

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Trainees Participating in the Train-the-Trainer Model.	Trainee Reaction Survey—Online Model.	180	1	15/60	45
	Trainee Reaction Survey—Blended Model.	180	1	15/60	45
	Trainee Technical Assistance Survey.	1,080	1	15/60	270
	Case Study Interviews with Selected Trainees.	15	1	1	15
	Focus Group with Trainees	11	1	1.5	17
	Train-the-Trainer Application	60	1	30/60	30
	Trainee Facilitation Survey	60	1	20/60	20
	Trainee Reaction Survey	30	1	15/60	8
	Train-the-Trainer Trainee Technical Assistance Survey.	60	1	15/60	15
Trainees Participating in the Work@Health Program Wave 2.	Wave 2 Trainee Reaction Survey	150	1	15/60	38
Instructors/Coaches	Group Discussions with Instructors/Coaches.	11	1	30/60	6
Total	1,663

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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

[30Day-13-13SL]

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

CDC Work@Health Program: Phase 1 Needs Assessment and Pilot Training Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) is establishing the Work@Health Program, a comprehensive workplace health promotion training program, to support employers' efforts to create healthy work environments and provide employees with opportunities to make healthy lifestyle choices. The Work@Health curriculum will be based on a problem-solving approach to improving employer knowledge and skills related to effective, science-based workplace health programs, and supporting the adoption of these programs in the workplace.

The Work@Health Program will train and support small, mid-size, and large employers with three primary goals: (1) Increase understanding of the training needs of employers and the best way to deliver skill-based training to them; (2) Increase employers' level of knowledge and awareness of workplace health program concepts and principles as well as tools and resources to support the design, implementation, and evaluation of effective workplace health strategies and interventions; and (3) Increase the number of science-based workplace health programs, policies, and practices in place at participating employers' worksites and increase the access and opportunities for employees to participate in them.

The Work@Health Program will be implemented in two phases. In Phase 1, CDC will conduct an employer needs assessment, develop training models, and conduct pilot training and

evaluation with approximately 60 employers and other organizations. In Phase 2, CDC will transition to full-scale program implementation and evaluation involving approximately 600 employers and other organizations. CDC is requesting OMB approval to initiate Phase 1 information collection in summer 2013.

A one-time Training Needs Assessment Survey will be administered electronically to 200 employers representing small, mid-size, and large businesses from various industry sectors and geographic locales. The needs assessment survey will allow CDC to assess employer preferences with respect to curriculum content, the types of support materials needed by employers and the appropriate level of detail for these materials, and the best approaches for providing technical assistance to employers.

CDC plans to pilot the training with 60 employers in four models (formats), with 15 employers participating in each: (1) A "Hands-on" instructor-led workshop model (T1), (2) a self-paced "Online" model (T2), (3) a combination or "Blended" model (T3), and (4) a "Train-the-Trainer" model (T4) designed to prepare qualified individuals to train employers through the Hands-on, Online, or Blended models. Upon completion of the pilot training, each participant will be asked to complete a 15-20 minute evaluation survey to allow CDC to assess respondent satisfaction with the procedures, methods, content and strategies employed in each Work@Health training model.

Participation in the Work@Health Program needs assessment and pilot training evaluation surveys is voluntary for employers. There are no costs to participants other than their time.

CDC will use the information collected in the needs assessment

survey to inform the development of the Work@Health training curriculum and delivery methods. The information collected in the pilot training surveys will be used to assess respondent satisfaction with and suggestions for the

procedures, methods, content and strategies employed in each Work@Health training model.

OMB approval is requested for one year. The total estimated annualized burden hours are 117.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)
Employers	Training Needs Assessment Survey	200	1	20/60
Employers Participating in the Work@Health Pilot Training Program.	Pilot Employer Application Form	400	1	5/60
	Pilot Training: Hands-on Model Evaluation Survey.	15	1	15/60
	Pilot Training: Online Model Evaluation Survey.	15	1	15/60
	Pilot Training: Blended Model Evaluation Survey.	15	1	20/60
	Pilot Training: Train-the-Trainer Model Evaluation Survey.	15	1	15/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-13-13[I]

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 and send comments to LeRoy Richardson, at CDC 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) 2 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

ROPS Attributes Identified by Distribution Channel Intermediaries—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. The prevention of traumatic injury is within the purview of NIOSH, and elevated incidence and rates of traumatic injury are found in the farming community. High rates of traumatic injury are associated with the use of older tractors that are not equipped with rollover protective structures (ROPS), which have been proven to reduce tractor-rollovers, a leading cause of injury to agricultural workers. To reduce the incidence of traumatic injury among farm workers, NIOSH proposes to administer stated-preference questionnaires designed to assess preference among a group of

tractor-parts dealers in Pennsylvania, New York, New Hampshire and Vermont, who have membership in the Northeast Equipment Dealers' Association (NEDA). NEDA is a trade group for tractor parts dealers and is active in 12 States in the Northeast and Mid-Atlantic States. This information will be used to assess the impediments and barriers to adoption, as well as the incentives, for the distribution and sale of ROPS.

ROPS are generally provided to end users by tractor parts dealers, who constitute distribution channel intermediaries between the manufacturer and the consumer. However, little is known about the decision processes that tractor parts dealers follow in deciding whether or not to provide ROPS to end users. The current project will generate ranking scores for the importance given to various items of concern to tractor parts dealers; these most-important items were previously developed through review of relevant research studies.

CDC proposes to collect customized information, from 520 NEDA establishments, over a one-month period. This information will be of three kinds: 1. General screening information as to the appropriateness of administering a survey to the respondent organization; 2. Limited respondent perception of the demographic characteristics on the client base served by the NEDA establishment, and 3. Importance ranking of attributes of the process of providing ROPS, or the ROPS configuration itself.