the magnitude of the impact of WTC exposure on the health of WTC responders compared with the general population in U.S. and New York-White Plains-Wayne, NY/NJ metropolitan area. Findings from this expanded surveillance will be reported through an integrated occupational health surveillance report. The term ''integrated occupational health surveillance report'' means a detailed and overall description of health status over time, with a comparison of groups both within the cohort and from the general population. The findings from this report will also aid in the future development of new guidelines for the implementation of an occupational health surveillance system for disasters, which is essential for disaster preparedness. Along with implementing a surveillance system, an additional objective will be to investigate ambi-directional effect modification between SES and health status. By ascertaining effect modification, SES will be added as one of the important variables necessary to perform surveillance. The study hypotheses for the effect modification investigation are (1) WTC exposures lower health status; (2) WTC exposures lower socioeconomic status; and (3) an interaction effect exists between these variables. This investigation for effect modification between health and SES is a unique research topic that has not been studied for WTC responders. Understanding the nature of the linkage between health and SES will help to identify high risk groups and offer a primary target for prevention and intervention strategies. With successful completion of this 2-year study, we expect a substantial improvement of the occupational health surveillance system for WTC responders.

The World Trade Center (WTC) research team at the North Shore-LIJ Health System is seeking to evaluate the impact of using modified survey questions versus standard questions when participant responses from the WTC and general populations are compared.

The WTC Health Program has been collecting self-reported health information for medical monitoring purposes. Initially, the questions were derived from multiple standard general population surveys, such as the National Health and Nutrition Examination Survey (NHANES) and the National Health Interview Survey (NHIS). However, certain questions were modified from their standard versions, and we would like to determine whether these modifications may lead study participants to answer differently.

CDC requests Office of Management and Budget (OMB) approval to collect information from an anonymous (no personal information will be collected) and voluntary questionnaire, in order to test this research question. We will compare participant responses to a short questionnaire (approximately two pages of main content) which will contain both the modified and standard questions.

The total estimated burden for the one-time completion of the anonymous questionnaire is 50 hours (600 respondents × 5 minutes each). Blank questionnaires will be placed in the waiting area of the Queens WTC Clinical Center of Excellence at Long Island Jewish Medical Center/Queens College (Queens WTC Clinical Centers of Excellence). There will be no verbal solicitation for participation; however, we will post a written advertisement in the waiting area of the clinic.

CDC anticipates that questionnaire collection will take place from December 2014–December 2015. The total estimated annualized burden hours are 50.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Individual WTC Responders	Health and Socioeconomic Sequelae of the WTC Disaster among Responders.	600	1	5/60	50
Total	....	....	....	....	50

LeRoy Richardson,

Chief, Information Collection Review Office, 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

[30Day–14–13TY]

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 (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 Survey of Community-Based Policy and Environmental Supports for Healthy Eating and Active Living—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Currently, little is known about the environmental and policy supports for healthful diets and regular physical activity within a community and how these supports are changing across time. As a result, CDC plans to conduct a survey to address this gap in knowledge.

The survey will be administered to a nationally representative sample of 4,484 communities. Respondents will be city planners/managers in these communities. We estimate a response rate of 70%, resulting in 3,139 completed surveys.

Information will be collected about the following topics: community-wide planning efforts for healthy eating and active living, the built environment and policies that support physical activity, and policies and practices that support access to healthy food and healthy eating. Data will be primarily collected using a secure, Web-based survey data collection system. A hardcopy response option will be available for respondents who prefer to complete a paper form. Follow-up will be conducted by telephone and mail reminders to encourage completion of the survey.

The proposed survey content and data collection procedures incorporate lessons learned during an initial pilot study (Pilot Study of Community-Based Surveillance and Supports for Healthy Eating/Active Living, OMB No. 0920–0934, exp. 5/31/2013). In order to achieve the target number of completed surveys, we estimate that we will need to conduct an average of five follow-up calls with each respondent.

Assessment of policy and environmental supports for healthful eating and physical activity will serve multiple uses. First, the collected data will describe the characteristics of communities that have specific policy and practice supports favorable for healthy diets and regular physical activity. Second, the collected data will help identify the extent to which communities implement strategies consistent with current national recommendations. Third, local agencies may use the data collected to consider how they compare nationally or with other municipalities of a similar geography, population size, or urban status. Fourth, this information can help guide communities in their local decision-making efforts on feasible policy and environmental interventions or solutions for healthy behaviors or choices. Finally, information collected through this survey may serve as a baseline to track community-level policies and practices across time.

OMB approval is requested for one year. Participation is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden hours are 3,438.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
City or Town Planner or Manager.	National Survey of Community-Based Policy and Environmental Supports for Healthy Eating and Active Living.	3,139	1	30/60
	Telephone Non-response Follow-up Contact Script	4,484	5	5/60

Leroy A. Richardson,

Chief, Information Collection Review Office, 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

[60Day–14–0770]

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 and send comments to LeRoy Richardson, 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

Proposed Project

National HIV Behavioral Surveillance System (NHBS)—(0920–0770, Expiration 05/31/2014)—Extension—Center for HIV, Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this data collection is to monitor behaviors of persons at high risk for infection that are related to Human Immunodeficiency Virus (HIV) transmission and prevention in the United States. The primary objectives of the NHBS system are to obtain data from samples of persons at risk to: (a) Describe the prevalence and trends in risk behaviors; (b) describe the prevalence of and trends in HIV testing and HIV infection; (c) describe the prevalence of and trends in use of HIV prevention services; (d) identify met and unmet needs for HIV prevention services in order to inform health departments, community based organizations, community planning groups and other stakeholders. By describing and monitoring the HIV risk behaviors, HIV seroprevalence and incidence, and HIV prevention experiences of persons at highest risk for HIV infection, NHBS provides an important data source for evaluating progress towards national public health goals, such as reducing new infections, increasing the use of condoms, and targeting high risk groups.

The Centers for Disease Control and Prevention request approval for a 3-year extension of this information collection. Data are collected through anonymous, in-person interviews conducted with persons systematically selected from 25 Metropolitan Statistical Areas (MSAs) throughout the United States; these 25