



Healthcare Association
of New York State

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DATE: June 25, 2008

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FROM: Cindy Levernois / Ray Sweeney

TOTAL NUMBER OF PAGES (including cover sheet) 5

Attached please find NIOSH Docket Number 135,
Notice of Public meeting + availability for Public
Comment (Vol 73, No 64) April 2, 2008.

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Workforce and Behavioral Health (518) 431-7669



Healthcare Association
of New York State

June 27, 2008

NIOSH Docket Office
Robert A. Taft Laboratories
MS-C34
4676 Columbia Parkway
Cincinnati, OH 45226

Re: NIOSH Docket Number 135, Notice of Public Meeting and Availability for Public Comment (Vol. 73, No. 64), April 2, 2008.

To Whom It May Concern:

On behalf of our more than 550 member hospitals, health systems, and continuing care providers, the Healthcare Association of New York State (HANYS) appreciates the opportunity to comment on the National Institute for Occupational Safety and Health's (NIOSH) proposed national surveys of health care workers' safety and employer safety and health practices.

New York's hospitals, health systems, and continuing care members, as part of their not-for-profit mission, are committed to the health and safety of caregivers and patients. Nationwide, health care facilities have long had in place policies, programs, and resources designed to protect employees, and these facilities strive to ensure that these protections are updated and kept relevant as new hazards emerge and best practices are defined.

NIOSH states that the project's objective is to "describe the prevalence and distribution of important health and safety hazards and perceptions, work practices, and use of exposure controls from a health care worker perspective, and to describe institution-based health and safety management policies, programs and resources of health care establishments, from the perspective of the person responsible for employee health and safety." We agree that it is critical to have current and accurate data on the top health and safety issues facing caregivers. However, we have serious concerns about these surveys and the methodology that NIOSH proposes to use to obtain these data.

Length and Complexity of the Survey Instruments

The management and health care worker survey instruments are extremely long, with complex questions, many of which contain multiple parts. We believe that completing them will take far longer than the time NIOSH estimates. We are concerned that this burden will reduce the survey response rate, particularly in the management survey, and result in an inadequate and non-

representative sample of respondents. A significant response burden would fall on larger hospitals, which, because they generally offer a full range of services, would need to complete not only the core questions but also most or all of the hazard modules.

NIOSH estimates that it will take 20 minutes to complete the core module of the worker survey, which is 25 pages long and contains 79 questions; and that the hazard modules, which include up to 42 questions, will each take an average of seven minutes to complete. The agency estimates that it would take 45 to 50 minutes to complete the management survey, which is 50 pages long and contains 63 core questions, with 140 questions in the hazard modules.

Completing the management survey is a far more complicated task than completing the worker survey. Many of the questions in the management survey would require significant research to determine the appropriate response. Within a single hospital, there will likely be a number of individuals, such as the infection control, occupational health, and safety/facility officers, who would be involved in completing various sections of the survey. In addition, while many hospitals have on-site occupational health offices, health systems with multiple hospitals may not have such offices within each of their facilities; therefore, individuals completing the management survey would need to take steps to access the appropriate data sources. Still other facilities contract out the occupational health functions to a third party.

In addition, the variations in the types of positions responsible for the areas addressed in the management survey make it more difficult to identify those to whom the survey should be targeted. This will make it difficult to ensure that the survey gets to the right individual(s) within hospitals and increase the likelihood that surveys could be lost in the system, hurting the response rate and jeopardizing accuracy.

HANYS requests that NIOSH consider streamlining its surveys in regard to length and complexity.

Content of the Survey Questions

HANYS has serious concerns about many of the questions in the worker survey. The worker survey is more subjective than the management questionnaire. The management survey is largely based on concrete management practices. The worker survey is primarily based on workers' perceptions and opinions, and contains questions that are not evidence-based. For example, several statements on the worker survey are presented as factual or imply a best practice, but which do not have solid supporting evidence. We ask that those questions that do not have a proper basis in evidence be removed or changed. Additionally, we are concerned that many questions, especially those referring to the use of personal protective equipment, have inadequate response options. As a result, respondents cannot answer in a way that accurately describes their health and safety practices.

HANYS requests that NIOSH use questions that describe practices that are truly supported by scientific evidence and allow responses that reflect actual health and safety practices. If NIOSH does not, the survey results will be misleading and could identify gaps that are not relevant to worker health and safety.

Methodology for Conducting the Surveys

For the worker survey, NIOSH indicates that it will use a "population-based" approach to gather hazard surveillance data from health care workers by collaborating with various labor unions and professional associations that will send survey information to their membership. These organizations will either directly e-mail their members with a link to the survey or promote the survey to members via various avenues of communication and direct them to a Web site where they can complete the survey. This results in a "convenience" survey sample of workers who are members of the partnering labor unions and professional associations and who have access to the Internet. To maximize response rates, NIOSH proposes to award workers who complete the survey with a \$10 online gift certificate.

HANYS has serious concerns about this approach. As stated in NIOSH's background materials, the disadvantages associated with the use of a convenience sampling approach include the problem of a non-representative sample of the total population of workers and sampling bias. The use of labor unions to market the survey further magnifies this problem because within health care, labor unions are concentrated in certain areas of the country and therefore the workers that unions, such as the Service Employee's International Union, will be able to reach will skew the sample and move it further away from being nationally representative.

HANYS recommends that NIOSH continue to reach out to other organizations that may have a more appropriate balance of geography among their membership to help ensure a more nationally representative health care worker survey sample. We support NIOSH's intention to modify the survey to include questions regarding characteristics of the worker's place of employment (i.e., type and size) and professional association or labor union affiliation; this will help researchers determine whether the survey results are nationally representative.

For the management questionnaire, NIOSH proposes to use an "establishment-based" approach from which a size-stratified (by the number of employees) random sample of hospitals will be drawn. Contact will be made with each hospital to obtain the name and e-mail address of the person primarily responsible for employee occupational health and a series of survey related e-mail messages will be sent.

While we believe that this approach has a better chance of resulting in a nationally representative sample of respondents, HANYS recommends that NIOSH instead use the more typical hospital research sampling framework that is based on bed size, geographic region, and type of facility.

We are also concerned that the stark differences in the approaches used to conduct the two surveys will make it appear, incorrectly, that hospitals are indifferent to the health and safety of their workers. As noted above, due to the lengthy and complex management questionnaire, we believe that there will be a low response rate, resulting in an inadequate and non-representative respondent population. While the worker questionnaire is also lengthy, workers will be provided with a financial incentive, a \$10 gift certificate, to complete it.

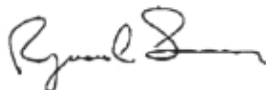
There is no way to validate the results of the worker questionnaire because it includes no information that could link a worker to his or her place of employment. By contrast, NIOSH has indicated that it will validate some samples of the management questionnaire responses via site visits.

HANYS recommends that NIOSH reconsider its methodology for administering the health care worker survey. Instead of utilizing a convenience sample, NIOSH should evaluate how it could develop a statistical sampling approach that would more accurately represent the populations of workers it would like to survey. NIOSH should also consider developing a methodology to validate the worker questionnaire results, perhaps by linking the responses from workers within a single institution and/or through comparing the worker responses to the responses from a validated management questionnaire from the health care facilities in which they are employed.

We request that absent the above requested changes, if the responses to the worker and management surveys are determined not to be nationally representative (as NIOSH notes it expects will be the case with housekeeping staff), NIOSH should place a caveat in its public release that the results should not be used to make generalizations about entire populations, and that any associated conclusions run the risk of inaccuracy.

If you have any questions, please contact me at (518) 431-7729 or at rsweeney@hanys.org, or Cindy Levernois, Director of Behavioral Health and Workforce, at (518) 431-7744 or cleverno@hanys.org.

Sincerely,



Raymond D. Sweeney
Executive Vice President

RS:cl