

TABLE 2—TABLE OF OUTCOMES—Continued

Category	Included outcomes
IPV .....	<ul style="list-style-type: none"> <li>○ STI incidence (based on testing/biologic confirmation).</li> <li>○ STI complications.</li> <li>● Behavioral outcomes:               <ul style="list-style-type: none"> <li>○ Changes in STI risk behaviors (e.g., multiple sexual partners, concurrent sexual partners, sexual partners with high STI risk, unprotected sexual intercourse or contact, sex while intoxicated with alcohol or other substances, sex in exchange for money or drugs).</li> <li>○ Changes in protective behaviors (e.g., sexual abstinence; mutual monogamy; delayed initiation of intercourse or age of sexual debut; use of condoms, other barrier methods, or chemical barriers; or other changes in sexual behavior).</li> </ul> </li> <li>● STI harms:               <ul style="list-style-type: none"> <li>○ Health care avoidance.</li> <li>○ Psychological harms (e.g., anxiety, shame, guilt, stigma).</li> </ul> </li> <li>● Health outcomes:               <ul style="list-style-type: none"> <li>○ Reduced exposure to IPV as measured by a validated instrument (e.g., Community Composite Scale), self-report frequency of abuse (e.g., number of physical/sexual assaults), or discontinuation of an unsafe relationship.</li> <li>○ Physical morbidity caused by IPV, including acute physical trauma (e.g., fractures, dislocations).</li> <li>○ Mental health morbidity caused by IPV, including acute mental morbidity (e.g., stress, nightmares) and chronic mental health conditions (e.g., posttraumatic stress disorder, anxiety, depression).</li> <li>○ Sexual trauma, unintended pregnancy, pregnancy loss, and sexually transmitted infections.</li> <li>○ Health care utilization attributed to physical or mental effects of IPV (e.g., rates of emergency room visits).</li> <li>○ Social isolation.</li> </ul> </li> <li>● Harms:               <ul style="list-style-type: none"> <li>○ Increased abuse or other forms of retaliation; and other reported harms of screening or identification.</li> </ul> </li> </ul>

Abbreviations: IPV = interpersonal violence; KQ = key question; STI = sexually transmitted infections.

**Marquita Cullom,**  
*Associate Director.*  
[FR Doc. 2021–22074 Filed 10–8–21; 8:45 am]  
BILLING CODE 4160–90–P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Final Effect of Designation of a Class of Employees for Addition to the Special Exposure Cohort**

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

**ACTION:** Notice.

**SUMMARY:** HHS gives notice concerning the final effect of the HHS decision to designate a class of employees from the Savannah River Site in Aiken, South Carolina, as an addition to the Special Exposure Cohort (SEC) under the Energy Employees Occupational Illness Compensation Program Act of 2000.

**FOR FURTHER INFORMATION CONTACT:** Grady Calhoun, Director, Division of Compensation Analysis and Support, NIOSH, 1090 Tusculum Avenue, MS C–46, Cincinnati, OH 45226–1938, Telephone 513–533–6800. Information requests can also be submitted by email to [DCAS@CDC.GOV](mailto:DCAS@CDC.GOV).

**SUPPLEMENTARY INFORMATION:** On August 18, 2021, as provided for under 42 U.S.C. 7384l(14)(C), the Secretary of HHS designated the following class of employees as an addition to the SEC:

All construction trade employees of Department of Energy subcontractors [excluding employees of the following prime contractors who worked at the Savannah River Site in Aiken, South Carolina, during the specified time periods: E. I. du Pont de Nemours and Company, October 1, 1972, through March 31, 1989; and Westinghouse Savannah River Company, April 1, 1989, through December 31, 1990], who worked at the Savannah River Site from October 1, 1972, through December 31, 1990, for a number of work days aggregating at least 250 work days, occurring either solely under this employment or in combination with work days within the parameters established for one or more other classes of employees included in the Special Exposure Cohort.

This designation became effective on September 17, 2021. Therefore, beginning on September 17, 2021, members of this class of employees, defined as reported in this notice, became members of the SEC.

*Authority:* 42 U.S.C. 7384q(b). 42 U.S.C. 7384l(14)(C).

**John J. Howard,**  
*Director, National Institute for Occupational Safety and Health.*  
[FR Doc. 2021–22132 Filed 10–8–21; 8:45 am]  
BILLING CODE 4163–18–P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Food and Drug Administration**

[Docket No. FDA–2021–N–0966]

**Closer to Zero Action Plan: Impacts of Toxic Element Exposure and Nutrition at Different Crucial Developmental Stages; Public Meeting; Request for Comments**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice of public meeting; request for comments.

**SUMMARY:** The Food and Drug Administration (FDA or we) is announcing the following virtual public meeting entitled “Closer to Zero Action Plan: Impacts of Toxic Element Exposure and Nutrition at Different Crucial Developmental Stages.” The purpose of the public meeting is to discuss the scope of the Closer to Zero action plan as it relates to the impacts of toxic element exposure and nutrition at different crucial developmental stages, including discussion of the key nutrients in food for growth and development, foods commonly consumed by babies and young children, and exposure risks of toxic elements.

**DATES:** The public meeting will be held on November 18, 2021, from 10 a.m. to 4 p.m. Eastern Time. FDA is