outcomes. Because these emergent, worker perception-based constructs have a theoretical and empirical history, psychometrically tested items exist for each of them.

The organizational values found to positively impact proactive safety/health behavior at work include:

- Supervisor Support: The degree to which supervisors value workers' contribution to the organization and care about their personal wellbeing.
- Supervisory Detection of Safety Behaviors: The degree to which supervisors emphasize the health and safety of their workers during job tasks.
- Organizational Detection of Safety Behaviors: The degree of priority assigned to safety within the organization.
- Perception of Adequate Safety Training: The degree to which employees are provided occupational safety training that covers aspects of safety-related knowledge, competence, and behavior.
- Employee Involvement: The degree to which the organization is willing to involve workers in decision-making processes about procedures that influence their work.
- Vertical Communication: The degree to which downward sharing of safety information occurs as well as the ease with which workers can communicate with their supervisors and managers about workplace H&S issues.
- Horizontal Communication: The degree to which employees communicate with and trust their coworkers.

The personal characteristics found to influence safety/health proactive work behavior include:

- Change Orientation: The degree to which an individual feels that he or she is personally obligated to bring about constructive change.
- Locus of Control: The extent to which people attribute rewards at work to their own behavior.
- Conscientiousness: The degree of self-discipline workers possess related to their safety/health work tasks.
- Risk Propensity: The individuals' general tendency to engage in risks/risky situations at work.

Even though all scales used to complete the survey were deemed valid, NIOSH researchers will revalidate each scale to ensure that measurement is valid. A quantitative approach, via a short survey, allows for prioritization, based on statistical significance, of the antecedents that have the most critical influence on proactive behaviors. Data collection will take place with approximately 800 mine workers over three years. The respondents targeted for this study include any active mine worker at a mine site, both surface and underground. It is estimated that a sample of up to 800 surveys will be collected from participants at various mining operations which have agreed to participate. All participants will be between the ages of 18 and 75, currently employed, and living in the United States. Participation will require no more than 20 minutes of workers' time (5 minutes for consent and 15 minutes for the survey). The total estimated annualized burden hours are 90. There is no cost to respondents other than their time.

Upon collection of the data, it will be used to answer what organizational/personal characteristics have the biggest impact on proactive and compliant health and safety behaviors. Dominance and relative weights analysis will be used as the data analysis method to statistically rank order the importance of predictors in numerous regression contexts. Safety proactive and safety compliance will serve as the dependent variables in these regression analyses, with the organizational and personal characteristics as independent variables.

Findings will be used to improve the safety and health organizational values and focus of mine organizations, as executed through their health and safety management system for mitigating health and safety risks at their mine site. Specifically, if organizations are lacking in values that are of high importance among employees, site leadership knows where to focus new, innovative methods, techniques, and approaches to dealing with their occupational safety and health problems. Finally, the data can be directly compared to data from other mine organizations that are administered the same standardized methods to provide broader context for areas in which the mining industry can focus more attention if trying to encourage safer work behavior.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Safety/health Mine Operator	Mine Recruitment Script	10	1	5/60	1
Mine Worker	Individual Miner Recruitment Script	266	1	5/60	22
Mine Worker	Survey	266	1	15/60	67
Total					90

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

[30 Day–15–14KW]

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*. 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

Measuring the Effects of State and Local Radon Policies—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Lung cancer is the leading cause of cancer-related death in the U.S. population, with only 17% of lung cancer patients surviving 5 years or more from the time of diagnosis. Radon is a radioactive gas that concentrates in homes and is well-established as the leading cause of lung cancer in non-smokers and the second leading cause of lung cancer in smokers. Radon exposure reduction is the focus of two Healthy People 2020 objectives related to reduction of the number of people living in high-concentration radon homes and the subject of a ''Call to Action'' from the US Surgeon General. Despite these recommendations, it is estimated that fewer than 25% of existing U.S. homes have been tested for radon.

There are significant gaps in understanding the impact of radon control efforts, especially those in the area of policy. As of February 2013, 22 states required general disclosure of known environmental hazards (including radon) during home sale, 21 states had radon professional licensure policies, and 8 states required notification of radon risks and test results as separate documents during a home sale. Twenty-one states had no radon-related policies. To date there are no studies that assess the effect of radon-related policies on increasing awareness or testing of radon and decreasing exposure to this well-known carcinogen.

To address this gap in knowledge, CDC proposes to conduct a new study to understand how state and local radon policies affect radon awareness, testing, and mitigation. The primary focus of the study will be on how single-family homebuyers and real estate agents understand and are affected by radon policies involving home sales. This information will allow stakeholders to better understand the impact of various policies intended to prevent exposure to radon.

The study approach will involve complementary qualitative and quantitative methods whose results will guide future research and educational efforts. The main outcomes evaluated will be the effect of policies related to generic disclosure of environmental hazards at the time of home sale, notification specific to awareness of and test results for radon at the time of home sale, and radon professional certification. Participants' understanding of the Environmental Protection Agency (EPA) lead-based paint disclosure law, which is present in all states, will be assessed to understand if general environmental awareness differs between states.

Investigators seek to interview and send questionnaires to participants from Illinois, Minnesota, Ohio, and North Carolina: Two states with home sale notification policies specific to radon (IL and MN), one state with only a generic disclosure law (OH), and one state with no environmental disclosure policy (NC). Investigators will identify counties or jurisdictions that approximate the percentage of that state's population in urban and rural locations. This will improve the ability to apply findings to other situations.

The Homebuyer Component of the study will involve information collection from 3,000 individuals (750 from each state) who purchased a single-family home in the last 12 months. Potential respondents for the Homebuyer Survey will be identified through review of publicly-available tax records of home sales and recruited through mailed invitations. The survey will ask questions regarding homebuyers' knowledge about radon and lead-based paint as well as how home sale and professional certification policies for radon and lead-based paint affected their decisions during the home buying process. Responses will be collected via mail and the internet. To improve the quality of information collected through the Homebuyer Survey, a draft instrument will be cognitively tested with up to 32 respondents before the final survey is distributed.

The Real Estate Agent Component of the study will involve focus groups with full-time real estate agents who specialize in single-family home sales and are members of a national, state, or an equivalent realtors association. Respondents will be recruited through mailed invitations to real estate offices, phone calls, and possibly outreach at local real estate agent meetings. Investigators will conduct three, one-hour focus groups of 6–8 agents per state for a total of up to 96 respondents. These recorded discussions will ask real estate agents about their and their clients' understanding of radon and lead, how/whether this understanding affected decisions during the home buying process, and whether professional certification affected decisions during the home buying process.

Understanding how these policies affect homebuyers and real estate agents will allow help stakeholders better prevent radon exposure and decrease the incidence of lung cancer in the U.S. population. This information will help provide an evidence basis for CDC's many grantees who work to understand the impact of policies in their states. OMB approval is requested for two years. Participation is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden hours are 256.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Homebuyers	Cognitive Testing Interview Guide	16	1	30/60
	Homebuyer Survey	1,500	1	8/60
Real Estate Agents	Focus Group Interview Guide	48	1	1

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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–15–0822]

Agency Forms Undergoing Paperwork Reduction Act Review

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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 agency's 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*. 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

The National Intimate Partner and Sexual Violence Surveillance System (NISVS)(0920–0822, Expiration 06/30/2014)—Reinstatement with change—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The health burden of Intimate Partner Violence (IPV), Sexual Violence (SV) and stalking are substantial. In order to address this important public health problem, CDC implemented, beginning in 2010, the National Intimate Partner and Sexual Violence Surveillance System (NISVSS) that produces national and state level estimates of IPV, SV and Stalking on an annual basis.

In 2010, a total of 16,507 NISVSS interviews were conducted among English and/or Spanish speaking male and female adults (18 years and older) living in the United States. The data indicated that nearly 1 in 3 women and 1 in 10 men in the United States have experienced rape, physical violence and/or stalking by an intimate partner and reported at least one impact related to experiencing these or other forms of violent behavior within the relationship (e.g., being fearful, concerned for safety, post-traumatic stress disorder (PTSD) symptoms, need for health care, injury, contacting a crisis hotline, need for housing services, need for victim's advocate services, need for legal services, missed at least one day of work or school). Approximately 6.9 million women and 5.6 million men experienced rape, physical violence and/or stalking by an intimate partner within the last year. The health care costs associated with IPV exceed $5.8 billion each year, of which nearly $3.9 billion is for direct medical and mental health care services.

Sexual violence also has a profound and long-term impact on the physical and mental health of the victim. Existing estimates of lifetime experiences of rape range from 15% to 36% for females. Sexual violence against men, although less prevalent, is also a public health problem; approximately, 1 in 5 women and 1 in 71 men have experienced attempted, completed, or alcohol or drug facilitated rape at some point in their lifetime. Nearly 1.3 million women reported being raped in the past 12 months.

The NISVSS data indicates that approximately 5 million women and 1.4 million men in the United States were stalked in the 12 months prior to the survey. There are overlaps between stalking and other forms of violence in intimate relationships; approximately 14% of females who were stalked by an intimate partner in their lifetime also experienced physical violence by an intimate partner; while 12% of female victims experienced rape, physical violence and stalking by a current or former intimate partner in their lifetime. Furthermore, 76% of female victims of intimate partner homicides were stalked by their partners before they were killed.

CDC requests Office of Management and Budget (OMB) approval reinstatement with changes for an additional three years to implement the previously approved pilot tested instrument of 2013 in the normal data collection cycle in order to collect national level data annually beginning in 2014. The NISVSS survey instrument had been shortened in efforts to develop a core instrument that will be administered on an annual basis. The goals of the revised data collection instrument are to: (1) Improve NISVSS data quality, (2) increase our response rates, (3) decrease the breakoff rates, (4) reduce the average amount of time it takes to complete the survey, (5) and ultimately reduce the burden on the respondent.