will be selected for the Board. Nominees are being accepted in the following categories: Industry; academia, practicing healthcare professional, and organizations representing other appropriate stakeholders. Submit a resume or curriculum vitae *nbsb@hhs.gov* by August 19, 2011.

FOR FURTHER INFORMATION CONTACT: CAPT Leigh A. Sawyer, D.V.M., M.P.H., Executive Director, National Biodefense Science Board, Office of the Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services, 330 C Street, SW., Switzer Building Room, 5127, Washington, DC 20447; 202–205–3815; fax: 202–205–8508; e-mail address: *leigh.sawyer@hhs.gov.*

SUPPLEMENTARY INFORMATION: Pursuant to section 319M of the Public Health Service Act (42 U.S.C. 247d–7f) and section 222 of the Public Health Service Act (42 U.S.C. 217a), the Department of Health and Human Services established the National Biodefense Science Board. The Board shall provide expert advice and guidance to the Secretary on scientific, technical, and other matters of special interest to the Department of Health and Human Services regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate. The Board may also provide advice and guidance to the Secretary and/or the Assistant Secretary for Preparedness and Response (ASPR) on other matters related to public health emergency preparedness and response.

Description of Duties: The Board shall advise the Secretary and/or ASPR on current and future trends, challenges, and opportunities presented by advances in biological and life sciences, biotechnology, and genetic engineering with respect to threats posed by naturally occurring infectious diseases and chemical, biological, radiological, and nuclear agents. At the request of the Secretary and/or ASPR, the Board shall review and consider any information and findings received from the working groups established under 42 U.S.C. 247d–7f(b). At the request of the Secretary and/or ASPR, the Board shall provide recommendations and findings for expanded, intensified, and coordinated biodefense research and development activities. Additional advisory duties concerning public health emergency preparedness and response may be assigned at the discretion of the Secretary and/or ASPR.

Structure: The Board shall consist of 13 voting members, including the Chairperson; additionally, there may be non-voting ex officio members. Members and the Chairperson shall be appointed by the Secretary from among the Nation's preeminent scientific, public health and medical experts, as follows: (a) Such Federal officials as the Secretary determines are necessary to support the functions of the Board, (b) four individuals from the pharmaceutical, biotechnology and device industries, (c) four academicians, and (d) five other members as determined appropriate by the Secretary and/or ASPR, one of whom must be a practicing health care professional and one of whom must be from an organization representing health care consumers. Additional members for category (d), above, will be selected from among State and local governments and public health agencies, emergency medical responders and organizations representing other appropriate stakeholders. A member of the Board described in (b), (c), and (d) in the above paragraph shall serve for a term of 3 years, except that the Secretary may adjust the terms of the initial Board appointees in order to provide for a staggered term of appointment of all members. Members who are not fulltime or permanent part-time Federal employees shall be appointed by the Secretary as Special Government Employees.

Dated: July 18, 2011.

Nicole Lurie,

Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-11–11DE]

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 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

Communication Research on Folic Acid to Support the Division of Birth Defects and Developmental Disabilities—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Since mandatory folic acid fortification of cereal grain products was mandated in 1998, rates of folic acid-preventable neural tube defects (NTDs) have declined. Disparities in rates remain, however, with NTD prevalence being highest among Hispanic women of childbearing age. Efforts to increase consumption of vitamin supplements containing folic acid among women in this ethnic group have been ongoing, however, due to differences in diet, many of these women have not benefitted from food fortification to the extent that other race/ethnic groups have. A performance goal for NCBDDD focuses specifically on the reduction of these disparities: *Reduce health disparities in the occurrence of folic acid-preventable spina bifida and anencephaly by reducing the birth prevalence of these conditions.* Moreover, Healthy People 2010 objectives refer to the reduction of NTD rates and increase of folic acid consumption for all women of childbearing age: (1) *Reduce the occurrence of spina bifida and other NTDs; (2) Increase the proportion of pregnancies begun with an optimum folic acid level by increasing the consumption of at least 400 mcg of folic acid each day from fortified foods or dietary supplements by nonpregnant women aged 15 to 44 and increasing the median red blood cell folate level among nonpregnant women aged 15 to 44 years. The 2009 congressional omnibus appropriations language includes reference to reducing health disparities: ''There is significant concern about disparity in the rates of folic acid intake and neural tube defects, particularly in the Hispanic population. Within the funds provided for folic acid, CDC is encouraged to provide increased funding to expand the folic acid education campaign to inform more women and healthcare providers about the benefits of folic acid * * *''.* Finally, CDC partners are working to develop a food additive petition that will be submitted for approval to the

FDA. This petition would allow for the addition of folic acid to corn masa flour and corn masa flour products. Knowing the consumer attitudes toward this endeavor is important to the overall success of the effort. Although up to 70% of neural tube defects can be prevented if a woman consumes folic acid before and during the first weeks of pregnancy, many women are still unaware of folic acid until they are already pregnant. Because half of all pregnancies in the U.S. are unplanned, reaching women with the folic acid message prior to pregnancy is critical. NCBDDD currently has several folic acid educational brochures, tip sheets, and booklets available in both English and Spanish. Since 2000, over 12 million folic acid materials have been distributed. Providing our partners, health care providers, and the public with evidence-based information in a format that is easy to read and visually appealing is important to the mission of the Prevention Research team. We want to ensure that the materials we currently have available still meet the needs of the intended audience.

CDC, with contract support from Battelle Centers for Public Health Research and Evaluation, is conducting research to inform efforts to promote folic acid consumptions among women of child-bearing age through two closely-related data collection efforts: (1) Exploratory Research of Hispanic Women's Reactions to and Beliefs About Folic Acid Fortification of Corn Masa Flour, and (2) Exploratory Research of Childbearing Age Women's Folic Acid Awareness and Knowledge, and their Reactions to Existing CDC Folic Acid Educational Materials. The purpose of the first proposed primary data collection effort is to better understand consumer acceptance of fortifying corn masa flour, a staple product in many traditional Latino, and in particular Mexican, foods. The purpose of the second proposed primary data collection effort is to determine whether educational materials developed over 10 years ago to promote folic acid consumption continue to be appealing and resonate with the target audience today. To address these two purposes and support the folic acid education efforts of CDC, focus groups with the target audience are needed.

For the first data collection activity phase, participants will be English and Spanish-speaking women 18–44 years who self identify as Mexican or Mexican American, or Central American. Participants will be segmented into groups based on whether they consume corn masa flour less than 4 times per day or 4 or more times per day. The contractor will conduct sixteen (16) focus groups with five (5) participants in each focus group. It is estimated that 320 respondents will have to be screened in order to recruit 80 focus group participants. Each screening will take approximately 6 minutes. The estimated response burden for the screening process is 32 hours. The focus group session will be structured to identify women's general awareness and knowledge about folic acid and its role in NTD prevention, perception of their risk for having an affected pregnancy, awareness and knowledge about fortification of cereal grain products, whether fortification of corn masa flour products would change their current reported use of these products, and overall reaction to potential folic acid fortification of these products.

For the second data collection activity phase, focus group participants will be women 18–44 years of age who are not pregnant at the time of the focus groups, who do not have a child with a birth defect such as spina bifida or anencephaly. The contractor will conduct sixteen (16) focus groups with five (5) participants in each focus group. It is estimated that 320 respondents will have to be screened in order to recruit 80 focus group participants. Each screening will take approximately 6 minutes. The estimated response burden for the screening process is 32 hours. Participants will be segmented into groups based on whether they self-identify as either vitamin users (take a vitamin containing folic acid 4–7 days per week) or non-users (take a vitamin containing folic acid less than 4 days per week). The focus group session shall be structured to identify women's awareness and knowledge about folic acid, and how they would like to see folic acid information portrayed in a written format. Focus group participants shall be shown written educational materials that are currently being used and asked questions designed to address whether the materials are effective in getting the folic acid message across to the audience, whether the visual images portrayed in the materials resonate with the audience, and how the materials could be improved. Also, differences based on pregnancy contemplation status shall be explored through segmentation of the focus groups.

Sixteen focus groups will be conducted in both phase one and phase two, with a total of 80 participants in each phase. The focus groups will have five participants each. Each respondent will participate in a 1.5-hour focus group, for a total burden of 120 hours. Data collection materials will be available in both English and Spanish. This request is being submitted to obtain OMB clearance for one (1) year. The total annualized burden for this project is 304 hours. There are no costs to respondents except for their time to participate.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Women 18–44, Mexican or Central American heritage; English and Spanish speakers.	Project One Screener	320	1	6/60
Women 18–44, Mexican or Central American heritage; English and Spanish speakers.	Project One Focus Group Guide.	80	1	1.5
Women 18–44 (English speakers)	Project Two Screener	320	1	6/60
Women 18–44 (English speakers)	Project Two Focus Group Guide.	80	1	1.5

Dated: July 18, 2011.

Daniel L. Holcomb,

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–11–11FE]

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 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Musculoskeletal Disorder (MSD) Intervention Effectiveness in Wholesale/Retail Trade Operations–New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

For the current study, the National Institute for Occupational Safety and Health (NIOSH) and the Ohio Bureau of Workers Compensation (OBWC) will collaborate on a multi-site intervention study at OBWC-insured wholesale/retail trade (WRT) companies from 2011–2014. In overview, MSD engineering control interventions [stair-climbing, powered hand trucks (PHT) and powered truck lift gates (TLG)] will be tested for effectiveness in reducing self-reported back and upper extremity pain among 960 employees performing delivery operations in 72 WRT establishments using a prospective experimental design (multiple baselines across groups with randomization). The costs of the interventions will be funded through existing OBWC funds and participating establishments. This study will provide important information that is not currently available elsewhere on the effectiveness of OSH interventions for WRT workers.

Twenty-four OBWC-insured WRT establishments will be recruited from each of three total employee categories (<20 employees, 20–99 employees, and 100+ employees) for a total of 72 establishments with 3,240 employees. The study sub-sample (people, work groups or workplaces chosen from the sampling frame) will be volunteer employees at OBWC-insured WRT establishments who perform material handling tasks related to the delivery operations of large items (such as appliances, furniture, vending machines, furnaces, or water heaters) that are expected to be impacted by the powered hand truck (PHT) and truck lift gate (TLG) interventions. It is estimated that there will be 960 impacted employees in the recruited establishments, which will be paired according to previous WC loss history and establishment size. Within each pair, one establishment will be randomly chosen to receive the PHT or TLG intervention in the first phase, and the other will serve as a matched control until it receives the same intervention 12 months later.

The main outcomes for this study are self-reported low back pain and upper extremity pain collected using surveys every three months over a two-year period from volunteer WRT delivery workers at participating establishments. Individuals will also be asked to report usage of the interventions and material handling exposures every three months over two years. Individuals will also be asked to complete an annual health assessment survey at baseline, and once annually for two years. A 20% sample of survey participants will also be asked to participate in a clinical assessment of low back function at baseline, and once annually for two years. In order to maximize efficiency and reduce burden, a Web-based survey is proposed for the majority (95%) of survey data collection. All collected information will be used to determine whether there are significant differences in reported musculoskeletal pain and functional back pain score ratios (pre/post intervention scores) when intervention and control groups are compared, while controlling for covariates. Once the study is completed, results will be made available through the NIOSH Internet site and peer-reviewed publications.

In summary, this study will determine the effectiveness of the tested MSD interventions for WRT delivery workers and enable evidence based prevention practices to be shared with the greatest audience possible. NIOSH expects to complete data collection in 2014. There is no cost to respondents other than their time. The total estimated annual burden hours are 3,001.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)
Delivery Workers in Wholesale/Retail Trade (WRT) Operations.	Self-reported low back pain	960	9	5/60
	Self-reported upper extremity pain	960	9	5/60
	Self-reported specific job tasks and safety incidents.	960	9	5/60
	Self-reported general work environment and health.	960	3	10/60
	Informed Consent Form (Overall Study)	960	1	5/60
	Low Back Functional Assessment	192	3	20/60
	Informed Consent Form (Low Back Functional Assessment).	960	1	5/60
	Early Exit Interview	106	1	5/60