

potential predictors of injury and illness WC claim rates and duration in a stratified sample of OBWC-insured WRT firms in Ohio. There are expected to be up to 4,404 participants per year; surveys will administered twice to the same firms in successive years (e.g. from January–December 2014 and again from January–December 2015).

An individual responsible for the OSH program at each firm will be asked to complete survey that include a background section related to respondent and company demographics and a main section where individuals will be asked to evaluate organizational metrics related to their firm’s OSH program. The firm-level survey data will

be linked to five years of retrospective injury and illness WC claims data and two years of prospective injury and illness WC claims data from OBWC to determine which organizational metrics are related to firm-level injury and illness WC claim rates. A nested study will ask multiple respondents at a subset of 60 firms to participate by completing surveys. A five-minute interview will be conducted with a 10% sample of non-responders (up to 792 individuals).

In order to maximize efficiency and reduce burden, a web-based survey is proposed for the majority (95%) of survey data collection. Collected information will be used to determine

whether a significant relationship exists between self-reported firm OSH elements and firm WC outcomes while controlling for covariates. Once the study is completed, benchmarking reports about OSH elements that have the highest impact on WC losses in the WRT sector will be made available through the NIOSH–OBWC internet sites and peer-reviewed publications.

In summary, this study will determine the effectiveness of OSH program elements in the WRT sector and enable evidence-based prevention practices to be shared with the greatest audience possible. NIOSH expects to complete data collection in 2015. There is no cost to respondents other than their time.

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 (in hours)
Safety and Health Managers in Wholesale/Retail Trade (WRT) Firms in Ohio.	Occupational Safety and Health Program Survey.	4,404	1	20/60	1,468
	Informed Consent Form	4,404	1	2/60	147
	Non Responder Interview	792	1	5/60	66
Total Hours .....	.....	.....	.....	.....	1,681

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

Health Resources and Services Administration

Determining Mental Health Professional Shortage Areas of Greatest Need; Correction

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice; correction.

SUMMARY: In accordance with the requirements of section 333A(b)(1) of the Public Health Service (PHS) Act, as amended by the Health Care Safety Net Amendments of 2002, 42 U.S.C. 254f–1(b)(1), the Secretary of HHS shall establish the criteria which she will use to make determinations under section 333A(a)(1)(A) of the Health Professional Shortage Areas (HPSAs) with the greatest shortages. The Health Resources and Services Administration published

a notice in the **Federal Register**, FR 2015–00398 (January 14, 2015), which sets forth revised criteria for determining mental health HPSAs with the greatest shortage.

FOR FURTHER INFORMATION CONTACT: Kae Brickerd, Chief, Shortage Designation Branch, Bureau of Health Workforce, Division of Policy and Shortage Designation, Health Resources and Services Administration, 11W14 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, 301 945–0828, kbrickerd@hrsa.gov.

Correction:

In the **Federal Register**, FR 2015–00398 (January 14, 2015), please make the following corrections:

In the section For Geographic High Need and Population HPSAs, the table for Core Mental Health (Geographic High Need and Population), should read as follows below.

CORE MENTAL HEALTH (GEOGRAPHIC HIGH NEED AND POPULATION)

Ratio	Score
≥6K and <7.5K:1	1
≥7.5K and <9K:1	2
≥9K and <12K:1	3
≥12K and <15K:1	4
≥15K and <18K:1	5
≥18K and <24K:1	6

CORE MENTAL HEALTH (GEOGRAPHIC HIGH NEED AND POPULATION)—Continued

Ratio	Score
≥24K:1	7

Dated: July 1, 2015.

James Macrae,
 Acting Administrator.

[FR Doc. 2015–16964 Filed 7–9–15; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: HHS–OS–0990–0281–60D]

Agency Information Collection Activities; Proposed Collection; Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit an Information Collection

Request (ICR), described below, to the Office of Management and Budget (OMB). The ICR is for a revision to the use of the approved information collection assigned OMB control number 0990–0281, which expires on November 30, 2015. Prior to submitting the ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on the ICR must be received on or before September 8, 2015.

ADDRESSES: Submit your comments to *Information.CollectionClearance@hhs.gov* or by calling 202–690–6162.

FOR FURTHER INFORMATION CONTACT: Information Collection Clearance staff, *Information.CollectionClearance@hhs.gov* or 202–690–6162.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the document identifier HHS–OS–0990–0281–60D or reference.

Information Collection Request Title: Prevention Communication Formative Research—Revision—OMB No. 0990–0281—Office of Disease Prevention and Health Promotion.

Abstract: The Office of Disease Prevention and Health Promotion’s (ODPHP) focus includes developing and disseminating prevention information to

the public. ODPHP faces increasingly urgent interest in finding effective ways to communicate health information to America’s diverse population. As a federal government agency, ODPHP strives to be responsive to the needs of America’s diverse audiences while simultaneously serving all Americans across a range of channels, from print through new communication technologies. To carry out its prevention information efforts, ODPHP is committed to conducting formative and usability research to provide guidance on the development and implementation of its disease prevention and health promotion communication and education efforts.

The information collected will be used by ODPHP to improve its communication, products, and services that support key office activities including: Healthy People, Dietary Guidelines for Americans, Physical Activity Guidelines for Americans, healthfinder.gov, and increasing health care quality and patient safety. ODPHP communicates through its Web sites (*www.healthfinder.gov*, *www.HealthyPeople.gov*, *www.health.gov*) and through other channels including social media, print materials, interactive training modules, and reports.

The primary methods of data collection will be qualitative and may

include in-depth interviews, focus groups, web-based surveys, card sorting, and various forms of usability testing of materials and interactive tools to assess the public’s understanding of disease prevention and health promotion content, responses to prototype materials, and barriers to effective use.

The research methods outlined in this supporting statement have five major purposes:

1. To obtain useful target audience information for the formation of messages and materials
2. To further explore messages and materials in contexts that would be most beneficial for target audiences
3. To identify and verify audience segmentation strategies for providing disease prevention and health promotion information
4. To inform the development and refinement of user-friendly Web sites and other interactive tools
5. To identify user challenges and obstacles to accessing health information to guide Web site, material, and interactive tool development and refinement

The program is requesting a 3-year clearance.

Likely Respondents: Respondents are likely to be either consumers or health professionals.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Data collection task	Instrument/form name	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total response burden (in hours)
In-depth interviews	Screener	135	1	10/60	22.5
	Interview	45	1	1	45
Focus groups	Screener	240	1	10/60	40
	Focus Group	80	1	1.5	120
Web-based surveys	Screener	6000	1	5/60	500
	Survey	2000	1	15/60	500
Card sorting	Screener	180	1	10/60	180
	Card Sort	60	1	1	60
Usability and prototype testing of materials (print and Web).	Screener	360	1	10/60	60
	Usability Test	120	1	1	120
Total .....	.....	.....	.....	.....	1,647.50

Darius Taylor,
Information Collection Clearance Officer.
 [FR Doc. 2015–16870 Filed 7–9–15; 8:45 am]
BILLING CODE 4150–32–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–XXXX]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.
 In compliance with the requirement of section 3506(c)(2)(A) of the

Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the