

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

GENERIC Information Collection Request

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CDC/NIOSH

Supporting Statement B

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B. Collections of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

The potential respondents include users and potential users of NIOSH research and service outputs/products such as those in industry across occupational sectors, labor, academia, and government. Potential respondents also include, but are not limited to, employers, occupational safety and health professionals, workers, policy makers, manufacturers/developers, and scientists. Finally, respondents may also include funding recipients who currently or previously received NIOSH funding through a grant or cooperative agreement. These intended users of NIOSH research and products are integral to moving research into practice.

Potential respondents will be identified through a variety of mechanisms. Regarding end users of NIOSH products or services, including those who represent industry/trade associations and C-suite leadership for industry sectors, it is likely generalized flyers and emails will be used to recruit at occupational safety and health conferences. Respondents who are grantees or subject matter experts may also be recruited. Because respondents will be recruited via a variety of different avenues (email, flyers, advertisements, etc.) it is expected that the respondent pool will vary in gender, age, races/ethnicities, persons residing in rural and/or urban locations, and/or in specific regions or health jurisdictions. Therefore, participant populations will vary from project to project.

Information collection requests for each individual project associated with this generic clearance will clearly define the specific goals, respondent population, and sampling method. Sampling methodologies will include probability sampling methods such as simple or stratified random sampling, or multi-stage random sampling, or nonprobability methods such as respondent-driven sampling, purposive sampling, and convenience sampling. While convenience sampling is likely to be widely used due to the practical reality of recruitment for such studies, sampling strategies may also employ other methods such as stratified sampling by demographic characteristics (sex, age, race) pertinent to the study aims. For example, nested purposeful sampling strategies may be used followed by snowball sampling to add additional information-rich respondents (e.g., those who participate may be asked to nominate additional respondents).

2. Procedures for the Collection of Information

Because this generic information collection request covers a wide range of studies, each individual project submitted under this generic clearance will clearly define the specific data collection methods and procedures. Emails or phone calls may be made to grantees who will be informed about the purpose of the project, why their participation is important, who will see the results, how their results will be protected, how the results will be used, how respondents will benefit from the results, and how the findings will be put into action. After an individual has self-identified as being interested in participation, screening questions may be used to determine eligibility. All recruitment and consent materials will indicate the voluntary nature of the study. Informed consent procedures will vary depending on the type of data collection activity and

designation. However, all participants will be provided and/or read information from an informed consent form and asked to give their verbal or written consent to participate.

If applicable to the individual study, only personal information (e.g., email address, phone number) will only be used to invite potential individuals to participate. This information will be stored in an Excel file protected by a password in government file space. Data files will be retained and destroyed in accordance with the CDC Records Management policy.

We anticipate that many studies under this generic information collection will use mixed methods for data collection including quantitative and qualitative measures. Other studies may rely on quantitative or qualitative strategies solely as appropriate for their research questions. Specifically, studies may include qualitative open-ended questions to ascertain feedback on implementation processes, experiences, or perceptions. Other studies may use brief structured surveys that include closed-ended questions for collecting information on age, race/ethnicity, sex and gender identity, medical history, occupational history, awareness, understanding, and use of NIOSH products, services, and guidance.

Data may be collected through electronic surveys, semi-structured key informant interviews or focus groups conducted over the phone or in-person at a time convenient for the respondent. While these collection strategies are likely to be most used, projects may include other data collection strategies (e.g., observation, logs, service, or administrative data) related to their unique goals and respondent populations. Individual data collections will be time-limited and generally conducted only once, except in the cases of individual studies where subjects may be asked to participate in pre- or post-assessments. No single data collection activity is expected to take longer than 3 years to complete from inception of information collection to the first report of findings.

Individual project submissions will outline the methodologies and measurements used for each study associated with this generic information collection. Regardless of the data collection methods used, all aspects of information collection will be implemented by trained personnel. All studies will comply with federal regulations for consent based on the nature of the study. Any consent process will inform potential participants of the private and voluntary nature of the study and provide general information about the study, the topics to be covered in the study, potential risks, and the token of appreciation available for completing the study (if applicable).

Data collection will be always supported and monitored by CDC/NIOSH researchers to ensure human subject safety and compliance with approved methodologies. Data collection may be interviewer administered or self-administered. Generally, data collection will be computer assisted whether data is automatically captured and transferred from wearable devices or whether participants respond to share their perceptions and experiences via electronic surveys. Implementers may also collect data with pencil and paper for some studies in certain situations. Data collected will be kept on secure computer servers with access restrictions and/or in locked cabinets in secure locations. All personal identifiable information (PII) required to conduct the study, such as contact information or social security numbers, will be maintained separately from the data collected, either on a server with access restricted to authorized personnel only, or if on paper, in separate locked cabinets from the data or recordings/transcripts.

3. Methods to Maximize Response Rates and Deal with No Responses

To strengthen reliability and validity of study findings, individual projects will use a variety of recruitment materials and methods to maximize participation and response rates. Individual information collection requests will describe their methods and include sample flyers and other communications. NIOSH researchers will clearly define study expectations upfront to potential participants in the recruitment materials, early conversations, and visits, and during the informed consent process. When applicable, NIOSH will work with collaborators identified for each individual study. For example, NIOSH investigators may meet with designated organizational contacts who volunteer to explain the importance of the study before it begins. Additionally, data collection will be scheduled at times convenient for each participant and kept to a minimum to avoid disruptions.

Projects may use follow-up probes and reminders to encourage participation. Electronically administered surveys will be designed for easy navigation and to minimize participant burden using skip logic, appropriate drop down or check box response options for example. For convenience, if participants cannot complete an electronic survey at one sitting, they will be able to stop at any point and pick up where they left off at a later time – this includes the ability to take a survey QR code to finish answering questions later about their experiences, if desired.

While some studies may require only one response, some may require participants to complete a follow-up or post-survey. These sessions will be clearly explained to each potential subject prior to them volunteering to participate. Additionally, some studies may offer compensation but will still clearly indicate that respondents can discontinue their participation at any time without any repercussion.

CDC NIOSH does not claim that the end users or grantees who participate in each study are statistically representative of the entire population. It should not be assumed that the findings of individual projects are generalizable to other entities. Due to the diversity of NIOSH products and guidelines and their varied use in different occupational settings, any individual project results are not meant to be generalizable. Rather they are meant to be case examples to help NIOSH divisions, offices, and researchers, make decisions about how to improve future development, research, and implementation of new or existing products in the workplace. Generalizability is not the goal.

4. Tests of Procedures or Methods to be Undertaken

Depending on the purpose of the individual studies submitted under this generic information collection package, a variety of measurements and methods may be conducted.

Information collection requests submitted under this generic package may include tests of procedures and methods to improve or validate those methods prior to the start of data collection. For example, a study might test recruitment materials to estimate response rates or improve communication strategies and messages. Studies may use cognitive interviews to test potential participants' understanding of survey items or interview questions or pilot a survey to assess its psychometric performance.

Then, measurements or tests conducted may include closed-ended questions for collecting information on age, race/ethnicity, sex and gender identity, medical history, and occupational history. Assessments of participant awareness, understanding, and adoption of NIOSH products, services, and guidance may also be measured via electronic devices or validated questionnaires or open-ended scripts.

Data collection methods to be used in each individual study will be confirmed to be valid to accurately inform the study outcomes. Specifically, all measurement instruments, including survey items and interview questions, used will be thoroughly vetted for validation via literature reviews and other prior research prior to its use during data collection during any individual project associated with this generic information collection package. Survey items and interview questions will be used from existing validated surveys or created based on a thorough literature review of studies related to the individual project aims.

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

This information collection request does not employ statistical methods. Individual studies covered under this generic information collection package will provide statistical reviews and design if applicable.