

records, chart reviews, or other sources, and review the methodology used to calculate the reported hypertension control rate. CDC conducts data verification to ensure that all nominees meet eligibility criteria and calculate their reported hypertension control rate according to a standardized method.

In the third phase of the assessment, each remaining finalist will participate in a two-hour, semi-structured interview and provide detailed information about the patient population served, the geographic region served, and the strategies employed by the practice or health system to achieve exemplary rates of hypertension control, including barriers and facilitators for those strategies.

Based on experience with administration of the Challenge in previous years, CDC plans to eliminate

the cash prize awarded to Champions in previous years, and to implement minor changes to the nomination form and the data verification form that will improve usability and data quality. There are no changes to the estimated burden per response. Finally, CDC anticipates an overall reduction in burden due to a reduction in the estimated number of nominees. During the period of this Reinstatement request, on an annual basis, CDC estimates that information will be collected from up to 500 nominees using the nomination form, at most 40 data verifications, and at most 40 semi-structured interviews.

CDC will use the information collected through the Million Hearts® Hypertension Control Challenge to increase widespread attention to hypertension at the clinical practice level, improve understanding of

successful and sustainable implementation strategies at the practice or health system level, bring visibility to organizations that invest in hypertension control, and motivate individual practices to strengthen their hypertension control efforts. Information collected through the Million Hearts® Hypertension Control Challenge will link success in clinical outcomes of hypertension control with information about procedures that can be used to achieve similar favorable outcomes so that the strategies can be replicated by other providers and health care systems.

OMB approval is requested for three years. Participation is voluntary and there are no costs to the respondents other than their time. The total estimated annualized burden hours are 370.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of responses	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)
Physicians (Single or Group Practices)	Million Hearts® Hypertension Control Champion Nomination form.	500	1	30/60
Finalists	Data Verification Form	40	1	1
	Semi-structured Interview	40	1	2

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-16-160544; Docket No. CDC-2016-0088]

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 a proposed information collection plan entitled *Evaluation of Effectiveness of NIOSH Publications: NIOSH Customer Satisfaction and Impact Survey*.

DATES: Written comments must be received on or before November 18, 2016.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2016-0088 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

Evaluation of Effectiveness of NIOSH Publications (OMB Control No. 0920–0544, Expired 4/30/2010)—Reinstatement with Change—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

As mandated in the Occupational Safety and Health Act of 1970 (Pub. L. 91–596), the mission of the National Institute for Occupational Safety and Health (NIOSH) is to conduct research and investigations on work-related disease and injury and to disseminate information for preventing identified workplace hazards (Sections 20(a)(1) and (d), Attachment 1). NIOSH is proposing a two-year study to collect stakeholder feedback on the effectiveness of NIOSH products and their dissemination. This dual responsibility recognizes the need to translate research into workplace application if it is to impact worker safety and well-being.

NIOSH, through its communication efforts, seeks to promote greater awareness of occupational hazards and their control, influence public policy and regulatory action, shape national research priorities, change organizational practices and individual behavior, and ultimately, improve American working life. NIOSH's primary communication vehicle is its series of numbered publications catalogued by the Institute as Policy Documents, Technical Documents, and Educational Documents.

The aforementioned types of documents are available to the public through the use of mailing lists, NIOSH eNews, the NIOSH Web site, promotion at conferences, and by other means. In Fiscal Year 2015, combined digital downloads and hard copy distributions of NIOSH publications registered at over 790,000. Yet, these numbers tell little of whether the reports are reaching all of the appropriate audiences, or whether the information is perceived as credible and useful by the recipients. Therefore, a Customer Satisfaction Survey (CSS) was conducted in 2003 and a follow-up CSS in 2010 to assess customer satisfaction and perceived impact of NIOSH publications.

The proposed survey seeks to update the data collected for the 2010 survey (OMB Control No. 0920–0544) and gather data on outreach initiatives NIOSH has undertaken in recent years. The findings reported in 2010 confirmed that NIOSH continues to be a credible source of occupational safety and health information. NIOSH publications were being used more frequently than in previous years, and respondents are relying more on the NIOSH Web site and other electronic resources. With regard to having read or referred to a NIOSH product or resource in the past, 82% of the total respondents said they had, and responses grouped by organization—AAOHN (80%), ACOEM (71%), AIHA (90%), and ASSE (85%)—also show an increase. However, the 2010 CSS also revealed that the percentage of respondents who looked to NIOSH for OSH information dropped from 84% in 2003 to 76% in 2009 (when the 2010 survey data were collected).

Results from the 2010 CSS suggest that NIOSH needs to partner more with stakeholder associations to assess the needs of those in the OSH community who are not using NIOSH resources. Since then, NIOSH has established a partner database, which documents the private companies, professional associations, and labor unions listed as partners on various projects. Another recommendation is that NIOSH develop

strategies to increase awareness of electronic resources and newsletters. NIOSH has since established additional notifications, such as the monthly Research Rounds (<http://www.cdc.gov/niosh/research-rounds/>) that highlights research conducted at NIOSH. There also is the NIOSH Science Blog (<http://blogs.cdc.gov/niosh-science-blog/>) with articles on NIOSH research, products, and timely topics of interest to workers, employers, and other stakeholders. The NIOSH Web site also has expanded its offerings of video and multimedia products.

The third recommendation from the 2010 survey was that NIOSH develop a broader range of tools that have direct application and provide clearer guidance on policy. In addition to being offered as a downloadable PDF document, the Pocket Guide to Chemical Hazards, NIOSH's most popular product, is being offered as a mobile app as well as a PDF document, both of which can be downloaded from the NIOSH Web site (<http://www.cdc.gov/niosh/npg/>). As a larger strategy that addresses the aforementioned recommendations, NIOSH launched a 5-year Web Plan that considers the direction of the Institute's work and reviews the history of the NIOSH Web. The plan identifies five key Web challenges NIOSH will experience in 2015–2019: Adapting web content for mobile web delivery, preparing for growth of digital products and dissemination, sustainability of new digital products, developing a future strategy for new communication products and technology, and addressing projected staffing needs. Various goals have been identified as critical to maintaining NIOSH Web effectiveness in the next five years.

The currently proposed Customer Satisfaction and Impact (CSI) Survey, is an effort by the agency to obtain current estimates of consumer use/benefit from NIOSH communication products as a whole, as well as to determine the adequacy of the agency's circulation/delivery practices in light of changing distribution approaches and technologies. The CSI will account for changes in NIOSH publications, digital product formats, and new dissemination channels emerging since survey data were last collected. The CSI will also solicit more audience-based information that reflects the new media environment in which many NIOSH publications are offered. Such expansions will yield findings that show how well customer service practices at NIOSH have followed the 2003 and 2010 recommendations, as well as provide insights into how users seek and use

NIOSH information in the current digital environment.

The survey will be directed to the community of occupational safety and health (OSH) professionals as well as business and trade association intermediaries as this audience represents the primary and traditional customer base for NIOSH information

materials. Intermediaries use their connections to small businesses and other organizations to disseminate information to stakeholders who might not otherwise receive it. Intermediaries include occupational health service providers, labor organizations, chambers of commerce, and insurance companies.

NIOSH estimates that it will take 315 total burden hours to complete information collections, compared to 204 burden hours estimated for the 2010 CSS. There are no costs to the respondents other than their time.

Customer Satisfaction and Impact (CSI) Survey:

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.)
AIHA members	NIOSH Customer Satisfaction Survey—full version.	150	1	20/60	50
AIHA Members	NIOSH Customer Satisfaction Survey—full version.	150	1	5/60	13
AAOHN Members	NIOSH Customer Satisfaction Survey—full version Work,.	150	1	20/60	50
AAOHN Members	NIOSH Customer Satisfaction Survey—short version.	150	1	5/60	13
ACOEM members	NIOSH Customer Satisfaction Survey—full version.	150	1	20/60	50
ACOEM members	NIOSH Customer Satisfaction Survey—short version.	150	1	5/60	13
ASSE members	NIOSH Customer Satisfaction Survey—full version.	150	1	20/60	50
ASSE members	NIOSH Customer Satisfaction Survey—short version.	150	1	5/60	13
Other members*	NIOSH Customer Satisfaction Survey—full version.	150	1	20/60	50
Other members	NIOSH Customer Satisfaction Survey—short version.	150	1	5/60	13
Total	315

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

Administration for Children and Families

RPG National Cross-Site Evaluation 30-Day Notice

AGENCY: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Proposed Information Collection Activity; Comment Request.

Title: RPG National Cross-Site Evaluation and Evaluation Technical Assistance.

OMB No.: 0970-0444.

Description: The Children's Bureau within the Administration for Children

and Families of the U.S. Department of Health and Human Services seeks a renewal of clearance to collect information for the Regional Partnership Grants to Increase the Well-being of and to Improve Permanency Outcomes for Children Affected by Substance Abuse Cross-Site Evaluation and Evaluation-Related Technical Assistance and Data Collection Support for Regional Partnership Grant Program Round Three Sites or "RPG" projects. Under RPG, the Children's Bureau has issued 21 grants to organizations such as child welfare or substance abuse treatment providers or family court systems to develop interagency collaborations and integration of programs, activities, and services designed to increase well-being, improve permanency, and enhance the safety of children who are in an out-of-home placement or are at risk of being placed in out-of-home care as a result of a parent's or caretaker's substance use dependence. The Child and Family Services Improvement and Innovation Act (Pub. L. 112-34) includes a targeted grants program (section 437(f) of the Social Security Act) that directs the Secretary of Health and Human Services

to reserve a specified portion of the appropriation for these Regional Partnership Grants, to be used to improve the well-being of children affected by substance abuse. The overall objective of the Cross-Site Evaluation and Technical Assistance projects (the RPG Cross-Site Evaluation) is to plan, develop, and implement a rigorous national cross-site evaluation of the RPG Grant Program, provide legislatively-mandated performance measurement, furnish evaluation-related technical assistance to the grantees in order to improve the quality and rigor of their local evaluations, and support their participation in the cross-site evaluation. The project will evaluate the programs and activities conducted through the RPG Program. The evaluation is being undertaken by the Children's Bureau and its contractor Mathematica Policy Research. The evaluation is being implemented by Mathematica Policy Research and its subcontractors, WRMA, Inc., and Synergy Enterprises.

The RPG Cross-Site Evaluation includes the following components: