

Committee. Individuals appointed to serve as public members of the Committee will be required to disclose information regarding financial holdings, consultancies, and research grants and/or contracts.

Dated: January 28, 2011.

**Bruce Gellin,**

*Deputy Assistant Secretary, Director, National Vaccine Program Office, Executive Secretary, National Vaccine Advisory Committee.*

[FR Doc. 2011-2372 Filed 2-2-11; 8:45 am]

**BILLING CODE 4150-44-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-11-0729]

#### 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](mailto: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

Customer Surveys Generic Clearance for the National Center for Health Statistics (0920-0729 exp. 6/30/2009)—Reinstatement—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on “the extent and nature of illness and disability of the population of the United States.” This is a reinstatement request for a generic approval from OMB to conduct customer surveys over the next three years.

As part of a comprehensive program, the National Center for Health Statistics (NCHS) plans to continue to assess its customers’ satisfaction with the content, quality and relevance of the information it produces. NCHS will conduct voluntary customer surveys to assess strengths in agency products and services and to evaluate how well it addresses the emerging needs of its data users. Results of these surveys will be used in future planning initiatives.

The data will be collected using a combination of methodologies

appropriate to each survey. These may include: Evaluation forms, mail surveys, focus groups, automated and electronic technology (e.g., e-mail, Web-based surveys), and telephone surveys. Systematic surveys of several groups will be folded into the program. Among these are Federal customers and policy makers, State and local officials who rely on NCHS data, the broader educational, research, and public health community, and other data users. Respondents may include data users who register for and/or attend NCHS sponsored conferences; persons who access the NCHS Web site and the detailed data available through it; consultants; and others. Respondent data items may include (in broad categories) information regarding respondent’s gender, age, occupation, affiliation, location, *etc.*, to be used to characterize responses only. Other questions will attempt to obtain information that will characterize the respondents’ familiarity with and use of NCHS data, their assessment of data content and usefulness, general satisfaction with available services and products, and suggestions for improvement of surveys, services and products.

The resulting information will be for NCHS internal use. There is no cost to respondents other than their time to participate in the survey. The total estimated annualized burden is 1,640 hours.

#### ESTIMATED ANNUALIZED BURDEN TABLE

Type of survey	Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)
Questionnaire for conference registrants/attendees.	Public/private researchers, Consultants, and others.	3,000	1	10/60
Focus groups .....	Public/private researchers, Consultants, and others.	240	1	1
Web-based .....	Public/private researchers, Consultants, and others.	3,600	1	10/60
Other customer surveys .....	Public/private researchers, Consultants, and others.	1,200	1	15/60

Dated: January 26, 2011.

**Carol E. Walker,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2011-2420 Filed 2-2-11; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-11-11BS]

#### 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 404-639-5960 and send comments to Carol E. Walker, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail 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

"Characteristics of Mine Worker Resilience in Emergency Escape"—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

NIOSH, under Public Law 91–173 as amended by Publ. L. 95–164 (Federal Mine Safety and Health Act of 1977) has the responsibility to conduct research to improve working conditions and to prevent accidents and occupational diseases in underground coal mining.

A mine emergency poses substantial psychological and emotional challenges for the miners and personnel who need to respond to an underground coal mining incident or escape from an underground mine. Psychological issues can continue to be a problem after the incident takes place, as evidenced by a number of suicides and loss of experienced mining and rescue personnel in the aftermath of mining disasters over the past decade. While attention has been paid to the products and technologies needed to prevent and respond to mine emergencies, the personal factors that influence resilience in emergency situations, especially those necessary for self-escape, have been largely overlooked.

Resilience has been defined in a number of ways; this task will initially define resilience as the psychological and social characteristics of an individual miner and mine crew that help them to withstand significant adversity and to "bounce back" after a trauma. The authors of *Strategies for Escape and Rescue from Underground Coal Mines* concluded that developing resilient miners, who are able to respond and self-escape if necessary, is needed to improve emergency response in the U.S. underground coal industry [Alexander, *et al.* 2010]. Furthermore, it

is crucial to develop miners and mining crews who are equipped with the psycho-social resilience needed pre-, during, and post-event to support positive self-escape behaviors.

The goal of this task is to define and measure resiliency in underground coal miners and mine crews through a survey instrument, and to recommend ways to increase their resilience such that they are psychologically prepared to self-escape and can psychologically recover in a healthy manner after a mine emergency.

To accomplish this goal, NIOSH researchers will field test a measure of resiliency they have designed. A survey will be administered to 200 underground coal miners. The survey is designed to assess miners' resiliency. NIOSH will use the results of the survey to adapt and disseminate the measure. Eventually, the measure will provide data on miners' resiliency which, in the next phase of the task, will result in organizational interventions for a more psychologically resilient workforce. All participants will be between the ages of 18 and 65, currently employed, and living in the United States.

Findings will be used to improve the definition and measure of resilience in coal mining. There is no cost to respondents other than their time.

### ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden response (in hours)	Total burden (in hours)
Miners and Crew .....	200	1	30/60	100
Total .....				100

Dated: January 26, 2011.

**Carol E. Walker,**

*Reports Clearance Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2011–2421 Filed 2–2–11; 8:45 am]

**BILLING CODE 4163–18–P**

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Centers for Disease Control and Prevention

[60Day–11–11BP]

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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

Community-based Organization (CBO) Monitoring and Evaluation of WILLOW (CMEP–WILLOW)—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

CDC began formally partnering with CBOs in the late 1980s to expand the reach of HIV prevention efforts. CBOs were, and continue to be, recognized as important partners in HIV prevention