the NIOSH MSD NORA Cross-Sector meeting. This meeting includes MSD researchers from across NIOSH and academic institutions. The OSH program study was discussed informally during the meeting and feedback was received.

### ***January 2011***

NIOSH and OBWC contacted trade associations (Ohio Association of Wholesaler – Distributors, Ohio Council of Retail Merchants, Ohio Wholesale Marketers Association, Wholesale Beer & Wine of Ohio) to advertise the study and solicit feedback . Those contacted are listed below.

Trade Organization	Contact	Contact Phone	Contact Email
Ohio Association of Wholesaler - Distributors	Ed Cain	614.221.7833	<a href="mailto:edwardc@ohioretailmerchants.com">edwardc@ohioretailmerchants.com</a>
Ohio Council of Retail Merchants	Gordon Gough	614.221.7833	<a href="mailto:gordong@ohioretailmerchants.com">gordong@ohioretailmerchants.com</a>
Ohio Wholesale Marketers Association	Beth A. Wymer	614.224.3435	<a href="mailto:owma@att.net">owma@att.net</a>
National Retail Hardware Association	Thomas Smith	317.275.9432	<a href="mailto:tsmith@nrha.org">tsmith@nrha.org</a>
Wholesale Beer & Wine of Ohio	Susan Remy	614.224.3500	<a href="mailto:sremy@wbwao.org">sremy@wbwao.org</a>

***March 15, 2011***

NIOSH sponsored a meeting in Cincinnati on March 15, 2011 to discuss the overall NIOSH and OBWC research collaboration. The OSH program survey study was discussed informally during the meeting and feedback was received.

***March 31, 2011***

NIOSH gave a session presentation on March 31, 2011 at the Ohio Safety Congress (an annual conference sponsored by OBWC that averages over 6,000 attendees) to detail current research including the current OSH program survey. Informal feedback was solicited about the study among OBWC-insured WRT clients and OBWC staff. The study was also highlighted during the one of the conference’s keynote addresses.

***April 2011***

NIOSH and OBWC informed OBWC safety and health staff, and all OBWC-sponsored Safety Councils about upcoming OBWC-NIOSH research. The safety councils include over 20 regional groups throughout Ohio that are composed of diverse group of members including labor organization representatives, trade association members, and OBWC-insured company safety and health staff. The purpose of the Councils is to provide a forum for sharing best safety/ health practices among members through regular meetings and events. The councils were informed about the study and asked for feedback.

***August 2011***

NIOSH awarded the competitively-bid contract to the University of Texas (UT) for survey development, data collection and analysis.

**September – December 2011**

NIOSH, UT and OBWC worked together to develop the OSH program composite survey from pre-existing instruments. Those involved are listed below.

OBWC

- Mike Lampl, Ergonomics Technical Advisor, [Michael.L.1@bwc.state.oh.us](mailto:Michael.L.1@bwc.state.oh.us), 614-995-203,
- Don Bentley, Technical Advisor, [Donald.B.12@bwc.state.oh.us](mailto:Donald.B.12@bwc.state.oh.us)

University of Texas

- Ben Amick, Ph.D., Research Psychologist, [Benjamin.C.Amick@uth.tmc.edu](mailto:Benjamin.C.Amick@uth.tmc.edu), 832-563-6859, 713-500-9496
- David Gimeno Ph.D., Public Health Scientist, [David.Gimeno@uth.tmc.edu](mailto:David.Gimeno@uth.tmc.edu)
- Steven Apodaca, Research Coordinator, [Steven.P.Apodaca@uth.tmc.edu](mailto:Steven.P.Apodaca@uth.tmc.edu), 713-705-2706
- H. Allan Hunt, Ph.D., Economist (sub-contractor to UT), [HUNT@upjohn.org](mailto:HUNT@upjohn.org)
- Rochelle Habeck, Ph.D., Research Psychologist (sub-contractor to UT), [habeck@chartermi.net](mailto:habeck@chartermi.net)

**December 2011**

OSH program Survey was pilot-tested using 9 contacts from OBWC-insured WRT firms. Those contacted are listed below.

<i>Company</i>	<i>Contact Name</i>	<i>Contact Email</i>
I Supply Company	Susan Davis	sdavis@isupplyco.com
Huron Cement Products	Lauren C. Jones	laurenj@huroncement.com
Produce One, Inc.	Gary Pavlofsky	g.pavlofsky@produceone.com
Dayton Door Sales Inc	Dean Monnin	DMonnin@daytondoorsales.com
Gummer Wholesale, Inc.	Tim Mikus	tmikus@gummerwholesale.net
All American Coach Co. Inc.	James McGuire	jim@aacoach.com
Fresh Unlimited Inc	Sam Schlagetter	sschlagetter@freshwayfoods.com
Jack Bindel's	Jack Bindel	jack@bindelsappliance.com
Malcolm Meats	Pat Burrington	burrington.patricia@malcolm.sysco.com

**January 2012**

NIOSH and UT forwarded the survey to several private industry members of the NIOSH NORA WRT sector council. Telephone interviews were conducted to solicit feedback about ways to improve survey. Those contacted are listed below.

Jim Koskan

Corporate Director Risk Control  
Supervalu Inc.  
Phone: 952-294-7571  
Email: [james.l.koskan@supervalu.com](mailto:james.l.koskan@supervalu.com)

Mike Bowers  
Divisional Manager  
Asset Protection, Safety & Compliance  
Harris Teeter  
Phone: 704-844-3198  
Email: [mbowers@harristeeter.com](mailto:mbowers@harristeeter.com)

Mike Leiner  
Manager Store Safety  
Target  
Phone: 612-761-1933  
Email: [mike.leiner@target.com](mailto:mike.leiner@target.com)

#### A9. Explanation of Any Payment or Gift to Respondents

Participants will not be given gifts or payments to complete questionnaires.

#### A10. Assurance of Confidentiality Provided to Respondents

The interview will collect potentially sensitive information about OSH program effectiveness at the participant's firm. Risks to participants are low since the only information in identifiable form (IIF) is not being collected as part of the survey, but rather will be maintained in a separate secure database to coordinate contacts at each firm. Each participant that enrolls in the study will be subsequently identified only with a code on all other information collection forms. IRB approval for this data collection is pending (**Attachment I**).

Several controls (safeguards) will be put into place to minimize the possibility of unauthorized access, use, or dissemination of the information being collected. Records will be retained and destroyed in accordance with the applicable CDC Records Control Schedule (see <http://aops-mas-iis.od.cdc.gov/Policy/Doc/policy449.htm>). Planned controls are summarized in the table below.

Control Descriptions	Control Type
<ul style="list-style-type: none"><li>• User Identification</li><li>• Passwords</li><li>• Firewall</li><li>• Virtual Private Network (VPN)</li><li>• Encryption</li></ul>	Technical

<ul style="list-style-type: none"> <li>• Intrusion Detection System (IDS)</li> <li>• Common Access Cards (CAC)</li> <li>• Smart Cards</li> </ul>	
<ul style="list-style-type: none"> <li>• Guards</li> <li>• Identification Badges</li> <li>• Key Cards</li> <li>• Closed Circuit TV (CCTV)</li> </ul>	Physical
<p>1. <b>Security Plan:</b> The system security plan for this information collection is detailed in <b>Attachment F</b>.</p> <p>2. <b>Contingency Plan:</b> Files be backed up will be backed-up weekly using an offsite Microsoft SQL server based in Atlanta, GA CDC offices.</p> <p>3. <b>User Manuals:</b> Created for this information collection.</p> <p>4. <b>Personnel Training:</b> All CDC and contract personnel (principal investigator, managers, operators, contractors and/or program staff) will receive yearly training using the system and made aware of their responsibilities for protecting the information being collected and maintained.</p> <p>5. <b>Contractor Adherence:</b> Contracts for staff that operate or use the system will include clauses ensuring adherence to privacy provisions and practices.</p> <p>6. <b>Access Levels:</b> Methods will be put into place to ensure the least privilege possible (e.g., access is “role based” on a “need to know” basis). Accountability will be ensured through yearly security reviews.</p> <p>7. <b>IIF Policy:</b> There are CDC policies or guidelines in place with regard to the retention and destruction of IIF.</p>	Administrative

### Privacy Impact Assessment Information

A. The CDC’s Information Collection Review Office has reviewed this application and has determined that the Privacy Act is applicable.

B. Access to individual data will be limited to authorized NIOSH researchers and contractors. Physical controls: NIOSH facilities have 24-hour security guards, and key card ID badges must be used to enter the buildings. Data in hardcopy form will be stored in locked rooms or cabinets. Technical controls: all electronic data will be stored on

secure servers that are protected with firewalls and passwords. Any contractor charged with data collection, preparation, or management tasks to be performed away from a NIOSH facility will be required to follow equivalent procedures.

The process for handling security incidents is defined in the system's Information Security Plan (**Attachment F**). Event monitoring and incident response is a shared responsibility between the system's team and the Office of the Chief Information Security Officer (OCISO). Reports of suspicious security or adverse privacy related events should be directed to the component's Information Systems Security Officer, CDC helpdesk, or to the CDC Incident Response Team. The CDC OCISO reports to the HHS Secure One Communications Center, which reports incidents to US-CERT as appropriate

C. This study will use an informed consent form to describe how respondents are informed about the intended uses of the information collection and plans for sharing the information. To minimize the collection of personal information, researchers have requested a waiver of documentation of informed consent. For online surveys, the respondent will be asked to read the consent form (**Attachment G**) and will acknowledge consent by clicking a button online. For hard copy surveys, the respondent will be provided a hard copy of the informed consent form and asked to read the form prior to completing the survey. A returned completed form will acknowledge consent. For phone interviews, the respondent will be read the informed consent form and will verbally acknowledge consent.

D. Respondents will be informed that their participation is voluntary, and that they may discontinue the survey at any time. They will also be advised that they will not lose any benefits to which they are otherwise entitled if they chose not to participate. The Privacy Act does apply and the informed consent form (**Attachment G**) address the effect on the respondent of not responding to the data collection request, the intended uses of the data, with whom information will be shared, and the legal authority for the data collection.

## A11. Justification for Sensitive Questions

The proposed survey contains no questions that may be considered personally sensitive. Answering any questions poses little risk to the individual respondent since all questionnaires will be coded with a survey ID and only linked to data of individually identifiable form (IIF) that is being collected in a separate secure database to coordinate contacts at each firm.

## A12. Estimates of Annualized Burden Hours and Costs

### A. Annualized Burden to Respondents

No direct costs will accrue to respondents other than their time to complete the survey. It is estimated that a maximum of 4,404 individuals will complete the surveys. This includes 4,104 individuals from the sampling frame (incorporating a 10% uncertainty factor for second-year replacement firms/individuals) and 300 individuals from a nested

study at 60 firms (where multiple respondents at each firm will be asked to participate). A five-minute non-responder interview will be conducted with up to 792 individuals (10% of the sampling frame). The hour-burden estimates include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. All hour-burden estimates were derived from formal pilot testing.

Table A.12-1. Estimated Annualized Burden to Respondents

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Avg. Burden per Response (in hours)	Total Burden (in hours)
Safety and Health Managers in Wholesale/ Retail Trade (WRT) Firms in Ohio	Occupational Safety and Health Program Survey	4,404	1	20/60	1468
	Informed Consent Form	4,404	1	2/60	147
	Non Responder Interview	792	1	5/60	66
Total Hours					1,681

#### B. Annualized Cost to Respondents

The total estimated annualized cost to respondents is \$46,793, as summarized in Table A.12-2. The mean hourly wage rate for Business Operations in the wholesale/ retail trade industry is \$27.80 (Bureau of Labor Statistics - Table 3. Hourly mean wage rates by industry and occupational group, May 2009).

Table A.12-2. Estimated Annualized Cost to Respondents

Type of Respondent	Form Name	Total Burden (in hours)	Average Hourly Wage Rate	Total Respondent Costs
Safety and Health Managers in Wholesale/Retail Trade (WRT) Firms in Ohio	Occupational Safety and Health Program Survey	1468	\$27.80	\$40,810
	Informed Consent Form	147	\$27.80	\$4,087
	Non Responder Interview	66	\$27.80	\$1835
Total				\$46,732

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

There are no capital or maintenance costs to respondents.

### A14. Annualized Cost to the Government

Total costs include work performed over the course of four years by CDC research personnel (1 industrial hygienist, 1 epidemiologist, and 1 statistician) and contracted personnel, including tasks such as: (1) development of survey materials; (2) development of sampling frame and sample selection; (3) survey conduct; (4) sample tracking; (5) data receipt and processing; and (6) data entry and delivery. Estimated annualized costs to the Federal Government for the survey period are presented in Table A.14-1 below.

Table A.14-1. Estimated Annualized Cost to the Federal Government

	FY2011	FY2012	FY2013	FY2014	PROJECT	Annualized Cost
Personnel Salaries and Benefits	\$13,182	\$13,841	\$14,533	\$15,259	\$56,814	\$14,204

R&D Contract	\$141,000	\$141,000	\$137,000	\$134,000	\$553,000	\$138,250
				TOTAL	\$609,814	\$152,454

<sup>a</sup> Includes a 3% personnel cost of living salary increase per year

The annualized cost to the Federal Government is \$152,454.

### A15. Explanation for Program Changes or Adjustments

This is a new data collection.

### A16. Plans for Tabulation and Publication and Project Time Schedule

#### Statistical Analysis of the Data

Data collection will be completed over two years, followed by statistical analysis and dissemination of data. A full description of the statistical protocol is provided in Part B1 and B2 of this ICR. Results will be made available through publication in scientific journals and notices in trade publications, and through digital media such as the Internet.

#### Project Time Schedule

Table A.16-1. Project Time Schedule

Activity	Time Schedule (Months After OMB Approval)
All survey data collection systems (e.g. online systems, materials) will be finalized.	Within 3 months after OMB approval
Individual participants will be recruited from firms who have been identified as part of the sample. Informed consent forms ( <b>Attachment G</b> ) will be completed by participants.	Within 6 months after OMB approval
First annual survey data will be collected (OSH program evaluation), <b>Attachment H-1</b> .	Within 9 months after OMB approval
Individual participants will be recruited from firms who have been identified as part of the sample. Informed consent forms ( <b>Attachment G</b> ) will be completed by participants.	Within 18 months after OMB approval
Second annual survey data will be collected (OSH program evaluation), <b>Attachment H2</b> .	Within 21 months after OMB approval

The analysis of study data will be completed to determine the effectiveness of OSH program elements at OBWC WRT firms.	Within 42 months after OMB approval
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**A17. Reason(s) Display of OMB Expiration Date is Inappropriate**

There is no request for an expiration date display exemption.

**A18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions being sought to the certification statement.