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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–11–11CB]

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

SEARCH for Diabetes in Youth Study—New—Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Diabetes is one of the most common chronic diseases among children in the United States. When diabetes strikes during childhood, it is routinely assumed to be type 1, or juvenile-onset, diabetes. Type 1 diabetes (T1D) develops when the body's immune system destroys pancreatic cells that make the hormone insulin. Type 2 diabetes begins when the body develops a resistance to insulin and no longer uses it properly. As the need for insulin rises, the pancreas gradually loses its ability to produce sufficient amounts of insulin to regulate blood sugar.

Reports of increasing frequency of both type 1 and type 2 diabetes in youth have been among the most concerning aspects of the evolving diabetes epidemic. In response to this growing public health concern, the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) funded the SEARCH for Diabetes in Youth Study.

The SEARCH for Diabetes in Youth Study began in 2000 as a multi-center, epidemiological study, conducted in six geographically dispersed Study Centers that reflected the racial and ethnic diversity of the U.S. Phases 1 (2000–2005) and 2 (2005–2010) produced estimates of the prevalence and incidence of diabetes among youth age < 20 years, according to diabetes type, age, sex, and race/ethnicity, and characterized selected acute and chronic complications of diabetes and their risk factors, as well as the quality of life and quality of health care.

CDC proposes to collect de-identified, case-level information from five SEARCH sites during Phase 3 of the SEARCH for Diabetes in Youth Study. Phase 3 brings together major and timely facets of childhood diabetes research: An epidemiologic component that assesses temporal trends in the incidence of diabetes in youth; a pathophysiologic component addressing the natural history of diabetes in youth; a health services research component to evaluate the processes and quality of care for youth with diabetes; and a public health perspective on case classification of diabetes in youth.

Information will be collected for three years through a data collection contractor, which will serve as the SEARCH Study Coordinating Center. Data will be transmitted electronically to the Coordinating Center through a secure, dedicated Web site. Information can be entered and transmitted at any time. The information collection has three components.

The Registry Study will collect information on newly diagnosed incident diabetes cases in youth age < 20 years. CDC estimates that each clinical site will identify and register an average of 255 cases per year. The items collected for each case include an inpatient survey, core information, medications, and physical exam data. The total estimated annualized burden for this information collection is 744 hours.

The Cohort Study is a longitudinal research study about SEARCH cases whose diabetes was incident in 2002 or later. CDC estimates that each clinical site will conduct follow-up on an average of 142 cases per year. The items collected for each case include health questionnaires for youth and parents, physical exam information, and surveys about eating behavior, blood sugar, neuropathy, family relationships, and quality of life. Information will also be collected to monitor unanticipated occurrences and conditions. CDC estimates that each site will report an average of 13 unanticipated occurrences per year.

Respondents will be the five study sites funded for SEARCH Phase 3. Participation in the data collection is required for the study sites, but participation in the SEARCH study is voluntary for individuals who are followed at those sites.

The total estimated annualized burden is 2,132 hours. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Form name	Average burden per response
SEARCH Clinical Sites: Registry Study	5	255	Extended Core	10/60
			Medication Inventory	5/60
			Inpatient Survey	10/60
			Specimen Collection (Registry)	5/60
			Physical Exam (Registry)	5/60
SEARCH Clinical Sites: Cohort Study	5	142	Health Questionnaire-Youth	15/60
			Health Questionnaire-Parent	15/60
			CES–Depression	4/60
			Medical Record Validation	10/60
			Quality of Care	13/60
			Peds QL	5/60
			SEARCH MNSI Neuropathy	5/60
			Diabetes Eating Survey	5/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Number of respondents	Number of responses per respondent	Form name	Average burden per response
			Low Blood Sugar Survey	5/60
			Supplemental	10/60
			Tanner Stage	5/60
			Retinal Photo	5/60
			Family Conflict	5/60
			Pediatric Diabetes QOL Scale	5/60
			Physical Exam	5/60
			Specimen Collection	5/60
SEARCH Clinical Sites: Monitoring	5	13	Unanticipated Occurrence/Condition Reporting Form.	5/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-11–11BW]

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Proposed Project

Cops and Cars: Reducing Law Enforcement Officer Deaths in Motor Vehicle Crashes— NEW—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Occupational hazards facing law enforcement officers (LEOs) include psychological, biological, physical, and chemical stressors. While homicides, suicides, and stress-related cardiovascular disease have been well documented in the literature, much less is known about work related motor vehicle incidents in this occupation. Motor vehicle incidents and crashes are the leading cause of occupational death among LEOs. This is not surprising given that LEOs spend a large amount of time conducting vehicle patrols, can be involved in dangerous high-speed pursuits, and often perform work alongside interstates and roadways near speeding motor vehicles. While seatbelt use significantly reduces the chance of dying in a motor-vehicle crash, there is some anecdotal evidence that LEOs do not wear seatbelts and often for good reasons. For example, one of the leading reasons why officers report not wearing seatbelts was the tendency of the belt to get caught on their gun holster and therefore inhibit their safety while in the field. A better understanding of how officers view seatbelt usage, ways to decrease barriers to usage in the field, and possible gateways to this behavior change is needed before developing evidence-based interventions.

The Occupational Safety and Health Act, Public Law 91–596 (section 20[a][1]) authorizes the National Institute for Occupational Safety and Health (NIOSH) to conduct research to advance the health and safety of workers. NIOSH is proposing to conduct a population-based, cross-sectional survey among LEOS in the state of Iowa to measure motor-vehicle safety practices, perceptions of these practices, and prior occupational motor-vehicle crashes.

Enrollment for the study will be performed at the agency level. A random sample of Iowa law enforcement agencies, stratified on size of department (small, medium, and large) and type of department (Sheriff's Departments and City/Police Departments) will be drawn using a publicly available database. Recruitment packets will be sent to the leadership of these agencies inviting them to participate in the study. After agency leadership had agreed to participate in the study, survey packets will be mailed to a contact person in the agency. These packets will then be distributed to all sworn officers. Study packets will consist of an introduction letter and paper-and-pencil survey. The questionnaire provides information on the following categories: socio-demographics, occupation, driving behaviors, attitudes & knowledge of policies, and details of prior motor-vehicle crashes.

The sample size is estimated to be 162 agencies, with approximately 2,467 police and sheriff patrol officers. This estimate is derived using a publically available database of all U.S. law enforcement agencies. Pilot test data demonstrated that respondents should take approximately 20 minutes to complete the survey, resulting in an annualized burden estimate of 822 hours. Participation in the study is completely voluntary.

Distribution of the surveys will also utilize the time of first-line supervisors of the participating law enforcement agencies. The surveys will be mailed to the leadership of each participating law enforcement agency. They will be asked to distribute the surveys to all sworn officers in their agencies. Depending on the level of involvement of each agency, additional work activities delineated to the leadership could include: collection of the surveys, verbal and/or written reminders to the officers, re-distribution of surveys, and e-mail/phone communication with NIOSH. One-hundred and sixty-two agencies have been invited to participate in the study. We estimate that on average, leadership at each agency will contribute a total of one burden hour for a grand total burden of 162 burden hours. There are no costs to the respondents other than their time. The total estimated annual burden hours are 984.