

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Community Oncologists/Hematologists.	In-depth Interview Guide for Community Hematologists and Oncologists.	27	1	1.5	41
Patients .....	In-depth Interview Guide for Patients.	27	1	1.5	41
Primary Care Providers .....	Primary Care Provider Survey .....	300	1	20/60	100
	Interview Guide for Primary Care Providers.	27	1	1.5	41
	Focus Group Guide for Primary Care Providers.	18	1	2	36
Total .....	.....	.....	.....	.....	259

Dated: March 18, 2008.

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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-08-0544]

#### 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](mailto: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

NIOSH Customer Satisfaction Survey—Reinstatement—National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

##### *Background and brief description:*

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. The Occupational Safety and Health Act, Public Law 91-596 (section 20[a] [1]) authorizes the National Institute for Occupational Safety and Health (NIOSH) to conduct research to advance the health and safety of workers. NIOSH conducted a baseline survey in 2003 to assess customer satisfaction with NIOSH communication products, services, and methods of dissemination [OMB no. 0920-0544 expired 03/31/2003]. The baseline survey established an initial benchmark for gauging the effectiveness of NIOSH's communication products, outreach services, and identified areas for improvement.

NIOSH is conducting a follow-up Customer Satisfaction Survey of occupational safety and health professionals. A mail survey is planned with an option that will allow respondents to complete the survey electronically. The current survey is a 5-year follow-up designed to enable NIOSH to determine the current level of customer satisfaction and identify changes that have occurred in the intervening years. The purpose of this survey is to evaluate the effectiveness of

NIOSH's communication and dissemination program as a whole in serving the broad occupational safety and health professional community by addressing five questions: (1) To what extent are NIOSH communication products viewed as credible, useful sources of information on occupational safety and health issues? (2) To what extent has NIOSH been successful in distributing its communication products to its primary and traditional audience? (3) To what extent, and in what ways, have NIOSH communication products influenced workplace safety and health program policies and practices, or resolved other related issues? (4) What improvements could be made in the nature of NIOSH communication products and/or their manner of delivery that could enhance their use and benefits? (5) What is the reach and perceived importance of NIOSH outreach initiatives?

The survey will be directed to the community of occupational safety and health professionals, as this audience represents the primary and traditional customer base for NIOSH information materials. For this purpose four major associations identified with occupational safety and health matters have indicated their willingness to partner with NIOSH on this follow-up survey, as they did on the baseline. These are the American Industrial Hygiene Association (AIHA), the American College of Occupational and Environmental Medicine (ACOEM), the American Association of Occupational Health Nurses (AAOHN), and the American Society of Safety Engineers (ASSE).

There is no cost to respondents other than their time.

*Estimated Annualized Burden Hours:*

Type of respondent	Form name	No. of respondents	No. responses per respondent	Average burden per response (in hours)	Total burden hours
Industrial hygienists familiar with NIOSH.	NIOSH Customer Satisfaction Survey	193	1	20/60 .....	64
Industrial hygienists not familiar with NIOSH.	NIOSH Customer Satisfaction Survey	8	1	6/60 .....	1
Nurses familiar with NIOSH .....	NIOSH Customer Satisfaction Survey	117	1	6/60 .....	12
Nurses not familiar with NIOSH .....	NIOSH Customer Satisfaction Survey	57	1	6/60 .....	6
Physicians familiar with NIOSH .....	NIOSH Customer Satisfaction Survey	103	1	20/60 .....	34
Physicians not familiar with NIOSH ...	NIOSH Customer Satisfaction Survey	53	1	6/60 .....	5
Safety engineers familiar with NIOSH	NIOSH Customer Satisfaction Survey	157	1	20/60 .....	52
Safety engineers not familiar with NIOSH.	NIOSH Customer Satisfaction Survey	32	1	6/60 .....	3
Total .....	.....	.....	.....	.....	177

Dated: March 18, 2008.

**Marilyn S. Radke,**

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-08-0672]

**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](mailto: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**

Indicators of the Performance of Local, State, Territorial, and Tribal Education Agencies in HIV Prevention, Coordinated School Health Program, and Asthma Management Activities for Adolescent and School Health Programs—Reinstatement—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The proposed project is an annual Web-based questionnaire to assess programmatic activities among local education agencies (LEA) and state, territorial, and tribal government education agencies (SEAs, TEAs, and TGs) funded by the Division of Adolescent and School Health (DASH), Centers for Disease Control and Prevention. The questionnaires are referred to as the Indicators for School Health Programs.

Currently, the Indicators for School Health Programs are the only standardized annual reporting process for HIV prevention activities or coordinated school health program (CSHP) activities funded by DASH. There is no other standardized annual reporting process for HIV prevention activities or coordinated school health program (CSHP) activities among LEAs and SEAs/TEAs/TGs funded by DASH. The data being gathered via the questionnaires: (1) Provides standardized information about how HIV prevention, CSHP/physical activity, nutrition, and tobacco (PANT) use, and asthma management funds are used by LEAs and SEAs/TEAs/TGs; (2) assesses the extent to which programmatic adjustments are indicated; (3) provides descriptive and process information about program activities; and (4) provides greater accountability for use of public funds. The questionnaires are completed by the DASH-funded partners on a Web site managed by DASH. The questionnaires are to be completed ninety days after the end of each fiscal year.

The Web-based questionnaires correspond to the specific funding source from the Division of Adolescent

and School Health: two questionnaires pertain to HIV-prevention program activities among LEAs and SEAs/TEAs/TGs; one pertains to CSHP/PANT activities among SEAs/TGs; and one pertains to asthma management activities among LEAs.

Two HIV prevention questionnaires include questions on project planning, materials distribution, professional development activities, provision of technical assistance, collaboration with external partners, and reducing health disparities among populations at disproportionate risk. CDC plans to implement minor changes in the HIV questionnaires beginning in year 2 of this clearance period.

The CSHP/PANT questionnaire focuses on the activities above as well as on physical activity, healthy eating, and tobacco-use prevention activities. CDC plans to implement minor changes in the CSHP/PANT questionnaire beginning in year 2 of this clearance period.

The asthma management questionnaire includes questions on project planning, materials distribution, professional development activities, provision of technical assistance, collaboration with external partners, reducing health disparities among populations at disproportionate risk, and health services. Information collection on asthma management programs will begin in year 2 of this clearance period.

There are no costs to respondents other than their time to complete the survey.

The total estimated annualized burden hours are 783.

*Estimated Annualized Burden Hours:*