Science report *Counting Injuries and Illnesses in the Workplace—Proposals for a Better System* [6] and the 2008 Congressional report *Hidden Tragedy: Underreporting of Workplace Injuries and Illnesses* [1].

The proposed pilot research addresses two facets of nonfatal occupational injury reporting noted in these reports—understanding barriers and incentives to reporting occupational injuries and using this knowledge to assess and improve our surveillance activities. The objectives of this project are to (1) Characterize and quantify the relative importance of incentives and disincentives to self-identifying work-relatedness at the time of medical treatment and to employers; (2) characterize individual and employment characteristics that are associated with non-reporting of workplace injuries and incentives and disincentives to reporting; (3) test the reliability of hospital abstractors to properly distinguish between work-related and non-work-related injuries; and (4) evaluate the feasibility, need, and requirements for a future larger study.

This project will use the occupational and the all injuries supplements to the National Electronic Injury Surveillance System (NEISS–Work and NEISS–AIP, respectively) to identify telephone interview survey participants. NEISS–Work and NEISS–AIP, collected by the Consumer Product Safety Commission (CPSC), capture people who were treated in the emergency department (ED) for a work-related illness or injury (NEISS–Work) or any injury, regardless of work-relatedness (NEISS–AIP). Interview respondents will come from two subgroups—individuals treated for a work-related injury and individuals who were treated for a non-work-related injury but who were employed during the time period that the injury occurred.

Data collection for the telephone interview survey will be done via a questionnaire. This questionnaire contains questions about the respondent's injury that sent them to the ED, the characteristics of the job they were working when they were injured, their experiences reporting their injury to the ED and their employer (if applicable), and their beliefs about the process and subsequent consequences of reporting an injury. The questionnaire was designed to take 30 minutes to complete. Individuals who were not employed at the time the injury occurred or was made worse; who are younger than age 20 or older than age 64; who do not speak English; who were employed on a farm or ranch or were self-employed, an independent contractor, or a day laborer at the time of injury; who did not experience an acute injury; or who missed more than three days from work because of the injury will be screened out at the beginning of the interview.

Approximately 1200 interviews will be completed over the two year period of the study. The only cost to the respondent will be the cost of their time spent on the phone completing the telephone interview survey. The estimated annualized burden hours are 300.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	No. of respondents	Average burden per response (in hours)
U.S. workers presenting to an emergency department	600	30/60

Dated: January 12, 2012.

Kimberly Lane,

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–12–11KF]

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. Written comments should be received within 30 days of this notice.

Proposed Project

Pre-Evaluation Assessments of Nutrition, Physical Activity and Obesity Programs and Policies—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The causes of obesity in the United States are complex and numerous, and they occur at many levels. In 2009, CDC issued guidance outlining 24 community-based strategies to encourage healthy eating and active living. Some of these strategies are being implemented by CDC awardees and other organizations. CDC plans to collect preliminary information about the effectiveness, in practice, of a selected group of the 24 recommended strategies. A systematic screening and assessment process will be used to identify programs for further evaluation.

CDC will select programs for initial assessment by reviewing completed program nomination forms. Forms can be submitted by states and jurisdictions funded through CDC's Nutrition, Physical Activity and Obesity (NPAO) cooperative agreement program, states and jurisdictions that do not currently have NPAO funding, and other organizations. Nominations may be submitted on-line or in hardcopy format. The nomination form includes a general program description, and an overview of organizational capacity. It will also include a summary of the program's potential impact, reach to target population, feasibility, transportability, acceptability to stakeholders, and sustainability. CDC anticipates reviewing an average of 51 program nomination forms per year.

CDC will also collect information through semi-structured, in-person interviews with approximately 12 key informants at each site selected for assessment. Respondents at each site will include the lead administrator, three program staff, an evaluator, and seven public and private sector partners and other stakeholders. Public and private sector partners and other stakeholders will be drawn from the state, local, and tribal government sector

and the private sector. The topics to be addressed during the one- to two-hour interviews include an overview of the initiative and descriptions of stakeholder involvement, evaluation plans, and funding. The lead administrator for each program initiative will also provide the information needed to coordinate the site visit and interviews.

Results will be used to identify local achievements and promising practices in nutrition, physical activity, and obesity prevention; to provide feedback and technical assistance to each initiative's developers, implementers and managers; and to assess the evaluation readiness of promising initiatives.

Up to 23 program initiatives will be selected for pre-assessment evaluation over a two-year period. OMB approval is requested for two years. Site visits will be conducted with an average of 12 programs per year. Participation is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden hours are 291.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Nominator	Nomination Form	51	1	1
Lead Administrator	Site Visit Availability Calendar	12	1	1
	Suggested Interviewees Form	12	1	1
	Site Visit Schedule Instructions and Template.	12	1	5
	Interview Guide for Lead Administrator	12	1	2
Evaluator	Interview Guide for Evaluator	12	1	1
Program Staff	Interview Guide for Program Staff	36	1	1
Public Sector Partners (State, Local and Tribal Govt. Partners).	Interview Guide for Public and Private Sector Partners/Other Stakeholders.	48	1	1
Private Sector Partners	Interview Guide for Public and Private Sector Partners/Other Stakeholders.	36	1	1

Dated: January 12, 2012.

Kimberly Lane,

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

[Docket No. CDC–2012–0001]

Request for Information on Youth Violence

AGENCY: Centers for Disease Control and Prevention, Department of Health and Human Services (HHS).

ACTION: Request for information.

SUMMARY: The Centers for Disease Control and Prevention, is seeking on behalf of the Department of Health and Human Services information for an anticipated Surgeon General response to the public health problem of youth violence.

DATES: Individuals and organizations interested in providing information must submit their comments on/or before February 21, 2012. Comments received after this date will not be considered.

ADDRESSES: Comments may be submitted by any one of the following methods:

- *Internet:* Electronic comments may be sent via *http://www.regulations.gov,* docket control number CDC–2012–0001. Please follow the directions on the site to submit comments; or
- *Mail:* Comments may also be sent by mail to the attention of Kesha Offutt, Office of Policy, Planning, and Evaluation, National Center for Injury Prevention and Control, CDC, 4770 Buford Hwy., Mail Stop F–63, Atlanta, GA 30341.

All relevant comments will be posted without change to *http://www.regulations.gov* including any personal information provided.

FOR FURTHER INFORMATION CONTACT: Lesley M. Russell BSc (Hons), BA, Ph.D., Senior Public Health Advisor for Outreach and Policy, Office of the US Surgeon General, by telephone at (202) 401–9586, or email at *Lesley.Russell@hhs.gov.*

SUPPLEMENTARY INFORMATION:

Scope of Problem: Youth violence is a significant public health problem with the potential for immediate and lifelong harmful consequences. Although rates of youth violence have dropped since the peak levels in the early 1990s, risk for youth violence remains unacceptably high. Each day, an average of 16 young people between the ages of 10 and 24 years fall victim to homicide and another 1,700 are treated in emergency departments for nonfatal injuries from physical assaults. Youth violence also is associated with high rates of emotional and social difficulties, alcohol and substance use, and academic failure. The damage resulting from youth violence extends beyond the young perpetrators and victims. Violence can increase a community's health care costs, decrease property values, and disrupt social services. Each year, youth homicides and assault-related injuries result in an estimated $14.1 billion in combined medical and work loss costs. These losses and expenditures deprive us of our next generation of healthy and productive citizens and restrict our opportunities to invest in other areas that our nation views as critical.

Approach: The Office of the Surgeon General is interested in increasing attention to the issue of youth violence in the United States and the science that demonstrates youth violence can be prevented from occurring. This document would build on the 2001 Surgeon General's report on youth violence along with 10 years of experience in the field to help our nation understand the causes and impacts of youth violence and how to prevent it from occurring in the first place.

Potential Areas of Focus: CDC is interested in receiving information on the following: