

improving the quality of the data it collects.

It is envisioned that in some instances the ability to pretest/pilot-test survey-related instruments, in anticipation of work, or early in a project, may result in the decision not to proceed with particular survey activities, thereby saving both public and private resources and effectively eliminating or reducing respondent burden.

Many of the survey tools AHRQ develops are made available to users in the private sector. The health care environment changes rapidly and requires a quick response from the

agency to provide appropriately refined tools. A generic clearance for this methodological work will facilitate the agency's timely development of survey tools suitable for use in changing conditions.

It is particularly important to refine AHRQ's survey tools because they are frequently made available to help the private sector to improve health care quality by enabling the gathering of useful data for analysis and for providing information about health care quality to consumers and purchasers so that they can use their marketplace

choices to influence and improve health care quality.

Methods of Collection

Participation in survey testing will be fully voluntary and non-participation will have no effect on eligibility for, or receipt of, future AHRQ health services research support or on future opportunities to participate in research or to obtain informative research results. Specific estimation procedures, when used, will be described when we notify OMB as to actual studies conducted under the clearance.

ESTIMATED ANNUAL RESPONDENT BURDEN

Type of research activity	Number of respondents	Estimated time per respondent	Total burden hours
Face-to-Face Interviews	100	60 minutes	100
Field Tests (short)	2,400	20 minutes	800
Field Tests (long)	7,600	30 minutes	3,800
Lab Experiments	200	90 minutes	300
Focus Groups	100	60 minutes	100
Cognitive Interviews	100	60 minutes	100
Totals	10,500	Not Applicable	5,200

Estimated Costs to the Federal Government

Expenses (equipment, overhead, printing, and support staff) will be incurred by AHRQ components as part of their normal operating budgets. No additional costs to the Federal Government is anticipated. Any deviation from these limits will be noted in reports made to OMB with respect to a particular study or studies conducted under the clearance.

Request for Comments

In accordance with the above-cited legislation, comments on the AHRQ information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of functions of AHRQ, including whether the information will have practical utility; (b) the accuracy of the AHRQ's estimate of burden (including hours and cost) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information

collection. All comments will become a matter of public record.

Dated: August 6, 2004.

Carolyn M. Clancy,

Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-04-04FF]

Proposed Data Collections Submitted for Public Comment and Recommendations

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) 498-1210 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

Workplace Stress Among Underground Coal Miners—New—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Work-related stress appears to increase the risk of atherosclerotic heart disease, musculoskeletal disorders such as back pain and carpal tunnel syndrome, and clinical depression. The mechanism by which stress increases the risk of chronic disease states is unknown, but is thought to involve abnormal communication between the brain and the endocrine system. Dysfunction of this communication system, called the Hypothalamic-Pituitary-Adrenal (HPA) axis, is found in a number of chronic diseases, including coronary heart disease, diabetes, and rheumatoid arthritis. In a healthy individual, there is flexible communication between the hypothalamus and pituitary gland, both located in the brain, and the adrenal gland, located above the kidneys. When stresses occur throughout the day, cortisol is released from the adrenal gland in response to signals from the brain. Cortisol prepares the body to respond to stress, after which cortisol levels return to normal. Chronic stress, with protracted or repeated challenge to the HPA axis, may lead to inappropriate levels of cortisol, further decline of HPA

axis function, and increased risk of chronic disease.

This study will investigate the relationship between workplace stress and function of the HPA axis among a sample population of coal miners. Coal miners experience a number of work-related stresses, such as long hours of work, heavy workloads, shift work, and concerns about stability of employment. Miners will be asked to complete a 25-minute survey which asks about traditional job stressors including shift schedule and rotation, workload, and degree of control over work. The survey

also addresses stressors not typically examined in work stress surveys, including time spent in second jobs, commuting time to work, and responsibilities for care of children and the elderly.

Function of the HPA axis will be assessed by obtaining a series of cortisol samples from subjects right after they wake up in the morning. Recent studies have shown that the response of cortisol to awakening, measured in saliva, serves as a good marker of HPA axis function. Miners will be asked to obtain saliva samples at home, and send them to the

NIOSH Morgantown laboratory for analysis.

Analyses will examine the relationship between the cortisol response to awakening, an indicator of HPA axis function, and measures of workplace stress. Data collected in this study will help NIOSH determine if workplace stress results in HPA axis dysfunction, which has been linked to a number of chronic disease conditions. The estimated annualized burden is 167 hours.

Respondents	No. of respondents	No. responses per respondent	Average burden per respondent (in hrs.)
Coal Miners	400	1	25/60

Dated: August 10, 2004.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-04-0260]

Proposed Data Collections Submitted for Public Comment and Recommendations

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) 498-1210 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235,

Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

Health Hazard Evaluations/Technical Assistance and Emerging Problems, OMB No. 0920-0260—Extension—National Institute for Occupational Safety and Health ("NIOSH"), Centers for Disease Control and Prevention ("CDC").

Background

In accordance with the mandates of the Occupational Safety and Health Act of 1970 and the Federal Mine Safety and Health Act of 1977, the National Institute for Occupational Safety and Health ("NIOSH") responds to requests for health hazard evaluations to identify chemical, biological, or physical hazards in workplaces throughout the United States.

To comprehensively evaluate hazards in response to a request for a health hazard evaluation, NIOSH frequently conducts an on-site evaluation. The main purpose of an on-site evaluation is to help employers and employees identify and eliminate occupational health hazards. The interview and questionnaires are specific to each

workplace and its suspected disease(s) and hazards. The questionnaires are composed of items that were developed from standard medical and epidemiologic techniques.

NIOSH distributes interim and final reports of health hazard evaluations (excluding personal identifiers) to requesters, employers, employee representatives, the Department of Labor, and as appropriate to the Occupational Safety and Health Administration or Mine Safety and Health Administration and other state and federal agencies.

NIOSH administers a followback program to assess the effectiveness of its health hazard evaluation program in reducing workplace hazards. This program entails the mailing of followback questionnaires to employer and employee representatives in the workplace and, in some instances, a followback on-site evaluation. Due to the large number of investigations conducted each year, as well as the diverse and unpredictable nature of these investigations and the need to respond quickly to requests for assistance, NIOSH requests consolidated clearance for data collection of its health hazard evaluations. The estimated annualized burden is 3,901 hours.

Respondents	No. of respondents	No. of responses/ respondent	Average burden/ response (in hrs)
A. Employees (interview)	4000	1	15/60
B. Employees (questionnaire)	4240	1	30/60
C. Followback for onsite evaluations:			
Year 1	1000	1	15/60
Year 1	1000	1	15/60
Year 2	1000	1	15/60