

Exhibit 2 shows the estimated annualized cost burden for patients, \$10,652, and for the health care

organization, \$885, for a total annualized cost burden of \$11,537. Respondents will not incur any other

costs beyond those associated with their time to participate.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form Name	Number of respondents	Total burden hours	Average hourly wage rate	Total cost burden
Safety event intake form and follow up	840	490	*\$21.74	\$10,652
Health care provider follow up	84	28	** 31.61	885
Total	924	518	NA	11,537

* Based upon the mean of the average wages, National Compensation Survey: Occupational wages in the United States, May 2011, U.S. Department of Labor, Bureau of Labor Statistics. http://www.bls.gov/oes/current/oes_nat.htm#00-0000.

** Based upon the mean of the average wages, National Compensation Survey: Occupational wages in the United States, May 2011: Occupational Health and Safety Specialists (General Medical and Surgical Hospitals). U.S. Department of Labor, Bureau of Labor Statistics. <http://www.bls.gov/oes/current/oes299011.htm>.

Estimated Annual Cost to the Government

AHRQ is supporting the conduct of this project as part of a contract with the

RAND Corporation and the ECRI Institute. The estimated cost for this work is \$899,827.

EXHIBIT 3—ESTIMATED ANNUALIZED COST

Cost component	Total cost	Annualized cost
Intake Form Development	\$364,375	\$242,917
System Development	413,860	275,907
Project Management	35,325	23,550
Overhead	86,267	57,511
Total	899,827	599,885

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: May 30, 2013.

Carolyn M. Clancy,
Director.

[FR Doc. 2013-13341 Filed 6-5-13; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day-13-13UW]

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 404-639-7570 or send comments to Ron Otten, at CDC 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Enhanced Utilization of Personal Dust Monitor Feedback—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, Sections 20 and 22 (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. Coal Workers' Pneumoconiosis (CWP) or "Black Lung Disease," caused by miners' exposure to respirable coal mine dust, is the leading cause of death due to occupational illness among U.S. coal miners. Although the prevalence of CWP was steadily decreasing, more recent data from NIOSH's chest x-ray surveillance data suggests that the prevalence of this disease is on the rise once again.

A Personal Dust Monitor (PDM) has become commercially available that provides miners with near real-time feedback on their exposure to respirable dust. If miners and mine managers know how to properly use the information provided by PDMs, they may be able to make adjustments to the work place and work procedures to try to reduce exposure to respirable dust. It is, therefore, important to study how, and under what circumstances, feedback from PDMs can be used to reduce respirable dust exposure and ultimately the incidence of Black Lung disease.

The objectives of the project are (1) to test an intervention designed to help miners use PDM feedback more effectively to reduce their exposure to respirable dust and (2) to document specific examples of ways that miners can use PDM feedback to alter their behaviors to decrease their exposure to respirable dust while working underground.

NIOSH proposes an intervention to lower miners' respirable dust exposure levels by involving them in the interpretation of PDM feedback and the discussion of ways to change their behaviors to decrease exposure to respirable dust. Upon completion of a pilot test, four underground coal mines will be involved in this research study.

Miners who wear PDMs will be assigned to two groups, an experimental group and a control group. An effort will be made to recruit two mines that are currently using PDMs and two mines that have not used PDMs in the past. Large mines will be contacted for participation to make sure that there will be enough individuals wearing PDMs to create both an experimental group and a control group and to allow participants in the experimental group to form sub-groups during the weekly meetings based on their job classification. The PDM feedback discussions will be held weekly during the course of the six-week intervention period. Each session is expected to last for 45 minutes (15 minutes to fill out the worksheet and 30 minutes for the discussion). To control for unintended "discussion" between the control and experimental groups, selection of mine sites will favor mines where separate portals are used or where sister mines within the same company are located near one another.

For miners in the experimental group, data will be collected multiple times during the six-week intervention period. For miners in the control group, data will only be collected at the beginning and end of the intervention period. The assessment tools include: Surveys, worksheets, and structured interviews.

The experimental groups will receive the intervention which will include (1) an introduction to the project, (2) a pre-test concerning miners' attitude, knowledge, and behaviors toward PDM use, (3) a six-week intervention where PDM feedback is discussed in weekly meetings and worksheets are collected from mine personnel about their behaviors the previous week, and (4) a post-test concerning miners' attitude, knowledge, and behaviors toward PDM use and interviews of participants to identify changes in behaviors that were

implemented to reduce respirable dust exposure. The control group will wear their PDM units when they are working underground but will not participate in weekly meetings. They will only complete the pre- and post-test and be interviewed upon completion of the intervention period.

The operators at each mine will provide daily respirable coal mine dust exposures levels (as measured by their PDMs) for all of the participating miners. There is already a software program in place that electronically records these exposure levels and exports them to a spreadsheet at each mine site.

It is estimated that across the 1 pilot mine and 4 intervention mines, up to 209 respondents will be surveyed; up to 109 will complete weekly worksheets; up to 49 respondents will be interviewed; and we will receive PDM output from up to 209 respondents. An exact number of respondents are unavailable at this time because the mine sites have not been selected.

After all of the information has been gathered, a variety of statistical and qualitative analyses will be conducted on the data to obtain conclusions with respect to miners' utilization of PDM feedback. The results from these analyses will be presented in a report describing what methods encourage miners to make behavior changes in response to their PDM output and what behavior changes work best at reducing miners' exposure to respirable dust. If the intervention is successful in reducing respirable coal mine dust exposure, details of the intervention will be more widely disseminated to coal mine operators so they can implement similar discussion groups at their mines.

There is no cost to respondents other than their time. The total estimated annualized burden hours are 622.

ESTIMATED ANNUALIZED BURDEN

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours	
Coal Miners in Experimental Groups (from five different mines).	Pre-test Survey	109	1	15/60	27	
	Week 2 Worksheet	109	1	15/60	27	
	Week 3 Worksheet	109	1	15/60	27	
	Week 4 Worksheet	109	1	15/60	27	
	Week 5 Worksheet	109	1	15/60	27	
	Post-test Survey	109	1	15/60	27	
	PDM feedback Discussions (weekly)	109	6	30/60	327	
	Interview	29	1	1	29	
	Mine Safety Operators for Experimental Groups (from five different mines).	Daily respirable coal mine dust exposure data.	5	45	5/60	19
	Mine Safety Operators for Control Groups (from four different mines).	Daily respirable coal mine dust exposure data.	4	45	5/60	15

ESTIMATED ANNUALIZED BURDEN—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Coal Miners in Control Groups (from four different mines).	Pre-test Survey	100	1	15/60	25
	Post-test Survey	100	1	15/60	25
	Interview	20	1	1	20
Total	622

Ron A. Otten,

Director, Office of Scientific Integrity Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2013-13434 Filed 6-5-13; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Annual Collection of Three Performance Measures for the Low Income Home Energy Assistance Program (LIHEAP) and Transition of Collection Instrument for Annual Report on Households Assisted and LIHEAP Grantee Survey.

OMB No: New Collection

Description: In response to the 2010 Government Accountability Office (GAO) report, *Low Income Home Energy Assistance Program—Greater Fraud Prevention Controls are Needed* (GAO-10-621), and in consideration of the recommendations issued by the LIHEAP Performance Measures Implementation Work Group, the Office of Community Services (OCS) is planning to require the collection and reporting of three new performance measures by its State LIHEAP grantees and the District of Columbia, beginning in FY 2014. These performance measures are:

1. The average reduction in energy burden for households receiving LIHEAP fuel assistance;
2. The percent of unduplicated households where LIHEAP prevented a potential home energy crisis; and
3. The percent of unduplicated households where LIHEAP benefits restored home energy.

Each of the above performance measures will require the reporting of data elements through a web-based data collection and reporting system. All State LIHEAP grantees and the District of Columbia will be required to report

the information below through this new web-based system. This reporting will be optional for Tribes/Tribal Organizations and Territories. OCS will provide training and technical assistance to LIHEAP grantees on how to collect and report these new data.

The following lists the specific data grantees will report to OCS in support of each performance measure:

The Average Reduction in Energy Burden for Households Receiving LIHEAP Fuel Assistance

- The average annual or annualized gross income for LIHEAP households receiving energy assistance. Gross income includes whatever LIHEAP grantees determine as countable income.

- The average annual total LIHEAP fuel assistance benefit (includes all bill payment assistance).

- The number of LIHEAP households using each of the six energy sources as their primary heating/cooling source. These include Natural Gas, Electricity, Fuel Oil, Propane, Wood and Coal.

- The average annual primary home energy expenditures of LIHEAP households for each of the four following energy sources: Natural Gas, Electricity, Fuel Oil, and Propane.

- For each heating fuel type, the number of LIHEAP recipient households who report using a secondary source of heat.

- Annual Heating Fuel Consumption: The grantee would need to collect information from each client's heating fuel vendor on the client's annual heating fuel consumption.

- Annual Electricity Consumption: For each household that has a nonelectric main heating fuel and uses cooling equipment, the grantee would need to collect information from the client's electricity vendor on the client's annual electricity usage.

The Percent of Unduplicated Households Where LIHEAP Prevented a Potential Home Energy Crisis

- The number of households who had a notice from a bulk fuel vendor regarding an unpaid or past due balance

(e.g., vendor will not make next delivery) and LIHEAP benefits were used to purchase fuel.

- The number of households who inform LIHEAP staff that they are nearly out of deliverable fuel (firewood, propane, kerosene, etc.) and LIHEAP benefits were used to purchase fuel. The exact definition of "nearly out of fuel" is left to the discretion of each grantee.

- The number of households who had a Past Due or Disconnect Notice from their utility and LIHEAP benefits were used to pay utility bill.

- The number of households where LIHEAP benefits resulted in repair or replacement of operable heating or cooling equipment.

The Percent of Unduplicated Households Where LIHEAP Benefits Restored Home Energy

- The number of households that are out of fuel and LIHEAP services result in bulk fuel delivery or purchase.

- The number of households that have no utility service and LIHEAP benefits result in reconnection of services.

- The number of households where LIHEAP benefits resulted in repair or replacement of inoperable heating or cooling equipment.

State grantees will report the data elements on a new form (see attached) that will be available in a system currently in use by the Administration for Children and Families (ACF), the On-Line Data Collection (OLDC) system. Grantees already have the capacity to submit other ACF forms via OLDC. OCS intends to make all required reports available for submission via OLDC, including the reporting of six currently approved data collections:

1. LIHEAP Carryover and Reallotment Report—OMB Control No. 0970-0106;
2. LIHEAP Household Report (short and long formats)—OMB Control No. 0970-0060
3. LIHEAP Grantee Survey—OMB Control No. 0970-0076;
4. LIHEAP Leveraging Report—OMB Control No. 0970-0121;