ESTIMATE OF ANNUALIZED BURDEN TABLE

Types of respondent	Form name	Number of respondents	Number of responses per respondent	Average Burden per Response (in hours)	Total annual burden (in hours)
State Health Departments	Congenital Syphilis (CS) Case Investigation and Report.	10	11	20/60	37
Territorial Health Agencies	Congenital Syphilis (CS) Case Investigation and Report.	3	11	20/60	11
City and county health departments	Congenital Syphilis (CS) Case Investigation and Report.	4	11	20/60	15
Total		17			63

Dated: July 31, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Directors, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-12–12IG]

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.

Proposed Project

Targeted Surveillance and Biometric Studies for Enhanced Evaluation of Community Transformation Grants—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Prevention and Public Health Fund (PPHF) of the Patient Protection and Affordable Care Act of 2010 (ACA) provides an important opportunity for states, counties, territories and tribes to advance public health across the lifespan and to reduce health disparities. The PPHF authorizes Community Transformation Grants (CTG) for the implementation, evaluation, and dissemination of evidence-based community preventive health activities. The CTG Program emphasizes five strategic directions: (1) Tobacco-free living, (2) active lifestyles and healthy eating, (3) high impact, evidence-based clinical and other preventive services, (4) social and emotional well-being, and (5) healthy and safe physical environments.

The CTG Program is administered by the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). As required by Section 4201 of the ACA, CDC is responsible for conducting a comprehensive evaluation of the CTG Program which includes assessment over time of measures relating to each of the five strategic directions.

CDC is requesting OMB approval to collect information through two studies needed for these assessments. One study is a telephone and mailed survey (Adult Targeted Surveillance Survey) of a random sample of adults in 20 CTG communities (1000 individuals per community). Respondents will be asked to provide information about household practices and their personal behaviors specific to the five strategic directions (e.g., nutrition). Information from the targeted surveillance surveys will be compared with data from other local, state or national surveillance systems to monitor changes in relevant attitudes, risk behaviors, and other behavioral factors.

The second study for which OMB approval is requested to conduct the Youth and Adult Biometric Study (YABS), in up to 8 CTG areas that are implementing evidence-based strategies to prevent exposure to secondhand smoke and to improve nutrition and physical activity among children and adults (and are part of the targeted surveillance study described above). The YABS will examine the impact of CTG strategies on biometric markers of health status including weight, height (i.e., body mass index or BMI), waist circumference, secondhand smoke exposure, and blood pressure. Each adult respondent in the YABS will be asked to participate in an in-home visit with a trained interviewer, who will collect biometric data about the respondent such as height, weight, saliva, blood pressure, etc. The adult respondent will also be asked to provide information about his or her activity level over a one-week period. Objective measures of activity will be collected through use of an accelerometer, i.e., an electronic meter worn next to the body. In addition, the respondent will maintain a hardcopy activity diary to assist in interpreting the accelerometry data. An adult YABS respondent who is the parent or guardian of a child in the household will be asked to allow one child (age 3–17 years) to participate in the youth component of the YABS. With the child's assent, similar biometric and activity measures will be collected from the child. If the child is between 3 and 11 years of age, the parent or guardian will be asked to complete a Caregiver Survey about the child's behaviors. If the child is between 12 and 17 years of age, he or she will be asked to complete a Youth Survey.

The estimated burden per response is 30 minutes for adults participating in the first study, and up to an additional 60 minutes if the same adult agrees to participate in the YABS study. The estimated burden for youth between 12 and 17 years of age is 50 minutes, and 20 minutes for children aged 3 to 11 years. Caregivers for the younger children will have an estimated burden per response of 20 minutes to complete the Caregiver Survey. The information to be collected will allow CDC to estimate the effect of all CTG interventions on health behaviors and health outcomes in adults and children ages 3–17 years, and to estimate the independent effect of school-based interventions in youth. OMB approval is requested for the first three years of the five-year CTG project period. Participation is voluntary and there are

no costs to respondents other than their time. The total estimated burden hours are 8,301.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)
Adults in CTG Awardee Communities	Adult Targeted Surveillance Survey Recruitment Screener.	10,000	1	2/60
	Adult Targeted Surveillance Survey	10,000	1	28/60
Adults Participants in the Youth and Adult Biometric Study.	Adult Targeted Surveillance Survey Recruitment Screener.	1,300	1	2/60
	Adult Targeted Surveillance Survey	1,300	1	28/60
	Adult Biometric Measures Recruitment Screener (phone/paper).	2,000	1	8/60
	Adult Biometric Measures Recruitment Screener (in-person).	2,000	1	2/60
	Youth Survey Recruitment Screener for Parent/Guardian.	800	1	2/60
	Adult Biometric Measures	2,000	1	30/60
	Adult Activity Diary and Reminder	500	1	20/60
	Caregiver Survey Recruitment Screener	800	1	2/60
	Caregiver Survey	800	1	18/60
	Caregiver Activity Diary (on behalf of young child).	250	1	10/60
Children Participants in the Youth and Adult Biometric Study.	Child or Youth Biometric Measures.	1,600	1	20/60
	Youth Activity Diary	250	1	10/60
	Youth Survey Recruitment Screener for Youth.	800	1	2/60
	Youth Survey	800	1	16/60

Dated: July 31, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Directors, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–12–0834]

Agency Forms Undergoing Paperwork Reduction Act Review

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Proposed Project

Occupational injuries and illnesses among emergency medical services (EMS) workers: A NEISS–Work telephone interview survey (0920–0834, Expiration 12/31/2012)—Revision—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Studies have reported that EMS workers have higher rates of non-fatal injuries and illnesses as compared to the general worker population. As EMS professionals are tasked with protecting the health of the public and treating urgent medical needs, it follows that understanding and preventing injuries and illnesses among EMS workers will have a benefit reaching beyond the workers to the general public.

As mandated in the Occupational Safety and Health Act of 1970 (Pub. L. 91–596), the mission of NIOSH is to conduct research and investigations on occupational safety and health. Related to this mission, the purpose of this project is to conduct research that will provide a detailed description of non-fatal occupational injuries and illnesses incurred by EMS workers. The project will use two related data sources. The first source is data abstracted from medical records of EMS workers treated in a nationally stratified sample of emergency departments. These data are routinely collected by the occupational supplement to the National Electronic Injury Surveillance System (NEISS–Work). The second data source, for which NIOSH is seeking OMB approval for a two year extension, is responses to telephone interview surveys of the injured and ill EMS workers identified within NEISS–Work. Collection of telephone interview data began in July 2010.

Data collected under the original OMB approval for this project indicate that EMS workers are willing to respond to detailed questions about their occupational injury and related circumstances. However, in order to obtain enough data to produce stable, detailed national estimates, data collection should continue until July 1, 2014. This will provide a total of four years of data for analysis. The only revisions to this project are related to a reduced annual sample, based on the annual number of interviews collected to-date, and a reduced cost burden due to a decrease in estimated respondent costs due to a decrease in the average hourly wage of EMS workers.

The ongoing telephone interview surveys will supplement NEISS–Work data with an extensive description of EMS worker injuries and illnesses, including worker characteristics, injury types, injury circumstances, injury