

SUMMARY: NIOSH gives notice as required by 42 CFR 83.12(e) of a decision to evaluate a petition to designate a class of employees from the Medina Facility in San Antonio, Texas, to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000. The initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

Facility: Medina Facility.

Location: San Antonio, Texas.

Job Titles and/or Job Duties: Workers potentially exposed to radioactive materials while working at the Medina facility.

Period of Employment: January 1, 1958 to December 31, 1966.

FOR FURTHER INFORMATION CONTACT: Stuart L. Hinnefeld, Director, Division of Compensation Analysis and Support, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 877-222-7570. Information requests can also be submitted by email to DCAS@CDC.GOV.

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

[30-Day-12-12DO]

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) 639-7570 or send an email to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Healthy Worksite Program—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) is establishing the National Healthy Worksite Program (NHWP), a comprehensive workplace health promotion program to address physical activity, nutrition, and tobacco use in the workplace. Participating worksites will create high quality workplace health programs by implementing programs, policies, and environmental supports that assist employees in adopting healthy behaviors. The NHWP will provide assistance to an estimated 100 small, mid-size, and large employers to create and expand sustainable workplace programs aimed at achieving three primary goals: (1) To reduce the risk of chronic disease among employees and their families through science-based workplace health interventions and promising practices; (2) to promote sustainable and replicable workplace health activities such as establishing a worksite committee, having senior leadership support, and forming community partnerships and health coalitions, and (3) to promote peer-to-peer business mentoring that encourages employers to be active leaders and role models in their communities around health.

Over a three-year period, the National Healthy Worksite Program will engage and recruit groups of up to 15 employers in seven selected

communities, lead them through the process of building a comprehensive workplace health program, and collect evaluation information. The NHWP will also provide workplace health program training to worksites that are not participating in the NHWP. CDC may increase the number of NHWP sites that receive assistance, if funding becomes available.

CDC plans to collect information needed to select the initial group of participating NHWP worksites; to describe implementation and costs of workplace health promotion programs at these sites over the initial two-year period of support; to examine the effects of workplace health programs on employee access and opportunity to engage in activities that support a healthy lifestyle; and to quantify reductions in individual health risks and improvements in productivity. The NHWP will also assess the value of community-based training for community participants (employers not selected as participating employers). In addition, for up to one year after the two-year implementation period, CDC will collect information needed to assess program sustainability.

Participation in the NHWP is voluntary for both worksites and employees at those sites. During the development phase of the proposed information collection, CDC received comments from a variety of interested parties, and a number of instruments were revised to improve clarity. There are no costs to participants other than their time, with the exception of an in-kind contribution for large employers.

CDC will use the information collected to support the implementation efforts of employers participating in the NHWP; inform future program efforts at CDC and other Federal agencies; and develop tools, resources, and guidance to support broader workplace health efforts.

OMB approval is requested for three years. The total estimated annualized burden hours are 15,530.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Interested Employer	Employer Phone Interview Guide	69	1	20/60
	Organizational Assessment	66	2	30/60
Participating Employer	Employee Eligibility File	33	4	15/60
	Employer Information Form	33	1	30/60
	Health Screening Site Interview Form	33	2	30/60
	Discussion Guide for Steering Committee Members.	100	1	30/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Community Participant	Discussion Guide for Wellness Committee Members.	166	1	30/60
	Employer Follow-Up Survey	33	1	15/60
	Community Participant Engagement Feedback Survey.	35	1	10/60
Employee	Worksite Health Training Survey Parts I–III.	100	1	10/60
	Worksite Health Training Survey Part IV	100	1	10/60
	Health Screening Consent/Contact Form	5,000	1	10/60
	All Employee Survey	5,000	2	5/60
	Health Assessment	5,000	2	15/60
	Success Story Consent Form	67	1	10/60
	Satisfaction Survey	2,000	4	15/60
Employee: Wellness Challenge Log/Program Participant.	Lower Your Weight by Eight Challenge Log.	2,000	1	1
	Step into Health Challenge Log	2,000	1	30/60
	Mix it Up Challenge Log	2,000	1	30/60
	Quench Your Thirst Challenge Log	2,000	1	30/60
	Feel Fit with Fiber Challenge Log	2,000	1	30/60
	Maintain Don't Gain Challenge Log	2,000	1	1
	Nutrition and Physical Activity Tracking Log/Lifestyle Tracker.	2,000	1	30/60

Kimberly Lane,

Deputy Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day 12–12MW]

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 404–639–7570 or send comments to Kimberly S. Lane, at 1600 Clifton Road, MS D74, Atlanta, GA 30333 or send an email 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

Hepatitis Testing and Linkage to Care Monitoring & Evaluation System—New—National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention is requesting a three-year OMB approval for establishing a Hepatitis Testing and Linkage to Care (HEPTLC) Monitoring and Evaluation System to collect standardized, non-identifying, client-level and test-level hepatitis testing information from funded testing sites at multiple settings. Grantees will be required to use this web-based HEPTLC software application to collect and report testing and linkage to care activities.

The HEPTLC data collection and reporting system will enable CDC to

receive standardized, non-identifying information from funded grantees, including: (1) Information about test sites that provide HEPTLC services and laboratories that provide lab testing; (2) Information about testing participants, including demographics, risk characteristics, vaccination history, etc. (3) Information related to diagnostic test results; and (4) Information about post-test follow-ups, including notification of test result, post-test-counseling, linkage to care and preventive services, and case report to surveillance authorities. CDC will use HEPTLC data for the following purposes: (1) Monitor the implementation activities of the HEPTLC initiative, as well as evaluate the progress and performance made by the grantees. Findings will further inform strategic planning and program improvement; (2) Inform recommendations and strategies of increasing early identification of infected persons and linkage to care, based on participant characteristics and linkage to care among those persons who are infected; (3) Identify best practices and gaps in implementing HEPTLC in various testing settings, and guide CDC in providing technical assistance to the grantees; (4) Produce standardized and specialized reports that will inform grantees, CDC Project Officers, HHS, and other stakeholders of the process, outcome and accountability measures; (5) Assess public health prevention funds and resources allocations with respect to prioritized