

risks to public health, and are tasked with providing trusted, accurate health information to the public. Given that both agencies are under the same leadership, information collected to inform health communications will be of value to both agencies.

The Office of Communications is seeking a one-year Office of Management and Budget (OMB)-approval for an initiative to increase the effectiveness of the agencies' communications related to both unintentional and intentional chemical releases. In order to inform the development of messages and materials, the Office of Communications would like to understand the knowledge, attitudes, and behaviors (KAB) of key professional audiences who are involved in the immediate aftermath of chemical emergencies. In consultation with Subject Matter Experts, the Office of Communications prioritized the following professional audiences for this research:

- First responders, including police, fire fighters and emergency medical service workers
- Emergency department personnel, both clinical and non-clinical
- Environmental and public health professionals at the city, county and state levels
- Poison Control Center directors and staff

This information collection seeks to characterize what these key professionals know and believe about chemical emergency events, what related activities and behaviors they engage in or would engage in, what information these audiences want, and what their challenges and concerns are.

This information collection seeks approval to obtain data using two qualitative data collection methods. The first method includes focus groups to explore the KAB of members of these key professions in a group setting, allowing for dialogue between participants to provide the Office of Communications with in-depth

information about this complex topic. Focus groups will take place remotely using Webinar technology, and participants will join the discussion by telephone. Although the Recruitment Screeners vary by respondent type, the same Moderator's Guide will be used for all focus groups. The second part of this information collection will include individual interviews with state-level environmental health professionals and Poison Control Center directors. Individual interviews will allow the agencies to gather in-depth information about state-level response structures and Poison Control Centers. Interviews will take place by telephone. To help ensure that participants have some experience responding to chemical emergencies, participants will be recruited from five states with the highest number of chemical emergencies, and within those states, from the areas where the highest number of incidents have occurred.

There are no costs to respondents other than their time. The total burden hours requested is 138 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
First responders .....	Focus Group Recruitment Screener	72	1	5/60	6
	Focus Group Moderator Guide .....	36	1	1	36
Emergency department personnel ....	Focus Group Recruitment Screener	72	1	5/60	6
	Focus Group Moderator Guide .....	36	1	1	36
County or city environmental health professionals.	Focus Group Recruitment Screener	36	1	5/60	3
	Focus Group Moderator Guide .....	18	1	1	18
Poison Control Center staff .....	Focus Group Recruitment Screener	36	1	5/60	3
	Focus Group Moderator Guide .....	18	1	1	18
State environmental health professionals.	Interview Recruitment Screener .....	7	1	5/60	1
	Interview Guide .....	5	1	1	5
Poison Control Center directors .....	Interview Recruitment Screener .....	7	1	5/60	1
	Interview Guide .....	5	1	1	5
Total .....					138

**Leroy A. Richardson,**  
*Chief, Information Collection Review Office,  
 Office of Scientific Integrity, Office of the  
 Associate Director for Science, Office of the  
 Director, Centers for Disease Control and  
 Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-13-13[H]

**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 Leroy Richardson, 1600 Clifton Road, MS D-74, Atlanta, GA 30333 or send an email to [omb@cdc.gov](mailto: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**

CDC Work@Health Program: Phase 2 Training and Technical Assistance Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

In the United States, chronic diseases such as heart disease, obesity and diabetes are among the leading causes of death and disability. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Adopting healthy behaviors—such as eating nutritious foods, being physically active and avoiding tobacco use—can prevent the devastating effects and reduce the rates of these diseases.

Employers are recognizing the role they can play in creating healthy work environments and providing employees with opportunities to make healthy lifestyle choices. To support these efforts, the Centers for Disease Control and Prevention (CDC) plans to offer a comprehensive workplace health program called Work@Health. The Work@Health Program is authorized by the Public Health Service Act and funded through the Prevention and Public Health Fund of the Patient Protection and Affordable Care Act (ACA). The Work@Health curriculum will be based on a problem-solving approach to improving employer knowledge and skills related to effective, science-based workplace health programs, and supporting the adoption of these programs in the

workplace. Topics to be covered in the Work@Health curriculum include principles, strategies, and tools for leadership engagement; how to make a business case for workplace health programs; how to assess the needs of organizations and individual employees; how to plan, implement, and evaluate sustainable workplace health programs; and how to partner with community organizations for additional support.

The Work@Health Program will be implemented in two phases. In Phase 1, CDC will conduct an employer needs assessment, develop training models, and conduct pilot training and evaluation with approximately 60 employers and other organizations. In Phase 2, CDC will transition to full-scale program implementation and evaluation involving approximately 540 employers, as well as approximately 60 individuals with training and experience in workplace health who are interested in becoming trained/certified instructors for the Work@Health Program.

CDC will offer training in four models (formats): (1) A “Hands-on” instructor-led workshop model (T1); (2) a self-paced “Online” model (T2); (3) a combination or “Blended” model (T3); and (4) a “Train-the-Trainer” model (T4) designed to prepare qualified individuals to train other employers using the Work@Health curricula. Employers who complete the T1–T3 training will be invited to participate in peer learning networks and receive technical assistance from coaches to support their efforts to implement or enhance their workplace health programs. Technical assistance will also be provided to the individuals who complete the T4 model to help prepare them to provide the Work@Health training to employers.

To be eligible for the T1–T3 trainings, employers must have a minimum of 30 employees, a valid business license, and have been in business for at least one

year. In addition, they must offer health insurance to their employees and have at least minimal workplace health program knowledge and experience. Applicants for the T4 training model must have previous knowledge, training and experience with workplace health programs and an interest in becoming instructors for the Work@Health program. They may be referred by employers, health departments, business coalitions, trade associations, or other organizations.

CDC is requesting OMB approval to initiate Phase 2 information collection in December 2013. CDC plans to collect information needed to select the employers who will participate in the T1–T3 trainings and the individuals who will participate in the T4 Train-the-Trainer model; to describe the implementation of the Work@Health program; to obtain reactions to the training and technical assistance from trainees, instructors, and coaches; to assess changes in trainees’ knowledge, awareness, behavior and skill level before and after participation in Work@Health; and to evaluate the impact of Work@Health on the adoption of workplace health programs, policies and environmental supports among participating employers. In addition, for one year after the implementation period, CDC will continue to collect information to assess the sustainability of organizational level changes in workplace health programs and policies.

OMB approval is requested for two years for Phase 2 information collection. Information will be used to evaluate the effectiveness of the Work@Health program and to identify the best way(s) to deliver skill-based workplace health training and technical support to employers.

Participation in Work@Health is voluntary and there are no costs to participants other than their time and cost of travel.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Interested Employer .....	Employer Application Form .....	600	1	20/60	200
	Employers Participating in the Work@Health Program. CDC Worksite Health Scorecard .....	540	1	30/60	270
	Organizational Assessment .....	540	1	15/60	135
	Employer Follow-up Survey .....	270	1	30/60	135
	Case Study Interviews with Senior Leadership.	3	1	1	3
	Case Study Interviews with Employees.	6	1	1	6
Trainees Participating in the Work@Health Program.	Trainee KAB Survey .....	1,080	1	20/60	360
	Trainee Reaction Survey—Hands-On Model.	180	1	15/60	45

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Trainees Participating in the Train-the-Trainer Model.	Trainee Reaction Survey—Online Model.	180	1	15/60	45
	Trainee Reaction Survey—Blended Model.	180	1	15/60	45
	Trainee Technical Assistance Survey.	1,080	1	15/60	270
	Case Study Interviews with Selected Trainees.	15	1	1	15
	Focus Group with Trainees .....	11	1	1.5	17
	Train-the-Trainer Application .....	60	1	30/60	30
	Trainee Facilitation Survey .....	60	1	20/60	20
	Trainee Reaction Survey .....	30	1	15/60	8
	Train-the-Trainer Trainee Technical Assistance Survey.	60	1	15/60	15
	Trainees Participating in the Work@Health Program Wave 2.	Wave 2 Trainee Reaction Survey ...	150	1	15/60
Instructors/Coaches .....	Group Discussions with Instructors/Coaches.	11	1	30/60	6
<b>Total .....</b>	.....	.....	.....	.....	<b>1,663</b>

**Leroy A. Richardson,**  
 Chief, Information Collection Review Office,  
 Office of Scientific Integrity, Office of the  
 Associate Director for Science, Office of the  
 Director, Centers for Disease Control and  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-13-13SL]

**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*. 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**

CDC Work@Health Program: Phase 1 Needs Assessment and Pilot Training Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The Centers for Disease Control and Prevention (CDC) is establishing the Work@Health Program, a comprehensive workplace health promotion training program, to support employers' efforts to create healthy work environments and provide employees with opportunities to make healthy lifestyle choices. The Work@Health curriculum will be based on a problem-solving approach to improving employer knowledge and skills related to effective, science-based workplace health programs, and supporting the adoption of these programs in the workplace.

The Work@Health Program will train and support small, mid-size, and large employers with three primary goals: (1) Increase understanding of the training needs of employers and the best way to deliver skill-based training to them; (2) Increase employers' level of knowledge and awareness of workplace health program concepts and principles as well as tools and resources to support the design, implementation, and evaluation of effective workplace health strategies and interventions; and (3) Increase the number of science-based workplace health programs, policies, and practices in place at participating employers' worksites and increase the access and opportunities for employees to participate in them.

The Work@Health Program will be implemented in two phases. In Phase 1, CDC will conduct an employer needs assessment, develop training models, and conduct pilot training and

evaluation with approximately 60 employers and other organizations. In Phase 2, CDC will transition to full-scale program implementation and evaluation involving approximately 600 employers and other organizations. CDC is requesting OMB approval to initiate Phase 1 information collection in summer 2013.

A one-time Training Needs Assessment Survey will be administered electronically to 200 employers representing small, mid-size, and large businesses from various industry sectors and geographic locales. The needs assessment survey will allow CDC to assess employer preferences with respect to curriculum content, the types of support materials needed by employers and the appropriate level of detail for these materials, and the best approaches for providing technical assistance to employers.

CDC plans to pilot the training with 60 employers in four models (formats), with 15 employers participating in each: (1) A "Hands-on" instructor-led workshop model (T1), (2) a self-paced "Online" model (T2), (3) a combination or "Blended" model (T3), and (4) a "Train-the-Trainer" model (T4) designed to prepare qualified individuals to train employers through the Hands-on, Online, or Blended models. Upon completion of the pilot training, each participant will be asked to complete a 15-20 minute evaluation survey to allow CDC to assess respondent satisfaction with the procedures, methods, content and strategies employed in each Work@Health training model.