

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Licensed Anglers	Eligibility Screening Survey (paper)	156	1	5/60
	Eligibility Screening Survey (screenshots)	28	1	5/60
	Study Questionnaire (paper)	58	1	30/60
	Study Questionnaire (screenshots)	87	1	30/60
	Clinic Visit Checklist and Body Measurements.	134	1	35/60
	Follow-up Survey	80	1	5/60
Burmese Immigrants and their Descendants	Eligibility Screening Survey	42	1	5/60
	Contact Information Form	34	1	5/60
	Study Questionnaire	34	1	40/60
	Clinic Visit Checklist and Body Measurements.	34	1	35/60
	Network Size Questions	34	1	5/60
	Follow-up Survey	10	1	5/60

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-17-1049; Docket No. CDC-2017-0031]

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 performance monitoring activities for funding opportunity announcement PS13-1308 “Promoting Adolescent Health Through School-Based HIV/STD Prevention”, which is intended to gather information from funded partners to monitor their progress towards achieving the goals of DASH’s funding opportunity

announcement Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance.

DATES: Written comments must be received on or before June 5, 2017.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2017-0031 by any of the following methods:

- *Federal eRulemaking Portal:* Regulations.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

Promoting Adolescent Health Through School-Based HIV/STD Prevention (OMB Control Number 0920–1049, expiration, 2/28/2018)—Extension—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Many young people engage in sexual behaviors that place them at risk for HIV infection, other sexually transmitted diseases (STD), and pregnancy. According to the 2011 National Youth Risk Behavior Survey (YRBS) results, 47% of U.S. high school students ever had sexual intercourse; 34% had sexual intercourse with at least one person during the three months before the survey; and 15% had had sexual intercourse with four or more persons during their lifetime. Of those sexually active high school students, 40% reported that either they or their partner had not used a condom during last sexual intercourse, and 77% reported that either they or their partner had not used birth control pills or Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any intrauterine device (IUD) before last sexual intercourse.

Establishing healthy behaviors during childhood and adolescence is easier and more effective than trying to change unhealthy behaviors during adulthood. Since 1987, the Division of Adolescent and School Health (DASH), which is now a part of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), has been a unique source of support for HIV prevention efforts in the Nation's schools.

Funded agencies include non-governmental organizations, state education agencies, and local education agencies. The primary purpose of Cooperative Agreement PS–13–1308 is (1) to build the capacity of priority districts and priority schools to

effectively contribute to the reduction of HIV infection and other STD among adolescents; (2) the reduction of disparities in HIV infection and other STD experienced by specific adolescent sub-populations; and (3) the conducting of school-based surveillance, a component not included in this data collection for evaluation.

During the previous approval period we completed six rounds of data collection and review, including the completion of biannual progress reports that provided our funded partners with information on their progress towards achieving the goals of PS13–1308. We completed two annual reports that summarized all of the data collected via this information collection request and provided our division and center information on strengths and barriers to the success of activities under funding opportunity announcement PS13–1308. Additionally, these findings have been submitted to the upcoming American Public Health Association 2017 meeting for dissemination to broader public health audiences.

We are requesting an OMB approval for a one-year extension of the current information collection request so that we can gather performance monitoring data for the remaining year of PS13–1308. We will use this time to collect data on the performance of PS13–1308 funded agencies to better inform our program as they make decisions about the progress of the current funding opportunity and future funding announcements.

CDC continue to use a web-based system to collect data on the approaches that funded agencies are using to meet their goals. Approaches include helping districts and schools deliver exemplary sexual health education emphasizing HIV and other STD prevention; increasing adolescent access to key sexual health services; and establishing safe and supportive environments for students and staff.

To track funded agency progress and evaluate the effectiveness of program activities, CDC will collect data using a mix of process and performance measures. Process measures, which all funded agencies will complete, are important to assess the extent to which planned program activities have been implemented and lead to feasible and sustainable programmatic outcomes. Process measures include items on

school health policy assessment and monitoring, and on providing training and technical assistance to partner education agencies and schools. Only state and local education agencies will complete performance measures to assess whether funded activities at each site are leading to intended outcomes including public health impact of systemic change in schools. These measures drove the development of questionnaires that have been tailored to each funded agencies' approach (*i.e.*, exemplary sexual health education, sexual health services, and safe and supportive environments).

Respondents include 18 state education agencies, 17 local education agencies, and 6 non-governmental organizations that have all been funded under PS13–1308. The questionnaires will be submitted to CDC semi-annually using the Program Evaluation and Reporting System, an electronic web-based interface specifically designed for this data collection.

Each funded agency received a unique log-in to the system and technical assistance to ensure they can use the system easily. The dates when data are requested reflect Procurement and Grants Office deadlines to provide timely feedback to funded agencies and CDC staff for accountability and optimal use of funds. CDC anticipates that semi-annual information collection will occur in August 2017–July 2018.

The estimated burden per response ranges from 0.5 hours to 6 hours. This variation in burden is due to the variability in the questions on the forms based on the approach and type of funded agency. For instance, non-governmental organizations have fewer questions to respond to because they only have questions for process evaluation. Local education agencies have the highest burden because it takes more time to gather information as they gather data at the school- and student-level as compared with state education agencies that report only state- and district-level data. The annualized burden of 804 hours is for all funded agencies. The reduction in burden is a result of one partner agency that withdrew from participation.

There are no costs to respondents other than their time.

Estimated Annualized Burden Hours

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
State Education Agency (SEA)	Exemplary Sexual Health Education Measures.	18	2	4	144
	Sexual Health Services Measures ...	18	2	3	108
	Safe and Supportive Environments Measures.	18	2	1	36
Local Education Agency (LEA)	Exemplary Sexual Health Education Measures.	17	2	6	204
	Sexual Health Services Measures ...	17	2	3	102
	Safe and Supportive Environments Measures.	17	2	6	204
Non-governmental organization (NGO).	Exemplary Sexual Health Education Measures.	2	2	30/60	2
	Sexual Health Services Measures ...	2	2	30/60	2
	Safe and Supportive Environments Measures.	2	2	30/60	2
Total					804

Leroy 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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-17-17IX]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be

collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to omb@cdc.gov. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Assessment of Interventions Intended to Protect Pregnant Women in Puerto Rico from Zika virus Infections—Existing Information Collection in Use Without an OMB Control Number—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC intends to request OMB approval of an Existing Information Collection in Use Without an OMB Control Number. CDC seeks OMB approval until September 2017. This collection is a de facto extension of OMB Control number 0920-1118 (expiration date 12/31/16), an information collection request approved by OMB under an emergency review in June, 2016. This information collection request includes continuing

one project which is part of CDC's ongoing response in Puerto Rico to the Zika virus outbreak.

The goal of the project is to assess the delivery and effects of interventions implemented in Puerto Rico to protect pregnant women from Zika virus infections and the birth defects that Zika virus can cause in their babies. As of February 22, 2017, interventions that have been implemented include Zika Education Sessions (at Women, Infants, and Children [WIC] clinics), Zika Prevention Kits, communications activities, and vector control services in and around the home of pregnant women [Indoor Residual Spraying (IRS), Outdoor Residual Spraying (ORS), and larviciding].

Information collected in this assessment will be used to help refine interventions that have been conducted to prevent and control Zika virus in Puerto Rico and to assess which interventions reduce risk and/or offer protection from Zika virus infections.

Telephone interviews will be conducted with pregnant women in Puerto Rico. CDC needs this assessment to ensure that Zika prevention activities effectively educate, equip, and encourage women to participate in as many Zika prevention behaviors as possible. On-going assessment is an important part of this program because it can reveal novel ways that women protect themselves from Zika, how effective the distribution of the Zika Prevention Kit has been in Puerto Rico, perceived severity and susceptibility to Zika, pregnant women's self-efficacy in protecting themselves from Zika after the interventions have been implemented, as well as the extent to which target populations are using contents of the Zika Prevention Kit.