

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-14-0907]

**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov). Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

Musculoskeletal disorder (MSD) intervention effectiveness in material handling operations—Revision—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

NIOSH proposes a 2-year approval to continue a study to assess the effectiveness and cost-benefit of occupational safety and health (OSH) interventions for musculoskeletal disorders (MSD).

NIOSH and the Ohio Bureau of Workers Compensation (OBWC) will continue to collaborate on a multi-site intervention study at OBWC-insured companies from 2014–2016. In overview, MSD engineering control interventions (such as stair-climbing, powered hand trucks and powered truck lift gates) will be tested for effectiveness in reducing self-reported back and upper extremity pain among up to 960 employees performing material handling operations in up to 72 establishments using a prospective design (multiple baselines across groups). The costs of the interventions will be funded through existing OBWC funds and participating establishments. This study will provide important information that is not currently available elsewhere on the effectiveness of OSH interventions for workers. The study sub-sample will be volunteer employees at OBWC-insured establishments who perform material handling tasks that are expected to be impacted by the engineering control interventions. It is estimated that there will be up to 960 impacted employees in the recruited establishments, which will be paired according to previous WC loss history and establishment size. This protocol is changed from the previous data collection in that:

- A Low Back Functional Assessment is no longer being conducted to increase data collection efficiency.
- The study population now includes workers performing material handling tasks in all industries, not just wholesale retail trade. Tested interventions also include a number of material handling engineering controls.

These changes were made to increase generalizability of results.

- All employers will now receive the intervention immediately, rather than half being randomly selected to receive the intervention six months later. This change was made to increase participation among employers.

The main outcomes for this study are self-reported low back pain and upper extremity pain collected using surveys every three months over a two-year period from volunteer material handling workers at participating establishments. Individuals will also be asked to report usage of the interventions and material handling exposures every three months over two years. Individuals will also be asked to complete an annual health assessment survey at baseline, and once annually for two years.

In order to maximize efficiency and reduce burden, a choice of web-based or paper survey is proposed for the data collection.

All collected information will be used to determine whether there are significant differences in reported musculoskeletal pain and functional back pain score ratios (pre/post intervention scores), while controlling for covariates. Once the study is completed, results will be made available through the NIOSH internet site and peer-reviewed publications. In summary, this study will determine the effectiveness of the tested MSD interventions for material handling workers and enable evidence based prevention practices to be shared with the greatest audience possible. NIOSH expects to complete data collection in 2016. There is no cost to respondents other than their time. The total estimated annual burden hours are 1,364.

The “Self-reported low back pain” and “Self-reported upper extremity pain” forms are collected nine times over two years. The “Self-reported general work environment and health” form is collected at baseline, at the end of the first year and at the end of the second year. The informed consent form is collected once at the beginning of the study. The early exit interview is collected once for a limited number of participants.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Material handling workers .....	Self-reported low back pain .....	960	4.5	5/60
	Self-reported upper extremity pain .....	960	4.5	5/60

## ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
	Self-reported specific job tasks and safety incidents ...	960	4.5	5/60
	Self-reported general work environment and Health ....	960	1.5	10/60
	Informed Consent Form (Overall Study) .....	960	.5	5/60
	Early Exit Interview .....	106	.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.*

[FR Doc. 2014–21881 Filed 9–12–14; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60-Day–14–14AYC]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404–639–7570 or send comments to Leroy A. Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. 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; (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; and (e) estimates of capital

or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information. Written comments should be received within 60 days of this notice.

#### Proposed Project

Behavioral Risk Factor Surveillance System (BRFSS)—Existing Collection In Use Without an OMB Control Number—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)—Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

CDC seeks OMB approval to collect information through the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a system of customized telephone surveys conducted by U.S. states, territories, and the District of Columbia to produce state-level data about health-related risk behaviors, chronic health conditions, use of preventive services, and emerging health issues. Information collection is conducted primarily to support state and local health departments, which plan and evaluate public health programs at the state or sub-state level. Information collected through the BRFSS is also used by the federal government and other entities.

Scientific research shows that personal health behaviors play a major role in premature morbidity and mortality. Patterns of behavior that affect health or predict adverse effects

on health are called behavioral risk factors. For example, lack of physical activity is a behavioral risk factor for obesity, type 2 diabetes, cardiovascular diseases, and other diseases and conditions. Although national estimates of some health risk behaviors among U.S. populations are available, the methods used to produce national estimates do not typically produce the type of detailed information needed to plan and implement public health programs; moreover, national estimates provide only limited insight into regional or state-specific variability in health status and risk factors. Information that is specific to public health jurisdictions is required to guide the administration of public health programs.

CDC is requesting OMB approval to conduct information collection for the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a nationwide system of cross-sectional telephone health surveys administered by health departments in states, territories, and the District of Columbia (collectively referred to as states) in collaboration with CDC. The BRFSS produces state-level information primarily on health risk behaviors, health conditions, and preventive health practices that are associated with chronic diseases, infectious diseases, and injury. Information collection is sponsored by CDC under the BRFSS cooperative agreement with states and territories. Under this partnership, questionnaire content is determined by BRFSS state coordinators with technical and methodological assistance provided by CDC. The BRFSS is designed to meet the data needs of individual states and territories. For most states and territories, the BRFSS provides the only sources of data amenable to state and local level health and health risk indicators. Over time it has also developed into an important data collection system that federal agencies rely on for state and local health information and to track national health objectives such as Healthy People. Therefore, although the BRFSS remains primarily a state needs-driven system,