the ABC, FoodNet, and Influenza portions of the EIP.

Activities of the EIPs fall into the following general categories: (1) Active surveillance; (2) applied public health epidemiologic and laboratory activities; (3) implementation and evaluation of pilot prevention/intervention projects; and (4) flexible response to public health emergencies.

Activities of the EIPs are designed to: (1) Address issues that the EIP network is particularly suited to investigate; (2) maintain sufficient flexibility for emergency response and new problems as they arise; (3) develop and evaluate public health interventions to inform public health policy and treatment guidelines; (4) incorporate training as a key function; and (5) prioritize projects that lead directly to the prevention of disease. Proposed respondents will include state health departments who may collaborate with one or more of the following: academic institutions, local health departments, public health and clinical laboratories, infection control professionals, and healthcare providers. Frequency of reporting will be determined as cases arise.

The addition of HAIC to the EIP increases the total estimated burden by 10,300 hours to 22, 755 hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)
State Health Department	ABCs Case Report Form	10	809	20/60
	Invasive Methicillin-resistant *Staphylococcus aureus* ABCs Case Report Form.	10	609	20/60
	ABCs Invasive Pneumococcal Disease in Children Case Report Form.	10	22	10/60
	ABCs Non-Bacteremic Pneumococcal Disease Case Report Form.	10	100	10/60
	Neonatal Infection Expanded Tracking Form	10	37	20/60
	ABCs Legionellosis Case Report Form	10	100	20/60
	Campylobacter	10	637	20/60
	Cryptosporidium	10	130	10/60
	Cyclospora	10	3	10/60
	Listeria monocytogenes	10	13	20/60
	Salmonella	10	827	20/60
	Shiga toxin producing E. coli	10	90	20/60
	Shigella	10	178	10/60
	Vibrio	10	20	10/60
	Yersinia	10	16	10/60
	Hemolytic Uremic Syndrome	10	10	1
	Influenza Hospitalization Surveillance Project Case Report Form.	10	400	15/60
	Influenza Hospitalization Surveillance Project Vaccination Telephone Survey.	10	100	5/60
	Influenza Hospitalization Surveillance Project Vaccination Telephone Survey Consent Form.	10	100	5/60
EIP site	CDI Case Report Form	10	1650	20/60
	CDI Treatment Form	10	1650	10/60
	Resistant Gram-Negative Bacilli Case Report Form	10	500	20/60
Person in the community infected with *C. difficile* (CDI Cases).	Screening Form	600	1	5/60
	Telephone interview	500	1	40/60
Total				

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.

[FR Doc. 2015–16893 Filed 7–9–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–15–0949; Docket No. CDC–2015–0053]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on the proposed extension of the information collection entitled *Evaluating the Effectiveness of Occupational Safety and Health Program Elements in the Wholesale Retail Trade Sector*. The National

Institute for Occupational Safety and Health seeks to continue its scientific intervention effectiveness research to support the evidenced based prevention of occupational injuries and illnesses in the wholesale/retail sector.

DATES: Written comments must be received on or before September 8, 2015.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2015–0053 by any of the following methods:

Federal eRulemaking Portal: Regulation.gov. Follow the instructions for submitting comments.

Mail: Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to *Regulations.gov*, including any personal information provided. For access to the docket to read background documents or comments received, go to *Regulations.gov*.

Please note: All public comment should be submitted through the Federal eRulemaking portal (Regulations.gov) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact the Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., MS–D74, Atlanta, Georgia 30329; phone: 404–639–7570; Email: *omb@cdc.gov*.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

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; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

Proposed Project

Evaluating the Effectiveness of Occupational Safety and Health Program Elements in the Wholesale Retail Trade Sector OMB No. 0920–0949, expires 10/31/2015)—Extension—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. Under Public Law 91–596, sections 20 and 22 (Section 20–22, Occupational Safety and Health Act of 1970), NIOSH has the responsibility to conduct research to advance the health and safety of workers. In this capacity, NIOSH proposes to conduct a study to assess the effectiveness of occupational safety and health (OSH) program elements in the wholesale/retail trade (WRT) sector. An extension is being requested in order to allow for additional time to complete the study. Data has already been collected for the first year of the study. Additional time is being requested in order to collect the remaining data for the second and third year.

Liberty Mutual has estimated direct workers compensation costs to industry in the United States in 2009 to be $50 billion. The WRT industry sector employs over 21 million workers or 19% of the workforce in private industry. In 2007, the majority of non-fatal injuries and illnesses involving days away from work in the WRT sector involved musculoskeletal disorders (MSDs, 29%) or slip/trip/falls (STFs, 22%). For this reason, major strategic NIOSH goals in the WRT sector are to reduce MSDs, STFs and other injuries/illnesses in part by assessing the effectiveness of occupational safety and health (OSH) programs designed to prevent these outcomes. There is some evidence that OSH prevention programs built on key elements (management leadership, employee participation, hazard identification and control, medical management, training, and program evaluation) reduce losses. However, little evidence exists on the relative effectiveness of program elements compared to each other. There is a need for research to develop reliable OSH program metrics and determine which elements have the greatest impact on injuries, illnesses and work disability. A renewed partnership between NIOSH and the Ohio Bureau of Workers Compensation (OBWC) a timely opportunity to conduct such research in a relevant and efficient manner.

A collaborative study involving NIOSH and the OBWC will examine the association between survey-assessed OSH program elements (organizational policies, procedures, practices) and workers compensation (WC) injury/illness outcomes in a stratified sample of OBWC-insured wholesale/retail trade (WRT) firms. Crucial OSH program elements with particularly high impact on WC losses will be identified in this study and disseminated to the WRT sector. This study will provide important information that is not currently available elsewhere on the effectiveness of OSH programs for the WRT sector. This project fits the mission of CDC–NIOSH to conduct scientific intervention effectiveness research to support the evidenced based prevention of occupational injuries and illnesses.

For this study, the target population includes United States WRT firms (North American Industry Classification System codes 42, 44, 45, 45). The sampling frame includes OBWC-insured WRT firms in Ohio. The study sample includes OBWC-insured WRT firms who volunteer to participate in the OBWC–NIOSH research project.

The proposed research involves a firm-level survey of a series of organizational metrics considered to be

potential predictors of injury and illness WC claim rates and duration in a stratified sample of OBWC-insured WRT firms in Ohio. There are expected to be up to 4,404 participants per year; surveys will administered twice to the same firms in successive years (*e.g.* from January–December 2014 and again from January–December 2015).

An individual responsible for the OSH program at each firm will be asked to complete survey that include a background section related to respondent and company demographics and a main section where individuals will be asked to evaluate organizational metrics related to their firm's OSH program. The firm-level survey data will be linked to five years of retrospective injury and illness WC claims data and two years of prospective injury and illness WC claims data from OBWC to determine which organizational metrics are related to firm-level injury and illness WC claim rates. A nested study will ask multiple respondents at a subset of 60 firms to participate by completing surveys. A five-minute interview will be conducted with a 10% sample of non-responders (up to 792 individuals).

In order to maximize efficiency and reduce burden, a web-based survey is proposed for the majority (95%) of survey data collection. Collected information will be used to determine whether a significant relationship exists between self-reported firm OSH elements and firm WC outcomes while controlling for covariates. Once the study is completed, benchmarking reports about OSH elements that have the highest impact on WC losses in the WRT sector will be made available through the NIOSH–OBWC internet sites and peer-reviewed publications.

In summary, this study will determine the effectiveness of OSH program elements in the WRT sector and enable evidence-based prevention practices to be shared with the greatest audience possible. NIOSH expects to complete data collection in 2015. There is no cost to respondents other than their time.

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)
Safety and Health Managers in Wholesale/Retail Trade (WRT) Firms in Ohio.	Occupational Safety and Health Program Survey.	4,404	1	20/60	1,468
	Informed Consent Form	4,404	1	2/60	147
	Non Responder Interview	792	1	5/60	66
Total Hours					1,681

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.

[FR Doc. 2015–16895 Filed 7–9–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Determining Mental Health Professional Shortage Areas of Greatest Need; Correction

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice; correction.

SUMMARY: In accordance with the requirements of section 333A(b)(1) of the Public Health Service (PHS) Act, as amended by the Health Care Safety Net Amendments of 2002, 42 U.S.C. 254f–1(b)(1), the Secretary of HHS shall establish the criteria which she will use to make determinations under section 333A(a)(1)(A) of the Health Professional Shortage Areas (HPSAs) with the greatest shortages. The Health Resources and Services Administration published a notice in the **Federal Register**, FR 2015–00398 (January 14, 2015), which sets forth revised criteria for determining mental health HPSAs with the greatest shortage.

FOR FURTHER INFORMATION CONTACT: Kae Brickerd, Chief, Shortage Designation Branch, Bureau of Health Workforce, Division of Policy and Shortage Designation, Health Resources and Services Administration, 11W14 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, 301 945–0828, *kbrickerd@hrsa.gov.*

Correction:

In the **Federal Register**, FR 2015–00398 (January 14, 2015), please make the following corrections:

In the section For Geographic High Need and Population HPSAs, the table for Core Mental Health (Geographic High Need and Population), should read as follows below.

CORE MENTAL HEALTH (GEOGRAPHIC HIGH NEED AND POPULATION)

Ratio	Score
≥6K and <7.5K:1	1
≥7.5K and <9K:1	2
≥9Kand <12K:1	3
≥12K and <15K:1	4
≥15K and <18K:1	5
≥18K and <24K:1	6

CORE MENTAL HEALTH (GEOGRAPHIC HIGH NEED AND POPULATION)—Continued

Ratio	Score
≥24K:1	7

Dated: July 1, 2015.

James Macrae,

Acting Administrator.

[FR Doc. 2015–16964 Filed 7–9–15; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: HHS–OS–0990–0281–60D]

Agency Information Collection Activities; Proposed Collection; Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit an Information Collection