Proposed Project

National Health Interview Survey (NHIS), (OMB No. 0920-0214, Expiration 01/31/2013—Revision—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.

The annual National Health Interview Survey is a major source of general statistics on the health of the U.S. population and has been in the field continuously since 1957. Clearance is sought for three years, to collect data for 2011, 2012, 2013, and 2014 and to increase the sample size for 2011, 2012, and 2013. This voluntary household-based survey collects demographic and health-related information on a nationally representative sample of persons and households throughout the country. Information is collected using computer assisted personal interviews (CAPI). A core set of data is collected each year while sponsored supplements vary from year to year. For 2011, the sample size is proposed to increase from an estimated 35,000 households to an estimated 40,000 households to provide more state-level estimates. The sample size is expected to be further increased to approximately 67,000 households for 2012 and 2013.

In accordance with the 1995 initiative to increase the integration of surveys within the Department of Health and Human Services, respondents to the NHIS serve as the sampling frame for the Medical Expenditure Panel Survey conducted by the Agency for Healthcare Research and Quality. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, diabetes, and access to health care. It is a leading source of data for the Congressionally-mandated “Health US” and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives.

There is no cost to the respondents other than their time. As shown below, with the increased sample size, the estimated overall average annual burden for the 2011, 2012, and 2013 surveys is 55,343 hours.

### Annualized Burden Table

<table>
<thead>
<tr>
<th>Questionnaire (respondent)</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden per respondent in hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screener Questionnaire</td>
<td>10,000</td>
<td>1</td>
<td>5/60</td>
</tr>
<tr>
<td>Family Core (adult family member)</td>
<td>58,000</td>
<td>1</td>
<td>23/60</td>
</tr>
<tr>
<td>Adult Core (sample adult)</td>
<td>44,250</td>
<td>1</td>
<td>14/60</td>
</tr>
<tr>
<td>Child Core (adult family member)</td>
<td>17,550</td>
<td>1</td>
<td>9/60</td>
</tr>
<tr>
<td>Child Record Check (medical provider)</td>
<td>2,120</td>
<td>1</td>
<td>5/60</td>
</tr>
<tr>
<td>Teen Record Check (medical provider)</td>
<td>8,450</td>
<td>1</td>
<td>4/60</td>
</tr>
<tr>
<td>Child Immunization Provider (adult family member)</td>
<td>10,570</td>
<td>1</td>
<td>18/60</td>
</tr>
<tr>
<td>Supplements (adult family Member)</td>
<td>58,000</td>
<td>1</td>
<td>5/60</td>
</tr>
<tr>
<td>Reinterview Survey</td>
<td>4,000</td>
<td>1</td>
<td>5/60</td>
</tr>
</tbody>
</table>

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[Docket Number NIOSH-244]

**Comments and Information Relevant to Mid Decade Review of NORA**

**AGENCY:** Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH).

**ACTION:** Notice of Public Comment Period.

**SUMMARY:** The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) is conducting a review of the processes of the National Occupational Research Agenda (NORA). In 2006, NORA entered its second decade with an industry sector-based structure. In 2011, as NORA reaches the halfway point of its second decade, NIOSH is conducting a review of NORA processes to learn how adjustments can be made to maximize outcomes through the remainder of the second decade (2012-2016). The goal is to look at NORA processes across the ten NORA industry...
sectors to provide an inter-sector perspective of the structure and progress of NORA to date. This is also an opportunity to obtain feedback on how to ensure that NORA realizaes its full impact potential. We are interested in your comments on NORA processes; activities and accomplishments; and opportunities for adjustments for the future.

Public Comment Period: Comments must be received by August 31, 2011.

ADDRESSES: Written comments may be submitted to the NIOSH Docket Office, Robert A. Taft Laboratories, 4676 Columbia Parkway, MS—C34, Cincinnati, Ohio 45226. All material submitted should reference docket number NIOSH—244 and must be submitted by August 31, 2011 to be considered by the Agency. All electronic comments should be formatted in Microsoft Word. In addition, comments may be sent via e-mail to nioshdocket@cdc.gov or facsimile to (513) 533–8285. A complete electronic docket containing all comments submitted will be available on the NIOSH Web page at http://www.cdc.gov/niosh/docket, and comments will be available in writing by request. NIOSH includes all comments received without change in the electronic docket, including any personal information.

FOR FURTHER INFORMATION CONTACT: Chia Chang, NIOSH, telephone (202) 245–0625, NORAmiddecade@cdc.gov.

Dated: July 13, 2011.

John Howard,
Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

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BILLING CODE 4183–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number NIOSH—245]

Notice of Public Meeting on the NIOSH Document Titled: “Criteria for a Recommended Standard: Occupational Exposure to Diacetyl and 2,3-pentanedione”

AGENCY: National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of public meeting.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) will hold a public meeting to discuss and obtain comments on the draft document, “Criteria for a Recommended Standard: Occupational Exposure to Diacetyl and 2,3-pentanedione”. A copy of the draft document will be posted on the Internet at http://www.cdc.gov/niosh/docket/review/docket245/default.html for Docket number NIOSH—245 on August 12, 2011. This notice serves as advance notice of the meeting and public comment period.

Table of Contents

Date and Time
Address
Status
Speaker Registration
Agenda
Supplementary Information
I. Matters To Be Discussed
II. Transcripts
III. Public Comment Period
Contact Person for More Information

DATES AND TIME: August 26, 2011, 8 a.m.—4 p.m., Eastern Time. Please note that public comments may end before the time indicated, following the last call for comments. Members of the public who wish to provide comments should plan to attend the meeting at the start time listed.


Status: The meeting is open to the public limited only by the space available. The meeting room accommodates 150 people. To pre-register for the meeting, interested parties should contact the NIOSH Docket Office at nioshdocket@cdc.gov or by fax at (513) 533–8285. Due to limited space, notification of intent to attend the meeting must be made to the NIOSH Docket Office no later than August 19, 2011. Priority for attendance will be given to those providing oral comments. Other requests to attend the meeting will then be accommodated on a first-come basis.

Speaker Registration: Persons wanting to provide oral comments on the draft document should contact the NIOSH Docket Office at nioshdocket@cdc.gov or by fax at (513) 533–8285. Presenters will be permitted approximately 10 minutes, and will be informed if additional time becomes available. All requests to present should contain the name, address, telephone number, and relevant business affiliations of the presenter, and the topic of the presentation. Oral comments made at the public meeting must also be submitted to the NIOSH Docket Office in writing in order to be considered by the Agency.

Agenda: The meeting will begin with an introduction and presentation by Federal officials, followed by presentations from attendees who register to speak. Each speaker will be limited to ten minutes. If all pre-registered presentations are complete before the end time, there will be an open session to receive comments from anyone who has not signed up on the speaker registration list who may wish to speak. Open session comments will also be limited to 10 minutes per speaker. After the last speaker or at 4 p.m., whichever occurs first, the meeting will be adjourned.

SUPPLEMENTARY INFORMATION:

I. Matters To Be Discussed

At the public meeting, special emphasis will be placed on the following topics:

1. Hazard identification, risk estimation, and discussion of health effects for diacetyl and 2,3-pentanedione;
2. Basis of the Recommended Exposure Limit for diacetyl and 2,3-pentanedione;
3. Workplaces and occupations where exposure to diacetyl and 2,3-pentanedione occur;
4. Current exposure measurement methods;
5. Current strategies for controlling occupational exposure to diacetyl and 2,3-pentanedione: e.g., engineering controls, work practices, medical surveillance, and personal protective equipment;
6. Oral comments provided to NIOSH on the draft criteria document.

II. Transcripts

Transcripts will be prepared and posted to NIOSH Docket number 245 approximately 30 days after the meeting. If a person making a comment gives his or her name, no attempt will be made to redact that name. NIOSH will take reasonable steps to ensure that individuals making public comments are aware of the fact that their comments (including their name, if provided) will appear in a transcript of the meeting posted on a public Web site. Such reasonable steps include: (a) A statement read at the start of the meeting stating that transcripts will be posted and names of speakers will not be redacted; and (b) A printed copy of the statement mentioned in (a) above will be displayed on the table where individuals sign up to make public comments. If individuals in making a statement reveal personal information (e.g., medical information) about