other hand, occupational stress research experts suggest that certain workplace and other factors (e.g., co-worker and supervisory support, anti-discrimination policies and practices, etc.) may help reduce stress among employees, including racial and ethnic minorities.

The goals of this project are to evaluate: (1) The degree of exposure of minority and non-minority workers to various workplace and job stressors (2) the impact of these stressors on health and safety outcomes and (3) the organizational (e.g., organizational characteristics, policies and practices) and other factors that protect minority and other workers from stress and associated problems in health and safety. The data collection will ultimately help CDC/NIOSH focus intervention and prevention efforts that are designed to benefit the health and safety of the diverse U.S. workforce.

The study entails collecting standardized information from working adults via a telephone interview. Respondents will be asked about: (1) Their exposure to workplace and job stressors, including those related to race and ethnicity (2) their health and safety status and (3) organizational characteristics, policies and practices that may or may not buffer them from the adverse effects of work-related stressors. Respondents will be a random sample of 2,300 Blacks/African Americans, White/European Americans, Hispanic/Latino Americans, American Indian/Alaska Natives, and Asian Americans. All telephone interview respondents will be between the ages of 18 and 65, English-speaking, either currently employed or unemployed for no more than 3 years, and living within the Chicago Metropolitan area. There are no costs to respondents other than their time. The total estimated annual burden hours are 1,150.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)
Individual	Telephone Interviews	2,300	1	30/60

Dated: October 23, 2012.

Ron A. Otten,

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

[FR Doc. 2012–26496 Filed 10–26–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–13–12MW]

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 or send comments to Kimberly S. Lane, at 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

Hepatitis Testing and Linkage to Care Monitoring & Evaluation System—New-National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention is requesting a three-year OMB approval for establishing a Hepatitis Testing and Linkage to Care (HEPTLC) Monitoring and Evaluation System to collect standardized, non-identifying, client-level and test-level hepatitis testing information from funded testing sites at multiple settings. Grantees will be required to use this web-based HEPTLC software application to collect and report testing and linkage to care activities.

The HEPTLC data collection and reporting system will enable CDC to receive standardized, non-identifying information from funded grantees, including: (1) Information about test sites that provide HEPTLC services and laboratories that provide lab testing; (2) Information about testing participants, including demographics, risk characteristics, vaccination history, etc. (3) Information related to diagnostic test results; and (4)Information about post-test follow-ups, including notification of test result, post-test-counseling, linkage to care and preventive services, and case report to surveillance authorities. CDC will use HEPTLC data for the following purposes: (1) Monitor the implementation activities of the HEPTLC initiative, as well as evaluate the progress and performance made by the grantees. Findings will further inform strategic planning and program improvement; (2) Inform recommendations and strategies of increasing early identification of infected persons and linkage to care, based on participant characteristics and linkage to care among those persons who are infected; (3) Identify best practices and gaps in implementing HEPTLC in various testing settings, and guide CDC in providing technical assistance to the grantees; (4) Produce standardized and specialized reports that will inform grantees, CDC Project Officers, HHS, Congress and other stakeholders of the process, outcome and accountability measures; (5)Assess public health prevention funds and resources allocations with respect to prioritized risk populations; (6) Advocate the needs for priority setting and budget allocation for hepatitis prevention.

Funded sites will use HEPTLC data for the following purposes: (1) Understand targeted populations (demographics, risk behaviors, vaccination histories, etc) and assess the

extent to which the targeted populations have been reached; (2) Document how well the project is progressing in meeting goals/objectives set forth by CDC (e.g. who delivered what to whom, how many, where, when, and how well), as well as performance indicators related to testing, counseling and linkage to care; (3) Highlight opportunities for local program collaboration and service integration (PCSI) to prevent hepatitis: (4)Fulfill data collection and reporting requirements outlined in the cooperative agreements.

The data will enable CDC to be accountable for the funding it provides, the populations that are served, the services being provided, and for the strategies and practices effectiveness in implementing HEPTLC. The data will also enable CDC to be accountable to the administration, Congress, or other stakeholders for the proper use of public money or provide transparency for the programs it funds.

Respondents will be testing sites at multiple settings, including health departments, community based organizations (CBOs), community health centers (CHCs), person who inject drugs (PWID) treatment centers, and other settings, e.g. HIV or STD clinics, Federally Qualified Health Centers (FQHCs). They will routinely collect, enter, and report information about the test site, client demographics and behaviors, testing results and linkage to care follow up information within the web-based HEPTLC system. CDC anticipates that routine information collection will begin once OMB approval is received and will be carried out through the project period September 2012–September 2013.

There are no costs to respondents other than their time. The total estimated annual burden hours are 6000.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Responses per respondent	Average burden per response (in hours)
HBV—CBOs/Health Jurisdictions ..... HCV—multiple sites (IDU, CHCs, Others, ECHO)	HEPTLC Data Variables & Values (test-level monthly reporting).	40	12	12
HBV—CBOs/Health Jurisdictions ..... HCV—multiple sites (IDU, CHCs, Others, ECHO)	HEPTLC Template (program-level reporting/ quarterly).	40	4	1.5

Dated: October 22, 2012.

Ron A. Otten,

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

[FR Doc. 2012–26498 Filed 10–26–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Subcommittee for Dose Reconstruction Reviews (SDRR), Advisory Board on Radiation and Worker Health (ABRWH or the Advisory Board), National Institute for Occupational Safety and Health (NIOSH)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC), announces the following meeting for the aforementioned subcommittee:

Time and Date: 8:30 a.m.–5:00 p.m. Eastern Time, November 27, 2012.

Place: Cincinnati Airport Marriott, 2395 Progress Drive, Hebron, Kentucky 41018. Telephone (859) 334–4611, Fax (859) 334–4619.

Status: Open to the public, but without an oral public comment period. To access by conference call dial the following information 1 (866) 659–0537, Participant Pass Code 9933701.

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines that have been promulgated by the Department of Health and Human Services (HHS) as a final rule; advice on methods of dose reconstruction, which have also been promulgated by HHS as a final rule; advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program; and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC).

In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to CDC. NIOSH implements this responsibility for CDC. The charter was issued on August 3, 2001, renewed at appropriate intervals, and will expire on August 3, 2013.

Purpose: The Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class. The Subcommittee for Dose Reconstruction Reviews was established to aid the Advisory Board in carrying out its duty to advise the Secretary, HHS, on dose reconstruction.

Matters To Be Discussed: The agenda for the Subcommittee meeting includes: Reconsidering the Board's dose reconstruction case review process; dose reconstruction program quality management and assurance activities, including: Current findings from NIOSH internal dose reconstruction blind reviews, presentation of the test plan for validating dose reconstruction tools, presentation of the evolution of peer-review procedures, presentation of statistics summarizing errors detected and/or corrected through current peer-review procedures; and discussion of dose reconstruction cases under review (sets 8–9, Rocky Flats Plant cases from sets 10–13, and two blind dose reconstruction cases).

The agenda is subject to change as priorities dictate.

In the event an individual cannot attend, written comments may be submitted. Any written comments received will be provided at the meeting and should be submitted to the contact person below well in advance of the meeting.

Contact Person for More Information: Theodore Katz, Executive Secretary, NIOSH, CDC, 1600 Clifton Road, Mailstop E–20, Atlanta, Georgia 30333. Telephone (513)