

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

Work Organization Predictors of Depression in Women—Reinstatement—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Depression is a costly and debilitating occupational health problem. Research has indicated that the costs to an organization of treatment for depression can rival those for heart disease, and major and minor depressive disorders which have been found to be associated with more disability days than other types of health diagnoses. This may be of particular relevance for working women. Various national and international studies indicate that

women in developed countries experience depression at up to twice the rate of men. Studies that have examined this gender difference have focused on social, personality, and genetic explanations while few have explored factors in the workplace that may contribute to the gender differential. Examples of workplace factors that may contribute to depression among women include: Additive workplace and home responsibilities, lack of control and authority, and low paying and low status jobs. Additionally, women are much more likely to face various types of discrimination in the workplace than men, ranging from harassment to inequalities in hiring and promotional opportunities, and these types of stressors have been strongly linked with psychological distress and other negative health outcomes. On the positive side, organizations that are judged by their employees to value diversity and employee development engender lower levels of employee stress, and those that enforce policies against discrimination have more committed employees. Such organizational practices and policies may be beneficial for employee mental health, particularly the mental health of women.

This research focuses on the following questions: (1) Which work organization factors are most predictive of depression in women, and (2) are there measurable work organization factors that confer

protection against depression in women employees?

The research uses a repeated measures, prospective design with data collection at three points (baseline and 1-year and 2-year follow-ups). A 45-minute survey is being administered by telephone to 314 women and men at 16 different organizations. The survey contains questions about traditional job stressors (e.g., changes in workload, social support, work roles), stressors not traditionally examined, but which may be linked with depressive symptoms among women (e.g., roles and responsibilities outside of the workplace, discrimination, career issues) depression symptoms, and company policies, programs and practices. In our previous collection (2002), one Human Resource (HR) representative at each company was also surveyed about company policies, programs and practices. No HR representatives will be contacted for this survey. Analyses will determine which work organization factors are linked with depressive symptoms and what effect the organizational practices/policies of interest have on depression. Findings from this prospective study will also help target future intervention efforts to reduce occupationally-related depression in women workers. This study is being renewed in order to finish data collection. There will be no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN TABLE

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Employees	314	1	45/60	236

Dated: March 5, 2008.

Maryam I. Daneshvar,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-08-0109]

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 email to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

Respiratory Protective Devices—42 CFR 84—Regulation—(0920-0109)—Reinstatement—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The regulatory authority for the National Institute for Occupational Safety and Health (NIOSH) certification program for respiratory protective devices is found in the Mine Safety and Health Amendments Act of 1977 (30 U.S.C. 577a, 651 et seq., and 657(g)) and the Occupational Safety and Health Act of 1970 (30 U.S.C. 3, 5, 7, 811, 842(h), 844). These regulations provide the basis for the performance tests and the criteria to respirator manufacturers who submit respirators for testing and certification to be NIOSH-approved. Respirators are used by millions of American construction workers, miners, painters, asbestos removal workers, fabric mill workers, and fire fighters. Improved testing requirements have

benefits industrial workers, and health care workers implementing the current CDC *Guidelines for Preventing the Transmission of Tuberculosis*. Recent developments have provided approvals for self-contained breathing apparatus (SCBA), Air-Purifying respirators, Powered Air-Purifying (PAPR) and Air-Purifying Escape respirators for use by fire fighters and other first responders to potential terrorist attacks. NIOSH, in accordance with 42 CFR 84: (1) Issues

certificates of approval for respirators meeting specified construction, performance, and protection requirements; (2) establishes procedures and requirements to be met in filing applications for approval; (3) specifies minimum requirements and methods to be employed by NIOSH and by applicants in conducting inspections, examinations, and tests to determine effectiveness of respirators; (4) establishes a schedule of fees to be

charged applicants for testing and certification, and (5) establishes approval labeling requirements.

Information is collected from respirator manufacturers such as; contact information, type of respirator, quality assurance plan, and draft labels, as specified in the regulation. The estimated annualized burden hours are 78,776.

There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS:

Type of respondents	Type of forms	Number of respondents	Number of responses per respondent	Average burden response (in hours)
Respirator Manufacturers	84.11 Applications	43	8	86
	84.33 Labeling	43	8	2
	84.35 Modifications	43	8	66
	84.41 Reporting	43	8	23
	84.43 Record Keeping	43	8	46
	84.257 Labeling	43	8	3
	84.1103 Labeling	43	8	3

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Maryam I. Daneshvar,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-08-0669]

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. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written

comments should be received within 30 days of this notice.

Proposed Project

Evaluation of State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases—Reinstatement—National Center for Chronic Disease Prevention and Health Promotion (NCCDHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In order to prevent and control obesity and other chronic diseases, CDC established state-based nutrition and physical activity programs to support the development and implementation of nutrition and physical activity interventions, particularly through population-based strategies such as policy-level changes, environmental supports and the social marketing process. The overall programmatic goal is to promote population-based behavior change, such as increased physical activity and better dietary habits, thus leading to a reduction in the prevalence of obesity, and ultimately to a reduction in the prevalence of chronic diseases. CDC funding for state nutrition and

physical activity programs may be used for capacity building, collaboration, planning, monitoring the burden of obesity, intervention, and evaluation.

CDC has previously collected information to evaluate the State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases (OMB no. 0920-0669, exp. date 01/31/2008). The evaluation was designed to focus on recipient activities as outlined in the original funding announcement.

CDC proposes to reinstate the information collection with minor changes to the data collection instrument, in response to recommendations from the respondents, CDC staff, and the evaluation contractor. Changes are designed to streamline and clarify questions and response options. The project will continue to be conducted over a 3-year period. Information will be collected twice per year via a web-based data collection system.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 672.

ESTIMATED ANNUALIZED BURDEN HOURS:

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
States participating in NPAO	28	2	12