

FOR FURTHER INFORMATION CONTACT:
Renee Chapman, Contact Representative, or Theresa Kingsberry, Legal Assistant, Federal Trade Commission, Premerger Notification Office, Bureau of Competition, Room CC-5301, Washington, DC 20024, (202) 326-3100.

By Direction of the Commission.
Donald S. Clark,
Secretary.
[FR Doc. 2014-27025 Filed 11-14-14; 8:45 am]
BILLING CODE 6750-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention
[30Day-15-0942]
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

HIV Prevention among Latino MSM: Evaluation of a Locally Developed Intervention—Extension—(OMB #0920-0942, expiration 06/30/2015), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Latinos are the largest and fastest growing ethnic minority group in the U.S. and have the second highest rate of HIV/AIDS diagnoses of all racial/ethnic groups in the country. From the beginning of the epidemic through 2007, Latinos accounted for 17% of all AIDS cases reported to the CDC. Among Latino males, male-to-male sexual contact is the single most important source of HIV infection, accounting for 46% of HIV infections in U.S.-born Latino men from 2001 to 2005, and for more than one-half of HIV infections among South American, Cuban, and Mexican-born Latino men in the U.S. (CDC, 2007a; 2007b). In 2006, male-to-male sex accounted for 72% of new HIV infections among Latino males. Relative to other men who have sex with men (MSM), the rate of HIV infection among Latino MSM is twice the rate recorded among whites (43.1 vs. 19.6 per 100,000).

Despite the high levels of infection risk that affect Latino MSM, no efficacious behavioral interventions to prevent infection by HIV and other sexually transmitted diseases (STDs) are available for this vulnerable population. CDC's Prevention Research Synthesis group, whose role is to identify HIV

prevention interventions that have met rigorous criteria for demonstrating evidence of efficacy, has not identified any behavioral interventions for Latino MSM that meet current efficacy criteria, and no such interventions are listed in CDC's 2011 update of its Compendium of Evidence-Based HIV Behavioral Interventions (<http://www.cdc.gov/hiv/topics/research/prs/compendium-evidence-based-interventions.htm>).

There is an urgent need for efficacious, culturally congruent HIV/STD prevention interventions for Latino MSM.

The purpose of this project is to test the efficacy of an HIV prevention intervention for reducing sexual risk among Latino men who have sex with men in North Carolina. The HOLA en Grupos intervention is a Spanish-language, small-group, 4-session intervention that is designed to increase consistent and correct condom use and HIV testing among Latino MSM and to affect other behavioral and psychosocial factors that can increase their vulnerability of HIV/STD infection. This study is using a randomized controlled trial design to assess the efficacy of the HOLA en Grupos intervention compared to a general health comparison intervention.

CDC is requesting a one-year extension for the study in order to collect information from 50 study participants and terminate information collection by the study. During the requested extension period, a 6-month follow-up assessment will be administered to a total 50 study participants. Information collection during the extension period will make it possible to measure intervention and comparison participants' socio-demographic characteristics, health seeking actions, HIV/STD and substance use-related risk behaviors, and psychosocial factors six months after they receive the HOLA en Grupos and comparison interventions, respectively, and to test the efficacy of the HOLA en Grupos intervention. Collection of the 6-month follow-up assessment information will require about one hour per study participant. The total estimated annual burden hours are 50.

There is no cost to participants other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per respondent (in hours)
Enrolled Study Participant	6-month follow-up assessment	50	1	1

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. 2014-27017 Filed 11-14-14; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-15-15EC]

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.

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

Improving Organizational Management and Worker Behavior through Worksite Communication—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NIOSH, under Public Law 91-596, Sections 20 and 22 (Section 20-22, Occupational Safety and Health Act of 1977) has the responsibility to conduct research relating to innovative methods, techniques, and approaches dealing with occupational safety and health problems.

This research assesses best practices for communicating and employing a strategic health and safety management system (HSMS) to facilitate workers' health and safety behaviors, including ways that lateral communication from management influences worker perceptions and behaviors. Currently, ambivalence exists about how to strategically communicate aspects of an HSMS top-down in the mining industry. Research indicates that, to answer questions about effectively using an HSMS to improve safety, research needs to follow a sample of workplaces over time, measuring the introduction or utilization of an HSMS and then measuring outcomes of interest at the workplace level and at the worker-level too.

Therefore, analyzing workers' perception of the organizational HSMS, leaders' implementation of the organizational HSMS, and communication gaps between these two entities, may provide more insight into the best, most feasible practices and approaches to worker H&S performance within a system. This project is initiating such an approach by implementing a series of multilevel intervention (MLI) case studies that assess the utility of a safety system that includes aspects of both safety management on the organizational level and behavior-based safety on the worker level. By studying these levels separately and introducing an intervention to bridge these two groups

together to enhance safety, the communication practices within an HSMS may be enhanced.

NIOSH requests OMB approval for a 3-year for a project that involves information collection and that seeks to empirically understand what HSMS communication practices are important for mine worker H&S and how those practices can be developed, implemented, and maintained over time via desired communication from mine site leadership. The following questions guide this study:

What impact does the MLI communication model that was designed and implemented have on: (1) Workers' health/safety behaviors, including those that lower exposure to dust; (2) workers' perceptions of their organizations' values; and (3) changes in managers' strategic HSMS communication and implementation with workers to facilitate health/safety performance, including those that lower exposure to dust.

To answer the above questions, NIOSH researchers developed a multilevel intervention (MLI) that focuses on both management and workers' communication about and subsequent actions taken to reduce respirable dust exposure over time. This MLI will inform how leadership communicates to their employees and what affect(s) this communication has on individual behavior such as corrective dust actions taken by workers. By assessing the ongoing safety/health interactions between individual workers and their organizational capacities (i.e. levels of leadership and management of safety), and how these interactions influence and shape personal H&S performance, we can better understand what aspects of both systems need attention in a merged, more balanced and comprehensive system of health and safety management (DeJoy, 2005).

Specifically, this project is using mine technology, the Helmet-CAM, as a communication medium to help merge these two worksite systems. Previous research indicates that the use of information technology can enhance lateral and horizontal communication within organizations, showing support for using the Helmet-CAM in the current study (Hinds & Kiesler, 1995). NIOSH researchers can analyze what and how communication practices should be implemented to influence worker perceptions of their organizations' H&S values and how this impacts their subsequent H&S behavior. Eventually, the practices used to influence behavior related to this dust issue can be extrapolated to inform ways to