

sponsoring organization (if any). Nominations should be sent to Dr. Lunn (see **ADDRESSES**) or submitted online via the NTP Web site (<http://ntp.niehs.nih.gov/go/27911>). There is no deadline for the submission of new nominations.

Dated: January 9, 2012.

**John R. Bucher,**

*Associate Director, National Toxicology Program.*

[FR Doc. 2012-875 Filed 1-18-12; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary, Office of the Assistant Secretary for Administration; Statement of Organization, Functions, and Delegations of Authority

Part A, Office of the Secretary, Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (HHS) is being amended at Chapter ABE, Office of Security and Strategic Information, which was last amended at 72 FR 19000-01, dated April 16, 2007, and at Chapter AJ, Office of the Assistant Secretary for Administration (ASA), which was last amended at 74 FR 57679-57682, dated November 9, 2009, and most recently at 75 FR 369-370, dated January 5, 2010, as follows:

A. Under Part A, delete Chapter ABE, Office of Security and Strategic Information, in its entirety.

B. Under Part A, Chapter AJ, "Section AJ.00 Mission," delete in its entirety and replace with the following:

Section AJ.00 Mission. The Office of Assistant Secretary for Administration (ASA) performs for the Secretary the administrative functions of the Department. Manages policies and programs for human resources, equal employment opportunity, information resources management, security, counterintelligence, strategic information, logistics, and travel, as well as the general administrative activities of the Department and other administrative duties as assigned from time to time. Provides leadership and oversight direction to the activities of the Program Support Center.

C. Under Part A, Chapter AJ, "Section AJ.10 Organization," delete in its entirety and replace with the following:

Section AJ.10 Organization. The Office of the Assistant Secretary for Administration (ASA) is under the direction of the Assistant Secretary for Administration, who reports to the Secretary, and consists of the following components:

- Immediate Office (AJ)
- Office of Human Resources (AJA)

- Office for Facilities Management and Policy (AJE)
- Office of the Chief Information Officer (AJG)
- Office of Business Management and Transformation (AJJ)
- Office of Security and Strategic Information (AJS)
- Program Support Center (P)

D. Under Part A, Chapter AJ, "Section AJ.20 Functions," delete the first paragraph, "Office of Human Resources (AJA)," in its entirety and replace with the following:

Office of Human Resources (AJA). The Office of Human Resources (OHR) provides leadership in the planning and development of personnel policies and human resource programs that support and enhance the Department's mission. OHR also provides technical assistance to the Operating Divisions (OPDIVs) to most effectively and efficiently accomplish the OPDIV's mission through improved planning and recruitment of human resources and serves as the Departmental liaison to central management agencies on related matters. OHR also provides leadership in creating and sustaining a diverse workforce and an environment free of discrimination at HHS through efforts that include policy development, oversight, resource management, commemorative events, and standardized education and training programs.

E. Under Part A, Chapter AJ, "Section AJ.20 Functions," delete the fourth paragraph, "Office of Diversity Management and Equal Employment Opportunity (AJI)," in its entirety.

F. Under Part A, Chapter AJ, "Section AJ.20 Functions," insert the following new paragraph at the end of the section:

Office of Security and Strategic Information (AJS). The Office of Security and Strategic Information is headed by the Deputy Assistant Secretary for Security who serves as the Secretary's Senior Intelligence Official and reports directly to the Deputy Secretary on intelligence and counterintelligence issues and to the Assistant Secretary for Administration on all other issues. The Office of Security and Strategic Information provides Department-wide leadership, direction, policy guidance, execution support, and oversight for the following areas: Personnel security and suitability; physical security; critical infrastructure protection; secure systems access and classified information security management, including original classification authority and declassification authority; strategic information; and counterintelligence. The Office also provides leadership and execution of security functions for the Office of the Secretary.

F. Delegation of Authority. Pending further redelegation, directives or orders made by the Secretary, Deputy Secretary, or ASA, all delegations and redelegations of authority made to officials and employees of affected

organizational components will continue in them or their successors pending further redelegations, provided they are consistent with this reorganization.

Dated: January 3, 2012.

**Kathleen Sebelius,**

*Secretary.*

[FR Doc. 2012-1011 Filed 1-18-12; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-12-11JY]

#### 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) 639-7570 or send an email to [omb@cdc.gov](mailto: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

Barriers to Occupational Injury Reporting by Workers: A NEISS-Work Telephone Interview Survey—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Each year about 5,400 workers die from a work-related injury and 4 million private industry workers report a nonfatal injury or illness. There are 3.4 million workers treated in U.S. hospital emergency departments annually for nonfatal occupational injuries and illnesses [1]. Although studies indicate that we have reduced the number of nonfatal injuries in recent decades, there is evidence that nonfatal occupational injury surveillance significantly underreports workplace injuries. This presumed undercount potentially decreases health and safety funding because of a false sense of improvement and increases the misdirection of scarce safety and health resources. It is this basic need for reliable and comprehensive occupational injury surveillance that led to the 1987 National Academy of

Science report *Counting Injuries and Illnesses in the Workplace—Proposals for a Better System* [6] and the 2008 Congressional report *Hidden Tragedy: Underreporting of Workplace Injuries and Illnesses* [1].

The proposed pilot research addresses two facets of nonfatal occupational injury reporting noted in these reports—understanding barriers and incentives to reporting occupational injuries and using this knowledge to assess and improve our surveillance activities. The objectives of this project are to (1) Characterize and quantify the relative importance of incentives and disincentives to self-identifying work-relatedness at the time of medical treatment and to employers; (2) characterize individual and employment characteristics that are associated with non-reporting of workplace injuries and incentives and disincentives to reporting; (3) test the reliability of hospital abstractors to properly distinguish between work-related and non-work-related injuries; and (4) evaluate the feasibility, need,

and requirements for a future larger study.

This project will use the occupational and the all injuries supplements to the National Electronic Injury Surveillance System (NEISS—Work and NEISS—AIP, respectively) to identify telephone interview survey participants. NEISS—Work and NEISS—AIP, collected by the Consumer Product Safety Commission (CPSC), capture people who were treated in the emergency department (ED) for a work-related illness or injury (NEISS—Work) or any injury, regardless of work-relatedness (NEISS—AIP). Interview respondents will come from two subgroups—individuals treated for a work-related injury and individuals who were treated for a non-work-related injury but who were employed during the time period that the injury occurred.

Data collection for the telephone interview survey will be done via a questionnaire. This questionnaire contains questions about the respondent's injury that sent them to the ED, the characteristics of the job they were working when they were injured,

their experiences reporting their injury to the ED and their employer (if applicable), and their beliefs about the process and subsequent consequences of reporting an injury. The questionnaire was designed to take 30 minutes to complete. Individuals who were not employed at the time the injury occurred or was made worse; who are younger than age 20 or older than age 64; who do not speak English; who were employed on a farm or ranch or were self-employed, an independent contractor, or a day laborer at the time of injury; who did not experience an acute injury; or who missed more than three days from work because of the injury will be screened out at the beginning of the interview.

Approximately 1200 interviews will be completed over the two year period of the study. The only cost to the respondent will be the cost of their time spent on the phone completing the telephone interview survey. The estimated annualized burden hours are 300.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	No. of respondents	Average burden per response (in hours)
U.S. workers presenting to an emergency department .....	600	30/60

Dated: January 12, 2012.  
**Kimberly Lane,**  
*Reports Clearance Officer, Centers for Disease Control and Prevention.*  
 [FR Doc. 2012-924 Filed 1-18-12; 8:45 am]  
**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-12-11KF]

**Agency Forms Undergoing Paperwork Reduction Act Review**

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comments should be received within 30 days of this notice.

**Proposed Project**

Pre-Evaluation Assessments of Nutrition, Physical Activity and Obesity Programs and Policies—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The causes of obesity in the United States are complex and numerous, and they occur at many levels. In 2009, CDC issued guidance outlining 24 community-based strategies to encourage healthy eating and active living. Some of these strategies are being implemented by CDC awardees and other organizations. CDC plans to collect preliminary information about the effectiveness, in practice, of a selected group of the 24 recommended strategies. A systematic screening and assessment process will be used to identify programs for further evaluation.

CDC will select programs for initial assessment by reviewing completed program nomination forms. Forms can

be submitted by states and jurisdictions funded through CDC's Nutrition, Physical Activity and Obesity (NPAO) cooperative agreement program, states and jurisdictions that do not currently have NPAO funding, and other organizations. Nominations may be submitted on-line or in hardcopy format. The nomination form includes a general program description, and an overview of organizational capacity. It will also include a summary of the program's potential impact, reach to target population, feasibility, transportability, acceptability to stakeholders, and sustainability. CDC anticipates reviewing an average of 51 program nomination forms per year.

CDC will also collect information through semi-structured, in-person interviews with approximately 12 key informants at each site selected for assessment. Respondents at each site will include the lead administrator, three program staff, an evaluator, and seven public and private sector partners and other stakeholders. Public and private sector partners and other stakeholders will be drawn from the state, local, and tribal government sector