

Latino immigrants. Critics suggest that such efforts frequently fall short of the mark because of poor translations and a failure to address the cultural, legal, educational and socio-economic realities that differentiate Latino immigrant workers from the American-born workers for whom the training materials were originally developed. The failure of current occupational safety and health training approaches with Latino immigrants is highlighted by data from Bureau of Labor Statistics indicating that significant occupational health disparities exist between Latino immigrant workers and American-born workers.

A major obstacle to designing and assessing the impact of occupational safety and health training interventions with Latino immigrants is the lack of a rigorously validated questionnaire addressing the issues believed to be contributing to the occupational health disparities experienced by this group. In order to better understand some of the factors that may be contributing to the persistent occupational health disparities between Latino immigrant and American-born workers, NIOSH is developing a questionnaire that focuses on important occupational safety and health issues such as risk perception, risk acceptance and workplace coping strategies. The content of this questionnaire was guided, in part, by data collected from focus groups conducted with both Latino immigrants and American-born workers. Additionally, a review of the existing

literature and feedback from experts in the field of occupational health disparities contributed to questionnaire content.

For validation purposes, this questionnaire will be administered to a sample of approximately 600 workers employed in a broad range of industries. In order to account for differences in level of acculturation, 200 of the workers will be Latino immigrants who have been in the United States less than 2 years and 200 of the workers will be Latino immigrants who have been in the United States more than 5 years. An additional 200 American-born workers will be given the questionnaire so that their responses may be contrasted with those of the Latino immigrants. Half of the workers will be male and the other half female. In order to account for potential regional differences, 300 of the workers will be from New Mexico, a state that has historically always had a large Latino population and 300 workers will be from Ohio, a state that has only recently experienced a large increase in its Latino population. The sample sizes are not based upon power analyses comparing expected group differences. Rather, the sample sizes are based upon recommendations related to validation of questionnaires, both on the basis of individual items and the analysis of the underlying structural elements.

Participants for this data collection will be recruited with the assistance of contractors who have successfully performed similar tasks for NIOSH in the past. The Latino immigrants will be

assessed first so that an American-born workers sample can be recruited that can be matched in terms of occupation and industry. Depending upon literacy level and/or individual preferences, the questionnaire will be administered verbally or in "paper and pencil" format to participants in either English or Spanish. Based upon previous experiences working with these populations, it is estimated that each questionnaire will take approximately 75 minutes to complete.

The purpose of this information collection is to validate a questionnaire assessing factors that are thought to contribute to the persistent occupational health disparities experienced by Latino immigrant workers. Once validated, this questionnaire can be used in other efforts to assess the impact of occupational safety and health interventions aimed at the Latino immigrant community. Without the benefit of this data, NIOSH will be unable to assess variables related to the occupational health disparities experienced by Latino immigrants or to better assess the impact of occupational safety and health training interventions targeted at this group.

Once this study is complete, results will be made available via various means including print publications and the agency internet site. NIOSH expects to complete data collection no later than March 2012. There is no cost to respondents other than their time. The total estimated annual burden hours are 810.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Recruitment Script .....	600	1	3/60
Opening Statement .....	600	1	3/60
Questionnaire .....	600	1	1.25

**Kimberly S. Lane,**  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

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**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 and send comments to Tony Richardson, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, 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**

Evaluation of Worker Notification Program (0920-0566, Expiration 2/28/2011)—Reinstatement—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The National Institute for Occupational Safety and Health (NIOSH), under Section 20(a)(1), (a)(4), (a)(7)(c), and Section 22(d), (e)(5)(7) of

the Occupational Safety and Health Act (29 U.S.C. 669), has the responsibility to conduct research relating to occupational safety and health relating to innovative methods, techniques, and approaches for dealing with occupational safety and health problems.

Since the Right to Know movement in the late 1970s, NIOSH has been developing methods and materials to notify subjects of its epidemiological studies. Within NIOSH, notifying workers of past exposures is done to inform surviving cohort members of findings from NIOSH studies. Current NIOSH policy dictates how and when worker notification should occur. The extent of the notification effort depends upon the level of excess mortality or the extent of the disease or illness found in the study population. Current notification efforts range from posting results at the facilities studied to mailing individual letters to surviving members of the study population and

other stakeholders. Each year, the NIOSH Industrywide Studies Branch (IWSB), Division of Surveillance, Hazard Evaluation, and Field Studies (DSHEFS) typically prepares materials for two to three completed studies. This often requires individual letters be mailed to study populations ranging in size from 200–20,000 workers each. An evaluation instrument would gauge the effectiveness of notification materials and improve future communication of risk information.

The purpose of the proposed evaluation tool is to obtain feedback from workers that would improve the quality and usefulness of the Institute's worker notification activities. Researchers from NIOSH propose to routinely include a Reader Response postcard with notification materials to assess the value and usefulness of said materials. We are requesting approval for three years. Participation is voluntary. There are no costs to respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Form name	Number respondents	Number responses	Avg. burden per response (hours)	Total burden (hours)
Reader Response Card .....	8,000	1	10/60	1,333
Total .....	.....	.....	.....	1,333

**Kimberly S. Lane,**  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review**

The meeting announced below concerns Epidemiology, Prevention and Treatment of Influenza and Other Respiratory Infections in Ghana, IP12-001, Studies at the Animal-Human Interface of Influenza and Other Zoonotic Diseases in Vietnam, IP12-002, The Incidence of Community Associated Influenza and Other Respiratory Infections in the United States, IP12-003, and Epidemiology, Prevention and Treatment of Influenza and Other Respiratory Infections in

Panama and Central America Region, IP12-006, initial review.  
 In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting:  
*Time and Date:* 8 a.m.–5 p.m., March 16, 2012 (Closed).  
*Place:* Sheraton Gateway Hotel Atlanta Airport, 1900 Sullivan Road, Atlanta, Georgia 30337, Telephone: (770) 997-1100.  
*Status:* The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.  
*Matters To Be Discussed:* The meeting will include the initial review, discussion, and evaluation of applications received in response to “Epidemiology, Prevention and Treatment of Influenza and Other Respiratory Infections in Ghana, FOA IP12-001; Studies at the Animal-Human Interface of Influenza and Other Zoonotic Diseases in Vietnam, FOA IP12-002; The Incidence of Community Associated Influenza and Other Respiratory Infections in the United States, FOA IP12-003; and Epidemiology, Prevention and Treatment of Influenza and Other Respiratory Infections in Panama and Central America Region, FOA IP12-006.”

*Contact Person For More Information:*  
 Gregory Anderson, M.S., M.P.H., Scientific Review Officer, CDC, 1600 Clifton Road NE., Mailstop E60, Atlanta, Georgia 30333, Telephone: (404) 718-8833.  
 The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.  
 Dated: January 18, 2012.  
**Elaine L. Baker,**  
*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*  
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