discussion groups of no more than ten individuals. Each facilitator will complete a brief facilitator information form designed to provide descriptive information about the group session. Each participant in the discussion groups will complete a pre and post program questionnaire. A total of 360 participants 18 years or older, African American who either have diabetes or friends and/or family members of someone with diabetes will participate in the discussion groups; (2) These 360 participants will also complete a one-month follow up survey to assess whether or not desired behavior change occurred. The survey will be administered via mail, telephone and web and will take approximately 20–30 minutes to complete; (3) A selected sample of participants with diabetes (n=18) will participate in 1-hour telephone interviews to discuss their experiences with the intervention, including any challenges they faced; (4) Twenty trained and lay facilitators will participate in 1-hour in-depth interviews to discuss the usefulness of the guide; (5) A feedback form for users of the New Beginnings discussion guide will be part of the future distribution of the guide. This form is designed to provide on-going input from new users of the guide. The only cost to respondents is their time to participate in the survey.

Study Design

The study will consist of the following three groups of facilitators and participants:

Group 1: Twelve facilitators will convene groups of participants and complete the facilitator feedback forms. The same 120 participants will view the movie and complete the pre-, post-, and follow-up questionnaires.

Group 2: Twelve facilitators will convene groups of participants and complete the facilitator feedback forms. The same 120 participants will view the movie, participate in one discussion session, and complete the pre-, post-, and follow-up questionnaires.

Group 3: Twelve facilitators will convene groups of participants and complete the facilitator feedback forms for each discussion session convened. The same 120 participants will view the movie, participate in 2–4 discussion sessions, and complete the pre-, post-, and follow-up questionnaires.

Additionally:

18 participants (drawn from the total pool of 360) will participate in in-depth interviews.

Twenty trained and lay facilitators will participate in in-depth interviews.

50 facilitators will complete the feedback form that accompanies the discussion guide.

Estimated Annualized Burden Hours

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Group 1: Facilitator	Facilitator Information Form	12	1	5/60	1
Group 1: Participant	View the movie	120	1	30/60	60
Group 1: Participant	Pre-program questionnaire	120	1	20/60	40
Group 1: Participant	Post-program questionnaire	120	1	20/60	40
Group 1: Participant	Follow-up questionnaire	120	1	20/60	40
Group 2: Facilitator	Facilitator Information Form	12	1	10/60	2
Group 2: Participant	View the movie	120	1	30/60	60
Group 2: Participant	Pre-program questionnaire	120	1	20/60	40
Group 2: Participant	Post-program questionnaire	120	1	20/60	40
Group 2: Participant	Participate in one facilitated discussion.	120	1	60/60	120
Group 2: Participant	Follow-up questionnaire	120	1	20/60	40
Group 3: Facilitator	Facilitator Information Form	12	4	10/60	8
Group 3: Participant	View the movie	120	1	30/60	60
Group 3: Participant	Pre-program questionnaire	120	1	20/60	40
Group 3: Participant	Post-program questionnaire	120	4	60/60	480
Group 3: Participant	Participate in four facilitated discussions.	120	1	20/60	40
Group 3: Participant	Follow-up questionnaire	120	1	20/60	40
Facilitator	In-depth interview	20	1	60/60	20
Participant	In-depth interview	18	1	60/60	18
Facilitator	Feedback Forms	50	1	10/60	8.5
Total		396			1197.5

Dated: February 28, 2007.

Joan F. Karr,

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

[FR Doc. E7–3984 Filed 3–6–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day 07–0639]

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 Joan Karr, CDC Acting 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

Special Exposure Cohort Petitions—Extension—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

On October 30, 2000, the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA), 42 U.S.C. 7384–7385 [1994, supp. 2001] was enacted. It established a compensation program to provide a lump sum payment of $150,000 and medical benefits as compensation to covered employees suffering from designated illnesses incurred as a result of their exposure to radiation, beryllium, or silica while in the performance of duty for the Department of Energy and certain of its vendors, contractors and subcontractors. This legislation also provided for payment of compensation for certain survivors of these covered employees. The only change to the collection is an increase in burden hours because more petitioners are requesting to have their work site named as a special exposure cohort. This program has been mandated to be in effect until Congress ends the funding.

EEOICPA instructed the President to designate one or more Federal Agencies to carry out the compensation program. Accordingly, the President issued Executive Order 13179 (''Providing Compensation to America's Nuclear Weapons Workers'') on December 7, 2000 (65 FR 77487), assigning primary responsibility for administration of the compensation program to the Department of Labor (DOL). The executive order directed the Department of Health and Human Services (HHS) to perform several technical and policymaking roles in support of the DOL program.

Among other duties, the executive order directed HHS to establish and implement procedures for considering petitions by classes of nuclear weapons workers to be added to the ''Special Exposure Cohort'' (the ''Cohort''), various groups of workers whose claims for cancer under EEOICPA can be adjudicated without demonstrating that their cancer was ''at least as likely as not'' caused by radiation doses they incurred in the performance of duty. In brief, EEOICPA authorizes HHS to designate such classes of employees for addition to the Cohort when NIOSH lacks sufficient information to estimate with sufficient accuracy the radiation doses of the employees, if HHS also finds that the health of members of the class may have been endangered by the radiation dose the class potentially incurred. HHS must also obtain the advice of the Advisory Board on Radiation and Worker Health (the ''Board'') in establishing such findings. On March 7, 2003, HHS proposed procedures for adding such classes to the Cohort in a notice of proposed rulemaking at 42 CFR Part 83.

The HHS procedures authorize a variety of individuals and entities to submit petitions, as specified under § 83.7. Petitioners are required to provide the information specified in § 83.9 to qualify their petitions for a complete evaluation by HHS and the Board. HHS has developed two petition forms to assist the petitioners in providing this required information efficiently and completely. Petition Form A is a one-page form to be used by EEOICPA claimants for whom NIOSH will have attempted to conduct dose reconstructions and will have determined that available information is not sufficient to complete the dose reconstruction. The form addresses the informational requirements specified under § 83.9(a) and (b). Petition Form B, accompanied by separate instructions, is intended for all other petitioners. The form addresses the informational requirements specified under § 83.9(a) and (c). Forms A and B can be submitted electronically as well as in hard copy. Petitioners should be aware that HHS is not requiring petitioners to use the forms. Petitioners can choose to submit petitions as letters or in other formats, but petitions must meet the informational requirements referenced above. NIOSH expects, however, that all petitioners for whom Form A would be appropriate will actually use the form, since NIOSH will provide it to them upon determining that their dose reconstruction cannot be completed and encourage them to submit the petition. NIOSH expects the large majority of petitioners for whom Form B would be appropriate will also use the form, since it provides a simple, organized format for addressing the informational requirements of a petition.

NIOSH will use the information obtained through the petition for the following purposes: (a) Identify the petitioner(s), obtain their contact information, and establish that the petitioner(s) is qualified and intends to petition HHS; (b) establish an initial definition of the class of employees being proposed to be considered for addition to the Cohort; (c) determine whether there is justification to require HHS to evaluate whether or not to designate the proposed class as an addition to the Cohort (such an evaluation involves potentially extensive data collection, analysis, and related deliberations by NIOSH, the Board, and HHS); and, (d) target an evaluation by HHS to examine relevant potential limitations of radiation monitoring and/or dosimetry-relevant records and to examine the potential for related radiation exposures that might have endangered the health of members of the class.

Finally, under § 83.18, petitioners may contest the proposed decision of the Secretary to add or deny adding classes of employees to the cohort by submitting evidence that the proposed decision relies on a record of either factual or procedural errors in the implementation of these procedures. NIOSH estimates that the time to prepare and submit such a challenge is 45 minutes. Because of the uniqueness of this submission, NIOSH is not providing a form. The submission should be in a letter format.

There are no costs to petitioners unless a petitioner chooses to purchase the services of a expert in dose reconstruction, an option provided for under 42 CFR 83.9(c)(2)(iii). The petitioner would assume the financial burden of purchasing such services at their option. In such cases, HHS estimates a report by such an expert may cost between $640 and $6,400, depending on the scope of the petition and access to relevant information. This is based on an estimate of costs of $80 per hour for contractual services by a health physicist, who NIOSH estimates would be employed within a range of eight to eighty hours to conduct and prepare a report on the required assessment.

Estimate of Annualized Burden Hours

Form name & number (CFR reference)	Respondents	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)	Total burden (in hours)
83.9	Petitioners using Form A	30	1	3/60	1.5
83.9	Petitioners using Form B	40	1	5	200
83.9	Petitioners not using Form B	5	1	5.5	27.5
83.18	Petitioners Appealing proposed decisions	5	1	45/60	3.75
Total		80			233

Dated: February 28, 2007.

Joan F. Karr,

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

[FR Doc. E7–3985 Filed 3–6–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day 07–07AN]

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 Joan Karr, CDC Acting 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

Program Effectiveness Evaluation of Workplace Intervention for Intimate Partner Violence (IPV)—New—National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Intimate partner violence (IPV) affects a substantial number of Americans, and there has recently been increasing recognition of the impact it has on the workplace. In addition to direct impacts (batterers often stalk or even attack IPV victims at their place of work), IPV has indirect impacts on the workplace environment through lost productivity due to medical leave, absenteeism, and fear and distraction on the part of victims and coworkers. The Centers for Disease Control and Prevention (CDC) has employed contractor support to evaluate an ongoing workplace IPV prevention program being implemented at a national corporation. The purpose of the proposed evaluation is to document in detail the workplace IPV prevention activities delivered by the company, to determine the impact of these activities on short-term and long-term outcomes, and to determine the cost-effectiveness of the program. All managers at the corporation will be screened to assess training experiences. Then, more in-depth surveys will be done among managers who have not had the corporation's IPV training. We will survey those 500 managers at baseline, and 6 and 12 months later. Manager surveys will focus on knowledge/awareness of IPV and company resources for IPV and number of referrals for IPV assistance. We will also survey employees of those managers using an anonymous web-based survey at baseline and 12 months later to assess their self-evaluated productivity, absenteeism, and perceptions of manager behavior. We will compare the responses of managers (and their employees) who received the IPV training in the study period (*i.e.*, sometime between the baseline and 12 month surveys) with untrained managers. The study will provide CDC and employers information about the potential effectiveness and cost-effectiveness of workplace IPV intervention strategies.

There are no costs to respondents except their time to participate in the interview.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Employee	1500	2	30/60	1500
Manager	500	3	30/60	75
Total	2000			2250