

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Request for Comments: Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the IHS processes the information collected in a useful and timely fashion; (c) the accuracy of the public burden estimate (this is the amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Send Comments and Requests for Further Information: Send your written comments and requests for more information on the proposed collection or requests to obtain a copy of the data collection instrument and instructions to: Ms. Betty Gould, Reports Clearance Officer, 801 Thompson Avenue, TMP, Suite 450, Rockville, MD 20852, call non-toll free (301) 443-7899, send via facsimile to (301) 443-9879, or send your e-mail requests, comments, and return address to: Betty.Gould@ihs.gov.

Comment Due Date: Your comments regarding this information collection are best assured of having full effect if received within 60 days of the date of this publication.

Dated: September 3, 2009.

Yvette Roubideaux,
 Director, Indian Health Service.
 [FR Doc. E9-22271 Filed 9-16-09; 8:45 am]
BILLING CODE 4165-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-09-0669]

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) 639-4766 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) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Evaluation of State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases [OMB# 0920-0669 exp. 6/30/2011]—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In order to prevent and control obesity and other chronic diseases, CDC established state-based nutrition and physical activity programs to support the development and implementation of nutrition and physical activity interventions, particularly through population-based strategies such as policy-level changes, environmental supports and the social marketing process. The overall programmatic goal is to promote population-based behavior change, such as increased physical activity and better dietary habits, thus leading to a reduction in the prevalence of obesity, and ultimately to a reduction

in the prevalence of chronic diseases. CDC funding for state nutrition and physical activity programs may be used for capacity building, collaboration, planning, monitoring the burden of obesity, intervention, and evaluation.

CDC is currently approved to collect information from funded states as described in “Evaluation of State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases” (OMB no. 0920-0669, exp. date 06/30/2011). The evaluation framework for the information collection was designed to focus on recipient activities as outlined in the original funding announcement. Since that time, CDC reissued the cooperative agreement with minor adjustments to program focus and reporting requirements. In the current Revision request, CDC proposes to implement changes to the information collection which reflect those adjustments.

Planned modifications include: collection of additional data items pertaining to “success stories” and two new behavioral target areas (consumption of sugar-sweetened beverages and consumption of high energy-dense foods); deletion of questions that are no longer relevant; wording changes to improve clarity; and minor changes to the response categories for some questions. CDC also proposes a new, simplified title for the OMB Information Collection Request: “Monitoring State Nutrition, Physical Activity and Obesity Programs.”

CDC anticipates an overall reduction in burden based on a reduction in the number of respondents, reduction of the estimated burden per response, and reduction in the frequency of information (from a semi-annual schedule to an annual schedule). OMB approval is requested for three years. There are no costs to the respondents other than their time. The total estimated annualized burden hours are 250.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Awardees	25	1	10

Date: September 9, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9-22374 Filed 9-16-09; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-09-09BH]

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) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Assessing the Safety Culture of Underground Coal Mining—New—National Institute for Occupational Safety and Health, (NIOSH), Centers for Disease Control and Prevention, (CDC).

Background and Brief Description

NIOSH, under Public Law 91-596, (Section 20-22, Occupational Safety and

Health Act of 1970) has the responsibility to conduct research relating to innovative methods, techniques, and approaches dealing with occupational safety and health problems.

This research relates to occupational safety and health problems in the coal mining industry. In recent years, coal mining safety has attained national attention due to highly publicized disasters. Despite these threats to worker safety and health, the U.S. relies on coal mining to meet its electricity needs. For this reason, the coal mining industry must continue to find ways to protect its workers while maintaining productivity. One way to do so is through improving the safety culture at coal mines. In order to achieve this culture, operators, employees, the inspectorate, etc. must share a fundamental commitment to it as a value. This type of culture is known in other industries as a “safety culture.” Safety culture can be defined as the characteristics of the work environment, such as the norms, rules, and common understandings that influence employees’ perceptions of the importance that the organization places on safety.

NIOSH proposes an assessment of the current safety culture of underground coal mining in order to identify recommendations for promoting and ensuring the existence of a positive safety culture across the industry. A total of 6 underground coal mines will be studied for this assessment in an attempt to study mines of different characteristics. It is hoped that a small, a medium and a large unionized as well as non-unionized mines will participate.

Data will be collected one time at each mine; this is not a longitudinal study. The assessment includes the collection of data using several diagnostic tools: (a) Functional analysis, (b) structured interviews, (c) behavioral observations, and (d) surveys.

It is estimated that across the 6 mines approximately 900 respondents will be surveyed. Similarly the number of interviews will be based upon the number of individuals in the mine population. An exact number of participants is unavailable at this time because not all mine sites have been selected.

The use of multiple methods to assess safety culture is a key aspect to the methodology. After all of the information has been gathered, a variety of statistical and qualitative analyses are conducted on the data to obtain conclusions with respect to the mine’s safety culture. The results from these analyses will be presented in a report describing the status of the behaviors important to safety culture at that mine.

This project will provide recommendations for the enactment of new safety practices or the enhancement of existing safety practices across the underground coal mining industry. This final report will present a generalized model of a positive safety culture for underground coal mines that can be applied at individual mines. In addition, all study measures and procedures will be available for mines to use in the future to evaluate their own safety cultures. There is no cost to respondents other than their time. The total estimated annualized burden hours are 480.

ESTIMATED ANNUALIZED BURDEN HOURS

Phase	Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Year one Survey	Mine Employees	500	1	20/60
Year one Interviews	Mine Employees	100	1	1
Year two Survey	Mine Employees	400	1	20/60
Year two Interviews	Mine Employees	80	1	1