



AIHA – Value of the Profession Research Project

– Request for Proposal –

Background Information

AIHA is a 501(c)(6) not-for-profit individual membership professional association headquartered in Fairfax, Virginia, with approximately 60 full-time professional staff and a \$14.6 million annual operating budget. The organization was founded in 1939 and is considered to be one of the premier associations for occupational and environmental health and safety (OEHS) professionals. AIHA's 12,000 members play a crucial role on the front line of worker health and safety every day. Members represent a cross-section of industry, consulting, labor, government, and academia.

AIHA's mission is to promote healthy and safe environments by advancing the science, principles, practice, and value of industrial and occupational hygiene. To achieve its mission, AIHA has identified the following broad goals and objectives:

Professional Community

AIHA is a growing, vibrant, global, multi-disciplinary community of increasingly knowledgeable professionals. An increasing number of students pursue OEHS-related careers.

Advocacy, Influence, and Value

AIHA is an increasingly influential contributor to domestic and international policy formulation and standard setting. Employers, employees, other OEHS professionals, and the public increasingly recognize and value the contributions AIHA members make to enhancing health and safety.

Information, Learning, and Knowledge

As a repository and disseminator of knowledge, programs and services for the occupational and environment health and safety community, AIHA provides or facilitates access to science-based information that individuals and organizations need to ensure that health and safety efforts have moved beyond correction actions to prevention measures, with potential new health hazards being recognized,

evaluated, and eliminated or controlled before they are introduced into a workplace or community.

Operational Excellence Goal

Members are increasingly satisfied with AIHA's leadership and operations. Sound fiscal, organizational management, and governance principles and processes are implemented and continuously improved to ensure AIHA's sustainability and vitality.

For more information about the association, please visit www.aiha.org.

Assignment Overview

Purpose / Issue of Research Study

One of AIHA's main goals is to effectively communicate the value that the industrial hygiene/occupational health (IH/OH) profession brings to business. Currently, there is limited data demonstrating the relationship between improvements in worker health and positive business results. Where such data does exist, it is most often focused on employee safety/accident prevention, and not the prevention of short-term and long-term disease and illness through the improvement in working conditions and process flow and design that IH/OH professionals address. Because of this, IH/OH professionals in particular, have had a difficult task of proving that investments in related staffing and programs can contribute to business value and success.

In line with its communications strategy and its thought-leadership in the field, AIHA seeks a research partner (or partners) to conduct original research that would identify and quantify links between IH/OH investment and business success. For example, research may be conducted to show the link from a risk management perspective (e.g., fewer employee lawsuits, government fines, negative publicity), from a productivity standpoint (e.g., lost workdays, decreased productivity with substitute employees), from an improved product/process quality standpoint or from a perspective related to another appropriate intervention practice.

Existing Challenges

As noted, some data exists regarding the return on investment (ROI) to business from investments in environmental, health and safety (EHS) programs. Measuring the ROI of traditional IH/OH program activity is much more difficult. Researchers in this area are challenged by the long horizon of industrial and occupational diseases (e.g., an occupational disease stemming from long-term chemical exposure, a cumulative trauma such as carpal tunnel syndrome that results from repetitive motions, or reduced productivity due to general discomfort from poor process and equipment design) and by the inability to control for variables unrelated to employment (e.g., smoking, diet,

genetics, exposure to non-work-related hazards or movement of workers between industries and in/out of the workforce). Additionally, given the broad scope of IH/OH activities that range across different industries and business sectors (e.g., agriculture, mining, manufacturing, chemical processing), it is difficult to find research areas that reflect the full spectrum of the profession's diverse applications.

Final Deliverables

AIHA expects to receive final research results in a detailed, fully annotated and referenced written report with an executive summary. Research partners will also be asked to present their findings (with accompanying PowerPoint presentation) to AIHA Board members, and possibly, to the membership at large at a future AIHA annual meeting/conference.

AIHA and the selected research partner(s) will agree to terms regarding ownership and usage of the final research product. AIHA will fully respect the right of educational institutions to publish their research and incorporate it into curriculum materials.

Research Objectives

AIHA wishes to contract with one or more institutions/organizations that can provide research/data that: 1.) validates the business value of the IH/OH profession, *preferably in quantifiable measures*, and 2.) is applicable to the wide variety of AIHA members who will use this data to make the business case for their efforts across many industries. AIHA members are often requested to provide ROI information for internal, corporate budgetary purposes or as part of their development of proposals for clients. The research may examine and express ROI or other measurable values that IH/OH programs bring to business in terms of cost savings and earned revenue stemming from one or more of the following areas. They need not be limited to these, however.

- Reduced risk
- Enhanced productivity
- Employee satisfaction/retention
- Corporate reputation (brand valuation; increased sales)
- Improved processes/systems
- Lowered operating costs
- Future cost avoidance (e.g., litigation, fines, insurance)

For example, the value of the IH/OH profession might be expressed in a manner similar to this: For every IH/OH professional employed at a typical business, the company adds \$xx to pre-tax revenue – or – for every \$ spent on preventive/corrective IH/OH programs, a company can expect to save \$xx on worker compensation, other medical costs, and absenteeism for x to x years.

It is essential that AIHA's research partners communicate their final research results in a manner relevant to – and using language, concepts and terminology appropriate for – the business community and business leaders. Since we are focused exclusively on business value, IH/OH data addressing government or military applications should not be considered.

Research Specifications

Definitions

1. IH/OH Profession

The term industrial hygienist (IH) is broadly used in the United States. The term occupational hygiene/health (OH) is typically the international term used to describe those tasks that an IH performs in the United States. As well, in the international community, “IH” responsibilities may fall under the occupational medicine umbrella, with occupational doctors and occupational nurses taking the lead to implement industrial hygiene programs. For the purpose of this research, AIHA prefers to define IH/OH by excluding wellness, occupational medicine and related programs, costs and personnel.

2. Illnesses vs. Injuries

For the purpose of this research, AIHA is interested in data that would show the impact of activities of IH/OH professionals in the area of work-related illness prevention/reduction. AIHA is *not* interested in research findings analyzing work-related injuries, which can be attributed to programs conducted by safety professionals. Additionally, AIHA is not interested in focusing on the impact of ergonomics-related programs alone.

Illnesses vs. Injuries Definition: Work-related injuries are generally defined as injuries that result from single events such as falls, being struck or crushed by objects, electric shocks, or assaults. Work-related illnesses, such as asthma, silicosis, dermatitis, and carpal tunnel syndrome, typically occur as the result of longer-term exposure to hazardous chemicals, physical hazards, or repeated stress or strain at work. Infectious diseases also can be caused by workplace exposures. It is more difficult to track work-related illnesses than injuries because many of the conditions also can be caused by non-occupational factors. Also, many work-related illnesses take a long time to develop and may not appear until many years after the individuals have left employment.

Value Chain Matrix

To provide a “roadmap” of how IH/OH professionals create short-term and long-term business value and to demonstrate how potential research partners might approach this project, we have developed an IH/OH value chain matrix (see appendix).

Use of Primary/Secondary Data

Given the nature of work-related illness and the need for collecting and analyzing IH/OH data, AIHA understands the challenge in developing primary data for this project. Therefore, we are open to research based on existing/secondary data (e.g., Department of Labor statistics, insurance claims, employee lawsuits, corporate records, etc.) that would be synthesized and analyzed in a new way to satisfy AIHA's research objectives.

Audience for the Study Results

It is AIHA's objective to widely disseminate the findings of this important research to a number of audiences.

- Primary audience: The business community – business leaders, owners, key decision-makers and the business media. The goal is to ensure that business leaders recognize the value of the profession and understand how IH/OH programs can benefit their employees and the bottom line.
- Secondary audience: AIHA members – for their use in providing employers and clients with substantiation for investing in IH/OH professionals and programs.
- Tertiary audience: Policy-makers, regulators and general media. The objective is to establish AIHA as *the* thought leader/authority on health and safety issues in the American workplace and ensure that AIHA members are recognized as highly trained, committed experts helping business and society.

Eligible Applicants

- Universities
- Research institutes
- Business consulting firms
- Other organizations as appropriate

Period of Performance of the Research

Period of performance should be commensurate with the detail, scope, approach and cost of the proposed study. We anticipate that the selected study/studies will require

12-18 months to complete. Ideally, the final results will be presented to the AIHA Board in March 2008.

Selection Criteria

Proposal Review

- Quality of the proposal
- Research methodology
- Reputation of the institution/organization
- Prior experience with similar or related research/relevant experience and expertise of team members
- New insights/approaches
- Existing relationships that may aid in obtaining access to private data/studies from corporations or other relevant organizations
- Cost – proposal should outline total expenses (direct/indirect including all overhead and administrative costs)

**** Finalists will be invited to present in-person to AIHA staff and selected members.*

To Be Reviewed By:

- AIHA staff
- AIHA member task force for this project
- AIHA Board of Directors

Submission Requirements / Instructions

Submit Proposals To:

Pavlina Majorosova
Hill & Knowlton
607 14th Street, NW, Suite 300
Washington DC, 20005
Phone: 202-944-1901
Fax: 202-944-1970
E-mail: Pavlina.Majorosova@hillandknowlton.com

**** All proposals should be submitted in printed and electronic formats.*

Submission Deadline

March 31, 2006, 8:30 p.m. EST

Anticipated Timeline for Decision

- Selection and notification of finalists is expected by the middle of April 2006.
- Notification of selected research partner(s) is expected by the end of May 2006.

Budget and Funding Information

Estimated cost should be commensurate with the detail, scope, and duration of the proposed study. We anticipate that the selected study/studies will require an investment of \$75,000 to \$250,000 each.

Additional Contact Information

Questions on this RFP should be directed to:

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E-mail: Pavlina.Majorosova@hillandknowlton.com

– or –

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APPENDIX

For illustrative purposes, the following “value chain” matrix provides an example of how IH/OH professionals bring value to business – in this instance, by managing potential harmful exposure to chemical stressors. The matrix, designed to be read from left to right, row by row, demonstrates how the IH/OH goal of reducing incidents of illness among workers positively impacts business in two areas: by reducing incidents of short-term and long-term illness among employees.

The resulting values, classified as direct/indirect and quantitative/qualitative, can be assessed in terms of *magnitude* of dollars saved and *likelihood* that those savings can be effectively quantified. The far-right column is a priority ranking calculated by multiplying magnitude x magnitude weighting x likelihood x likelihood weighting. The priority column helps indicate which values may be most compelling for potential research projects. (We provide this multiplicative model as an example, using arbitrary values of 2 and 3 for magnitude and likelihood weighting, assuming that likelihood is more important for our research purposes than magnitude. We understand that this model is entirely arbitrary since there is no data available to support using multiplication rather than some other mathematical function.)

Please note:

Potential research partners are encouraged to propose projects that explore individual or multiple work-related issues as addressed by the IH/OH profession (e.g., chemical stressors, biological stressors, physical stressors, noise, ergonomics/human factors, indoor air quality, industrial processes and hazardous waste). Of course, we do not expect research partners to be able to consider every possible work-related issue.

IH/OH Profession Value Matrix

Example of IH/OH Expertise	IH/OH Goal	Impact	Value	Quantitative/ Qualitative	Direct/ Indirect	Magnitude of \$ savings (1-10)*	Magnitude Description	Likelihood of quantifying the value (1-10)**	Likelihood Description	Priority Ranking***
						Magnitude Weighting = 2		Likelihood Weighting = 3		
Management of exposure to chemical stressors	Reduction of incidents of illness among workers	Reduction of incidents of <i>short-term</i> illness among workers	Medical costs saved to treat sick employees	Quantitative	Direct	4.5	(4-5) Basic medical treatment	9	(9) Medical records	243
Management of exposure to chemical stressors	Reduction of incidents of illness among workers	Reduction of incidents of <i>short-term</i> illness among workers	Costs saved to train a new person or hire a short-term substitute	Quantitative	Indirect	5.5	(5-6) Training costs, substitute employee salary	9	(9) Company records	297
Management of exposure to chemical stressors	Reduction of incidents of illness among workers	Reduction of incidents of <i>short-term</i> illness among workers	Increased quality of work life for employees	Qualitative	Direct	4.5	(4-5) Employee productivity	1	(1) IH/OH professional assessment studies	27
Management of exposure to chemical stressors	Reduction of incidents of illness among workers	Reduction of incidents of <i>short-term</i> illness among workers	Helped maintain employee satisfaction at work place	Qualitative	Indirect	5.5	(5-6) Employee productivity and loyalty	2	(2) Employee surveys; employee fluctuation rate	66
Management of exposure to chemical stressors	Reduction of incidents of illness among workers	Reduction of incidents of <i>long-term</i> illness among workers	Medical costs saved to treat sick employees	Quantitative	Direct	8.5	(8-9) Treatment of chronic or life-threatening illness	1	(1) Disease may show up in 10/20 years after exposure; hard to trace back the origin of the disease	51
Management of exposure to chemical stressors	Reduction of incidents of illness among workers	Reduction of incidents of <i>long-term</i> illness among workers	Legal costs saved to defend the company in lawsuit	Quantitative	Indirect	10	(10) Long-term legal battles	10	(10) Legal costs	600

Example of IH/OH Expertise	IH/OH Goal	Impact	Value	Quantitative/Qualitative	Direct/Indirect	Magnitude of \$ savings (1-10)*	Magnitude Description	Likelihood of quantifying the value (1-10)**	Likelihood Description	Priority Ranking***
Management of exposure to chemical stressors	Reduction of incidents of illness among workers	Reduction of incidents of <i>long-term</i> illness among workers	Helped maintain a good reputation as an employer	Qualitative	Direct	7.5	(7-8) Long-term employment	1	(1) Employee surveys; Past cases of companies held responsible for long-term illness	45
Management of exposure to chemical stressors	Reduction of incidents of illness among workers	Reduction of incidents of <i>long-term</i> illness among workers	Helped maintain company's reputation among customers	Qualitative	Indirect	9.5	(9-10) Lost revenues	1	(1) Customer/ Market surveys	57

* Magnitude on the scale of 1-10: (1) small value – (10) high value

** Likelihood on the scale of 1-10: (1) hard to quantified – (10) easily quantified

*** Priority ranking calculated as following: (magnitude x magnitude weighting x likelihood x likelihood weighting)