

FOR FURTHER INFORMATION CONTACT:

Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 513-533-6800 (this is not a toll-free number). Information requests can also be submitted by e-mail to OCAS@CDC.GOV.

Dated: December 3, 2007.

John Howard,

Director, National Institute for Occupational Safety and Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-08-0020]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under

review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

National Coal Workers' X-ray Surveillance Program (CWXSP)—Reinstatement with change—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CWXSP is a federally mandated program under the Federal Mine Safety and Health Act of 1977, Public Law-95-164. The Act provides the regulatory authority for the administration of the CWXSP, a surveillance program to protect the health and safety of underground coal miners. This Program requires the gathering of demographic and logistical information from coal

mine operators, participating miners, participating x-ray facilities, and participating physicians. The Appalachian Laboratory for Occupational Safety and Health (ALOSH), located in Morgantown, WV, is charged with administration of this Program. Over the past two years, participation in the CWXSP has increased, which is reflected in this submission for renewal. Physicians taking the B Reader Examination are asked to complete a registration form. There are approximately 300 physicians each year taking the certification exam.

Miners participating in the CWXSP must fill out the Miner Identification Document. Mine operators are required to file a Mine X-ray Plan with NIOSH approximately every 3 years. Approximately 200 mine operators have X-ray plans that are due for renewal each year. An X-ray facility that applies to be a NIOSH-approved facility for providing miners X-rays must complete an approval packet. There are approximately 25 X-ray facilities each year seeking approval into the CWXSP Program. There will be no costs to study participants. The total estimated annualized burden hours are 2330.

Estimated Annualized Burden

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)
Physicians/interpretations	10,000	1	3/60
Physicians/certification	300	1	10/60
Miners	5000	1	20/60
Mine operators	200	1	30/60
X-ray facilities	25	1	30/60

Dated: December 6, 2007.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-08-05CL]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and

Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques

or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Formative Evaluation of Adults' and Children's Views Related to Promotion of Healthy Food Choices—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In Fiscal Year (FY) 2004, Congress directed the Centers for Disease Control and Prevention (CDC) to conduct formative research on the attitudes of children and parents regarding nutrition behavior. Specifically, the conferees' FY 04 Appropriation Language instructs CDC to research parents' and children's viewpoints on "the characteristics of effective marketing of foods to children

to promote healthy food choices.” Upon completion, a report detailing CDC’s findings is to “be submitted to the appropriate Committees of jurisdiction of Congress.”

In response, CDC has contracted with the Academy for Educational Development (AED) to conduct focus groups to identify key audience concepts around food choices, and develop and test concepts and messages aimed at increasing healthy food choices among children. For the research to be useful to Congress and to the nation’s public health agenda, a thorough understanding of children at different developmental stages regarding their attitudes toward healthy food choices, and the barriers and motivations for adopting and sustaining these choices is essential. Additionally, a thorough understanding of parents and caregivers who can influence the health behaviors of children is important.

A total of 384 children and 336 parents will be organized into 90 focus groups (8 respondents per focus group). The 90 focus groups will be conducted

in three phases (36 focus groups in Phase 1, 36 focus groups in Phase 2, and 18 focus groups in Phase 3). The 36 focus groups in Phase 1 will consist of 24 focus groups of “tweens” (children ages 9–12 years) and 12 focus groups of their parents or key caregivers. Current literature and opinion leaders both strongly suggest that tweens greatly influence nutritional decisions made by their parents and younger siblings. Similarly, the 36 focus groups in Phase 2 will consist of 24 focus groups of children (ages 5–8 years) and 12 focus groups of their parents. Although parents and children may be recruited as parent-child dyads, parents will participate in focus groups for parents only, and children will participate in focus groups for children only. Phase 3 will consist of 18 focus groups involving parents or caregivers of children ages 2–4 years; no children in this age group will be recruited.

Focus group recruitment will incorporate appropriate representation of diverse ethnic groups, and the groups will be held in several cities to ensure broad geographic representation.

Participants will be recruited by focus group facilities utilizing their database to solicit and screen interested parties. Both parents and children will participate in the screening process as well as focus group participation. It is expected that two households will be screened in order to recruit each participating Parent, Child, or Parent-Child dyad. Each focus group will be asked to respond verbally. The moderator will utilize a prepared guide which is designed to specifically ensure that the discussion is limited to 2 hours. The focus group moderator will use one guide for all focus groups involving children, and a similar but distinct guide for all focus groups involving parents or caregivers.

The intent of this research is to solicit input and feedback from potential audiences. The information gathered will be used to develop, refine, and modify messages and strategies to increase healthy food choices by children and parents. There is no cost to respondents other than their time to participate in the survey.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden (in hours)	Total burden (in hours)
Children	Screener D1 for Parent & Child Groups	384	1	3/60	19
	Screener D2 for Child Only Groups	384	1	3/60	19
	Focus Group Moderator’s Guide for Children/Youth	384	1	2	768
Parents	Screener D1 for Parent & Child Groups	192	1	7/60	22
	Screener D2 for Child Only Groups	192	1	7/60	22
	Screener D3 for Parent Only Groups	288	1	7/60	34
	Focus Group Moderator’s Guide for Parents	336	1	2	672
Total	1,556

Dated: December 6, 2007.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–08–06AO]

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Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Evaluation of an Occupational Safety and Health (OSH) Program for the Small Business Wood Pallet Industry—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Federal Occupational Safety and Health Act of 1970, Section 501, enables CDC/NIOSH to carry out research

relevant to the health and safety of workers. The goal of this project is to determine whether receipt of a NIOSH informational manual about occupational safety and health (OSH) concerns specific to pallet manufacturing and recycling will motivate owners or managers to take actions resulting in a safer workplace. The theoretical basis of the study follows the Transtheoretical Model (TTM) of Prochaska and DiClemente [1984]. This model states that change is defined by 5 stages: (1) Pre-contemplation—people are unaware of problems and are not thinking seriously about changing within the next 6 months, (2) contemplation—the stage where people become aware that a problem exists and intend to take action within the next 6 months, (3) preparation—investigating options and intending to take action in the next 30