

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.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

World Trade Center Health Program Scientific/Technical Advisory Committee; Nominations of Candidates

This notice supersedes the following documents published in the **Federal Register**: June 11, 2013 Volume 78, Number 112, Pages 35036-35037; June 21, 2013 Volume 78, Number 120, Page 37542; June 28, 2013 Volume 78, Number 125, Page 38983.

Request for Nominations of Candidates to Serve on the World Trade Center Health Program Scientific/Technical Advisory Committee (the STAC or the Committee), Centers for Disease Control and Prevention (CDC), Department of Health and Human Services.

The CDC is soliciting nominations for membership on the World Trade Center (WTC) Health Program Scientific/Technical Advisory Committee (STAC). Title I of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111-347) was enacted on January 2, 2011, amending the Public Health Service Act (PHS Act) by adding Title XXXIII establishing the WTC Health Program within HHS (Title XXXIII of the PHS Act is codified at 42 U.S.C. 300mm to 300mm-61). Section 3302(a) of the PHS Act established the WTC Health Program Scientific/Technical Advisory Committee (STAC). The STAC is governed by the provisions of the Federal Advisory Committee Act, as amended (Pub. L. 92-463, 5 U.S.C. App.), which sets forth standards for the formation and use of advisory committees in the Executive Branch. PHS Act Section 3302(a)(1) establishes that the STAC will: review scientific and medical evidence and to make recommendations to the [WTC Program] Administrator on additional WTC Program eligibility criteria and on additional WTC-related health conditions.

The committee may be consulted for other matters as related to and outlined in the Act at the discretion of the WTC Program Administrator. Agency or

Official to Whom the Committee Reports Section 3302(a)(1) instructs the committee to provide advice to the WTC Program Administrator. In accordance with Section 3302(a)(2) of the PHS Act, the WTC Program Administrator will appoint the members of the committee, which must include at least:

- 4 occupational physicians, at least two of whom have experience treating WTC rescue and recovery workers;
- 1 physician with expertise in pulmonary medicine;
- 2 environmental medicine or environmental health specialists;
- 2 representatives of WTC responders;
- 2 representatives of certified-eligible WTC survivors;
- 1 industrial hygienist;
- 1 toxicologist;
- 1 epidemiologist; and
- 1 mental health professional.

At this time the Administrator is seeking nominations for members fulfilling the following categories:

- occupational physician;
- physician with expertise in pulmonary medicine;
- environmental medicine or environmental health specialist;
- representative of WTC responders;
- representative of certified-eligible WTC survivors;

Other members may be appointed at the discretion of the WTC Program Administrator.

A STAC member's term appointment may last 3 years. If a vacancy occurs, the WTC Program Administrator may appoint a new member who represents the same interest as the predecessor. STAC members may be appointed to successive terms. The frequency of committee meetings shall be determined by the WTC Program Administrator based on program needs. Meetings may occur up to four times a year. Members are paid the Special Government Employee rate of \$250 per day, and travel costs and per diem are included and based on the Federal Travel Regulations.

Any interested person or organization may self-nominate or nominate one or more qualified persons for membership.

Nominations must include the following information:

- The nominee's contact information and current occupation or position;
- The nominee's resume or curriculum vitae, including prior or current membership on other National Institute for Occupational Safety and Health (NIOSH), CDC, or HHS advisory committees or other relevant organizations, associations, and committees;
- The category of membership (occupational, pulmonary or

environmental medicine physician, environmental health specialist, representative of responder or survivor beneficiaries) that the candidate is qualified to represent;

- A summary of the background, experience, and qualifications that demonstrates the nominee's suitability for the nominated membership category;
- Articles or other documents the nominee has authored that indicate the nominee's knowledge and experience in relevant subject categories; and
- A statement that the nominee is aware of the nomination, is willing to regularly attend and participate in STAC meetings, and has no known conflicts of interest that would preclude membership on the Committee.

STAC members will be selected upon the basis of their relevant experience and competence in their respective categorical fields. The information received through this nomination process, in addition to other relevant sources of information, will assist the WTC Program Administrator in appointing members to serve on the STAC. In selecting members, the WTC Program Administrator will consider individuals nominated in response to this **Federal Register** notice as well as other qualified individuals.

The CDC is committed to bringing greater diversity of thought, perspective and experience to its advisory committees. Nominees from all races, genders, ages, and persons living with disabilities are encouraged to apply. Nominees must be U.S. citizens.

Candidates invited to serve will be asked to submit the "Confidential Financial Disclosure Report," OGE Form 450. This form is used by CDC to determine whether there is a financial conflict between that person's private interests and activities and their public responsibilities as a Special Government Employee as well as any appearance of a loss of impartiality, as defined by Federal regulation. The form may be viewed and downloaded at <http://www.oge.gov/Forms-Library/OGE-Form-450-Confidential-Financial-Disclosure-Report/>. This form should not be submitted as part of a nomination.

DATES: Nominations must be submitted (postmarked or electronically received) by August 9, 2013.

Submissions must be electronic or by mail. Submissions should reference docket #229-A. Electronic submissions: You may electronically submit nominations, including attachments, to nioshdocket@cdc.gov. Attachments in Microsoft Word are preferred. Regular, Express, or Overnight Mail: Written nominations may be submitted (one

original and two copies) to the following address only: NIOSH Docket 229–A c/o Zaida Burgos, Committee Management Specialist, National Institute for Occupational Safety and Health, Center for Disease Control and Prevention, 1600 Clifton Road NE., M/S E–20, Atlanta, Georgia 30333. Telephone and facsimile submissions cannot be accepted. For further information contact: Paul Middendorf, Senior Health Scientist, 1600 Clifton Rd. NE., MS: E–20, Atlanta, GA 30239; telephone (404)498–2500 (this is not a toll-free number); email pmiddendorf@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elizabeth Millington,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2012–N–0593]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Eye Tracking Experimental Studies To Explore Consumer Use of Food Labeling Information and Consumer Response to Online Surveys

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA or we) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Fax written comments on the collection of information by August 2, 2013.

ADDRESSES: To ensure that comments on the information collection are received, OMB recommends that written comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: FDA Desk Officer, FAX: 202–395–7285, or emailed to

aira_submission@omb.eop.gov. All comments should be identified with the OMB control number 0910–New and title “Eye Tracking Experimental Studies to Explore Consumer Use of Food Labeling Information and Consumer Response to Online Surveys.” Also include the FDA docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT:

Domini Bean, Office of Information Management, Food and Drug Administration, 1350 Piccard Dr., PI50–400T, Rockville, MD 20850, domini.bean@fda.hhs.gov.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

Eye Tracking Experimental Studies To Explore Consumer Use of Food Labeling Information and Consumer Response to Online Surveys—(OMB Control Number 0910–NEW)

I. Background

Eye tracking is a consumer research technique often used to determine where a person is looking while interacting with a visual display, such as a product package and elements of information on the package. The technique collects eye movement data, i.e., fixations and saccades (jumps of the eye), which may be superimposed on the display image to reveal: (1) Which parts of the display captured the viewer’s attention, (2) the order and path in which visual elements were seen, and (3) the length of time they were viewed. These data provide detailed information on what individuals pay attention to on product packages, how long they spend looking at different package elements, and how visual attention may be related to their reaction to the images (Refs. 1 to 4, 7). Data from eye tracking studies can also help improve questionnaire design. Different respondents may pay differing degrees of attention to the elements of a survey question or response options. Eye tracking data can help to identify the need and strategies for improving the design (Refs. 5 and 6). Finally, eye tracking data can provide information on the decision strategies that individuals use under different levels of time pressure, which can help reveal the influence of time on busy individuals’ food choices (Refs. 4 and 7).

As a public health agency, FDA helps consumers make informed dietary decisions by regulating nutrition information on food labels, among other activities. An understanding of how

visual elements (e.g., labeling statements such as claims, disclosure statements, logos, and Nutrition Facts label) influence consumers’ perceptions and choices of products can assist us in developing labeling information to help consumers make informed dietary decisions. In addition, we use self-administered questionnaires in online experimental studies to assess consumer reactions to nutrition information on food packages. An understanding of how respondents react to survey materials that are presented visually will enhance our ability in collecting better consumer data to help us fulfill our missions.

The proposed data collection will use eye tracking research to examine consumers’ eye movements to achieve three goals: (1) To better understand consumer reaction to specific food labeling information, (2) to better understand survey respondent reaction to specific survey questions related to nutrition and health, and (3) to better understand how time pressure influences the priority and quality of decision making and survey response. In order to observe consumers’ eye movement in different types of settings, we propose to conduct two separate studies, one in each of two different settings. Study 1 is a laboratory study that will ask participants to view on a computer screen mockups of food labels and perform tasks as well as answer other survey questions. Study 2 is an in-store study that will record eye movement data from grocery shoppers while they shop for preselected product categories. The studies will use two different survey instruments. Study participants will come from two separate convenience samples.

A. Study 1 (Laboratory Study)

Study 1 is a controlled randomized experiment. It has two objectives. The first objective is to collect data on how consumers view and process label information. The data will be used to test the hypothesis that one or more label and information characteristics will cause variations in viewing and processing. In this proposed study, we will focus specifically on the following characteristics: (1) Presence and type of nutrition symbols, together with presence of claims, on the Principal Display Panel (PDP) of a conventional food; (2) presence of a disclosure statement (21 CFR 101.13(h)(1)–(3)) on the PDP of a conventional food that makes a nutrient content claim; (3) format of the Nutrition Facts label on a conventional food product; (4) presence of a Dietary Supplement Health and Education Act disclaimer on the PDP of