

to promote healthy food choices.” Upon completion, a report detailing CDC’s findings is to “be submitted to the appropriate Committees of jurisdiction of Congress.”

In response, CDC has contracted with the Academy for Educational Development (AED) to conduct focus groups to identify key audience concepts around food choices, and develop and test concepts and messages aimed at increasing healthy food choices among children. For the research to be useful to Congress and to the nation’s public health agenda, a thorough understanding of children at different developmental stages regarding their attitudes toward healthy food choices, and the barriers and motivations for adopting and sustaining these choices is essential. Additionally, a thorough understanding of parents and caregivers who can influence the health behaviors of children is important.

A total of 384 children and 336 parents will be organized into 90 focus groups (8 respondents per focus group). The 90 focus groups will be conducted

in three phases (36 focus groups in Phase 1, 36 focus groups in Phase 2, and 18 focus groups in Phase 3). The 36 focus groups in Phase 1 will consist of 24 focus groups of “tweens” (children ages 9–12 years) and 12 focus groups of their parents or key caregivers. Current literature and opinion leaders both strongly suggest that tweens greatly influence nutritional decisions made by their parents and younger siblings. Similarly, the 36 focus groups in Phase 2 will consist of 24 focus groups of children (ages 5–8 years) and 12 focus groups of their parents. Although parents and children may be recruited as parent-child dyads, parents will participate in focus groups for parents only, and children will participate in focus groups for children only. Phase 3 will consist of 18 focus groups involving parents or caregivers of children ages 2–4 years; no children in this age group will be recruited.

Focus group recruitment will incorporate appropriate representation of diverse ethnic groups, and the groups will be held in several cities to ensure broad geographic representation.

Participants will be recruited by focus group facilities utilizing their database to solicit and screen interested parties. Both parents and children will participate in the screening process as well as focus group participation. It is expected that two households will be screened in order to recruit each participating Parent, Child, or Parent-Child dyad. Each focus group will be asked to respond verbally. The moderator will utilize a prepared guide which is designed to specifically ensure that the discussion is limited to 2 hours. The focus group moderator will use one guide for all focus groups involving children, and a similar but distinct guide for all focus groups involving parents or caregivers.

The intent of this research is to solicit input and feedback from potential audiences. The information gathered will be used to develop, refine, and modify messages and strategies to increase healthy food choices by children and parents. There is no cost to respondents other than their time to participate in the survey.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden (in hours)	Total burden (in hours)
Children	Screener D1 for Parent & Child Groups	384	1	3/60	19
	Screener D2 for Child Only Groups	384	1	3/60	19
	Focus Group Moderator’s Guide for Children/Youth	384	1	2	768
Parents	Screener D1 for Parent & Child Groups	192	1	7/60	22
	Screener D2 for Child Only Groups	192	1	7/60	22
	Screener D3 for Parent Only Groups	288	1	7/60	34
	Focus Group Moderator’s Guide for Parents	336	1	2	672
Total	1,556

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–08–06AO]

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 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Evaluation of an Occupational Safety and Health (OSH) Program for the Small Business Wood Pallet Industry—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Federal Occupational Safety and Health Act of 1970, Section 501, enables CDC/NIOSH to carry out research

relevant to the health and safety of workers. The goal of this project is to determine whether receipt of a NIOSH informational manual about occupational safety and health (OSH) concerns specific to pallet manufacturing and recycling will motivate owners or managers to take actions resulting in a safer workplace. The theoretical basis of the study follows the Transtheoretical Model (TTM) of Prochaska and DiClemente [1984]. This model states that change is defined by 5 stages: (1) Pre-contemplation—people are unaware of problems and are not thinking seriously about changing within the next 6 months, (2) contemplation—the stage where people become aware that a problem exists and intend to take action within the next 6 months, (3) preparation—investigating options and intending to take action in the next 30

days, (4) action—people institute environmental changes and change their overt behavior, and (5) maintenance—people continue the gains obtained during the action stage for longer than 6 months.

Small business entrepreneurship is a vital component of the U.S. economy. OSH activities, including research, regulation, enforcement, and intervention historically have not focused on small businesses despite their predominance and relatively large numbers of employees overall. Few small business establishments provide on-site occupational health units, medical screening tests, pre-placement physicals, or employ or use industrial hygiene or safety personnel/consultants. As a consequence, prevention of occupational injury and illness is often difficult in small business establishments because they generally have few safety and health resources, do not hire staff devoted to safety and health activities, and often lack the ability to identify occupational hazards and conduct surveillance.

The pallet manufacturing industry has higher injury rates than general industry. The incidence rate for non-fatal injuries in the wood pallet and skid (SIC 2448) manufacturing industry was 226% greater than that for general industry. The type of injuries sustained at wood pallet manufacturers and their rates of increase [2002] compared to

general industry included amputations (2220% higher), cuts and punctures (378% higher), fractures (237% higher), bruises (221% higher) sprains and strains (133% higher) and back pain (305% higher).

Through this study, NIOSH will evaluate the feasibility and effectiveness of providing carefully constructed OSH information to one segment of small business pallet makers. The informational manual will be divided into eight chapters targeting specific hazards relevant to pallet work and will provide the owners/managers with suggestions for controlling those hazards. Chapters were selected based on prior NIOSH site visits to a sample of pallet makers and in consultation with the National Wood Pallet and Container Association. The chapters include: An introduction to OSH, developing a site-specific safety program, controlling noise, improving ventilation, saw safety, forklift safety, preventing build up of carbon monoxide, and prevention of musculoskeletal injury through ergonomics.

This project will utilize two groups—a treatment group and a control group—in a pre-post design. One hundred eighty pallet companies will be randomly selected and assigned to two groups from a list of small pallet businesses in the United States that was provided by a market research firm.

Both groups will participate in a baseline survey conducted by telephone. The treatment group will then receive the NIOSH informational manual by mail and the control group will not receive the manual until the conclusion of the study. Five months after the mailing, both groups will participate in a follow-up telephone survey designed to assess whether receipt and use of the material encouraged owners/managers to contemplate, plan, or initiate OSH changes at their facility. The questionnaire will determine whether owners/managers have progressed from baseline along the stage of change continuum because of receipt and use of the NIOSH material, or if some other factor is influencing their safety and health actions. It is possible that improvements in OSH may occur due to other influences and not from the informational manual. For example, it is possible that some event will occur that will make the entire industry more aware of OSH. Use of a similar control group will help in this determination. Data collection will occur within a 12 month period. However, the entire NIOSH study will occur over a two-year period. There will be no cost to respondents except their time to participate in the telephone survey. The total estimated annualized burden hours are 40.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Pallet company safety and health managers	Initial Questionnaire (screening only)	9	1	3/60
	Initial Questionnaire (complete)	48	1	12/60
Treatment Group	Follow-up Questionnaire	45	1	15/60
	Initial Questionnaire (screening only)	9	1	3/60
Pallet company safety and health managers	Initial Questionnaire (complete)	48	1	12/60
	Follow-up Questionnaire*	45	1	9/60
Control Group	Initial Questionnaire (screening only)	9	1	3/60
	Initial Questionnaire (complete)	48	1	12/60
Control Group	Follow-up Questionnaire*	45	1	9/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Privacy Act of 1974; New System of Records

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

ACTION: Notice of a New System of Records.

SUMMARY: In accordance with the requirements of the Privacy Act, the Centers for Disease Control and

Prevention (CDC) is proposing to establish a new system of records (SOR), 09-20-0171, "Quarantine and Traveler-Related Activities, Including Records for Contact Tracing Investigation and Notification Under 42 CFR Parts 70 and 71, HHS/CDC/CCID." The purpose of the system is to maintain records on the conduct of activities (e.g., quarantine, isolation) that fulfill HHS's and CDC's statutory authority under sections 311 and 361-368 of the Public Health Service Act: To prevent the introduction, transmission and spread of serious communicable diseases from persons arriving into the United States from foreign countries or engaged in