unified clearance framework for a broad array of tobacco-related communication activities, which may occur on an as-needed basis, or in the context of a coordinated series of activities. A generic clearance is needed to support the breadth, flexibility and time-sensitivity of information collections required to execute and evaluate the upcoming ACA-funded tobacco communication campaign, and to support OSH's ongoing programmatic needs, including materials development and testing for the Media Campaign Research Center.

Information will be collected through a variety of strategies including in-person focus groups, online focus groups, computer-assisted, in-person, or telephone interviews, and online surveys of variable length (short, medium, in-depth). The average burden per response is expected to range from 6–25 minutes for online surveys, and from 1–1.5 hours for interviews and focus groups. CDC will request OMB approval for each data collection activity through submission of a specific Information Collection Request that describes its purpose, use, methodology, and impact on affected respondents. The information will be used to improve the clarity, salience, appeal, and persuasiveness of messages and campaigns supporting OSH's mission. CDC's authority to collect information for public health purposes is provided by the Public Health Service Act (41 U.S.C. 241) Section 301.

Approval of the generic mechanism is requested for three years. Participation is voluntary. There are no costs 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 hr)	Total burden (in hr)
General Public or Target Population	Focus Group	160	1	1.5	240
	Online Focus Group	120	1	1	120
	Interviews	67	1	1	67
	Short Online Surveys	8,001	1	6/60	800
	Medium Online Surveys	13,334	1	25/60	5,556
	In-depth Online Surveys	1,292	1	1	1,292
					8,075

Catina Conner,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–11–0006]

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) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to 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

Statements in Support of Application of Waiver of Inadmissibility (0920–0006) exp. 12/31/2011—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 212(a)1) of the Immigration and Nationality Act states that aliens with specific health related conditions are ineligible for admission into the United States. The Attorney General may waive application of this inadmissibility on health-related grounds if an application for waiver is filed and approved by the U.S. Citizenship and Immigration Services office of the Department of Homeland Security having jurisdiction. CDC uses this application primarily to collect information to establish and maintain records of waiver applicants in order to notify the U.S. Citizenship and Immigration Services when terms, conditions and controls imposed by waiver are not met. CDC is requesting approval from OMB to collect this data for another 3 years. There are no costs to respondents except their time to complete the application. The annualized burden for this data collection is 100 hours.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Form	No. of responses	No. of responses per respondent	Average burden per response (in hours)
Form CDC 4.422–1	200	1	10/60
Form CDC 4.422–1a	200	1	20/60

Dated: July 6, 2011.

Carol Walker,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–11–11IP]

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 404–639–5960 and send comments to Daniel Holcomb, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail 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

Workplace Violence Prevention Programs in NJ Healthcare Facilities—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The long-term goal of the proposed project is to reduce violence against healthcare workers. The objective of the proposed study is two-fold: (1) To examine healthcare facility compliance with the New Jersey Violence Prevention in Health Care Facilities Act, and (2) to evaluate the effectiveness of the regulations in this Act in reducing assault injuries to workers. Our central hypothesis is that facilities with high compliance with the regulations will have lower rates of employee violence-related injury. First, we will conduct face-to-face interviews with the chairs of the Violence Prevention Committees who are in charge of overseeing compliance efforts. The purpose of the interviews is to measure compliance to the state regulations (violence prevention policies, reporting systems for violent events, violence prevention committee, written violence prevention plan, violence risk assessments, post incident response and violence prevention training). Second, we will also collect assault injury data from facility violent event reports 3 years pre-regulation (2009–2011) and 3 years post-regulation (2012–2014). The purpose of collecting these data is to evaluate changes in assault injury rates before and after enactment of the regulations. Third, we will conduct a nurse survey. The survey will describe the workplace violence prevention training nurses receive following enactment of the New Jersey regulations.

Healthcare workers are nearly five times more likely to be victims of violence than workers in all industries combined. While healthcare workers are not at particularly high risk for job-related homicide, nearly 60% of all nonfatal assaults occurring in private industry are experienced in healthcare. Six states have enacted laws to reduce violence against healthcare workers by requiring workplace violence prevention programs. However, little is understood about how effective these laws are in reducing violence against healthcare workers.

We will test our central hypothesis by accomplishing the following specific aims:

1. Compare the comprehensiveness of healthcare facility workplace violence prevention programs before and after enactment of the New Jersey regulations; *Working hypothesis:* Based on our preliminary research, we hypothesize that enactment of the regulations will improve the comprehensiveness of hospital workplace violence prevention program policies, procedures and training.

2. Describe the workplace violence prevention training nurses receive following enactment of the New Jersey regulations; *Working hypothesis:* Based on our preliminary research, we hypothesize that nurses receive at least 80% of the workplace violence prevention training components mandated in the New Jersey regulations.

3. Examine patterns of assault injuries to workers before and after enactment of the regulations; *Working hypothesis:* Based on our preliminary research, we hypothesize that rates of assault injuries to workers will decrease following enactment of the regulations.

Healthcare facilities falling under the regulations are eligible for study inclusion (*i.e.,* general acute care hospitals and psychiatric facilities). We will conduct face-to-face interviews with the chairs of the Violence Prevention Committees, who as stated in regulations, are in charge of overseeing compliance efforts. These individuals will include hospital administrators, security directors and/or risk managers, many of whom participated in the California study. The purpose of the interviews is to measure compliance to the state regulations (Aim 1). The interview form was pilot-tested by the study team in the fall 2010 and includes the following components as mandated in the regulations: Violence prevention policies, reporting systems for violent events, violence prevention committee, written violence prevention plan, violence risk assessments, post-incident response and violence prevention training. Questions will also be asked about barriers and facilitators to developing the violence prevention program.

These data will be collected in the post-regulation time period; data collected from New Jersey hospitals in the California study will be used as the baseline measure for evaluating compliance. We will also collect assault injury data from facility violent event reports 3 years pre-regulation (2009–2011) and 3 years post-regulation (2012–2014). The purpose of collecting these data is to evaluate changes in assault injury rates before and after enactment of the regulations (Aim 3). The abstraction form was developed to collect the specific reporting components stated in the regulations: Date, time and location of the incident; identity, job title and job task of the victim; identity of the perpetrator; description of the violent act, including whether a weapon was used; description of physical injuries; number of employees in the vicinity when the incident occurred, and their actions in response to the incident; recommendations of police advisors, employees or consultants, and; actions taken by the facility in response to the incident. No employee or perpetrator identifiable information will be collected.