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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-17-1049]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled National Notifiable Diseases Surveillance System to the Office of Management and Budget (OMB) for review and approval. CDC previously published a "Proposed Data Collection Submitted for Public Comment and Recommendations" notice on April 26, 2017 to obtain comments from the public and affected agencies. CDC received three comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(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. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW., Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

Promoting Adolescent Health through School-Based HIV/STD Prevention (OMB Control Number 0920-1049, Expiration Date 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

The proposed project is a semi-annual Web-based questionnaire to assess programmatic activities among funded agencies which include local education agencies (LEA), state education agencies (SEA), and non-governmental organizations (NGO) funded by the Division of Adolescent and School

Health (DASH), Centers for Disease Control and Prevention.

Currently, the questionnaires are the only standardized reporting process for HIV/STD prevention activities among LEAs, SEAs, and NGOs funded by DASH. The nine questionnaires will seek data that: (1) Provides standardized information about how HIV/STD prevention funds are used by funded agencies; (2) provides descriptive and process information about program activities; and (3) provides greater accountability for use of public funds.

Funded agencies will complete the questionnaires on a Web site managed by DASH and its contractor, Karna. Respondents will complete the questionnaires on a semi-annual basis.

The questionnaires pertain to the approaches that funded agencies are using to meet their goals. Approaches include helping districts and schools deliver exemplary sexual health education (ESHE) emphasizing HIV and other STD prevention; increasing adolescent access to key sexual health services (SHS); and establishing safe and supportive environments (SSE) for students and staff.

Each SEA complete activities for all approaches. Therefore, each SEA will complete a questionnaire for each approach (ESHE, SHS, and SSE). Likewise, each LEA will be completing activities for all approaches. Therefore, each LEA will complete a questionnaire for each approach (ESHE, SHS, and SSE). Each NGO will respond to the questionnaire for the approach they are implementing in support of SEAs or LEAs. Two NGOs will respond to the ESHE questionnaire, two NGOs will respond to the SHS questionnaire, and two NGOs will respond to the SSE questionnaire.

There are no costs to respondents other than their time. The estimated annualized time burden for all funded agencies is 820 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average Burden per response (in hours)
State Education Agency	Exemplary Sexual Health Education Measures.	19	2	4
	Sexual Health Services Measures	19	2	3
	Safe and Supportive Environments Measures.	19	2	1
Local Education Agency	Exemplary Sexual Health Education Measures.	17	2	6
	Sexual Health Services Measures	17	2	3
	Safe and Supportive Environments Measures.	17	2	6
Non-governmental organization	Exemplary Sexual Health Education Measures.	2	2	30/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average Burden per response (in hours)
	Sexual Health Services Measures	2	2	30/60
	Safe and Supportive Environments Measures.	2	2	30/60

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Proposed Project

Awardee Lead Profile Assessment (ALPA)—NEW—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) is requesting a three-year OMB approval for a new information collection request (ICR) titled “Awardee Lead Profile Assessment (ALPA).” The goal of this information collection project is to obtain program management information from participating state and local governments that are awardees under the CDC Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) FY17 Funding Opportunity Announcement (FOA No. CDC–RFA–EH17–1701PPHF17). CDC will use this

annual information collection to: (1) Identify common characteristics of funded childhood lead poisoning prevention programs; and (2) inform guidance and resource development in support of the ultimate program goal, which is blood lead elimination in children.

The public dissemination of these ALPA results will ensure that both funded and non-funded jurisdictions are able to: (1) Identify policies and other factors that support or hinder childhood lead poisoning prevention efforts; (2) understand what strategies are being used by funded public health agencies to implement childhood lead poisoning prevention activities; and (3) use this knowledge to develop and apply similar strategies to support the national agenda to eliminate childhood lead poisoning.

CDC will collect this program management information annually from 48 awardees, using two data collection modes. We anticipate that the majority, 40 respondents, will choose the web survey due to the ease of use, and that 8 respondents will choose the Word format mode.

We estimate the time burden to be the same, 7 minutes per response, regardless of data collection mode (web survey or Word format). This estimate is based on a 2015 survey among 35 former awardees titled “Baseline Profile of State and Local Healthy Homes and Lead Poisoning Prevention Programs (PROF–LEAD),” approved under the generic clearance for “Information Collections to Advance State, Tribal, Local, and Territorial (STLT) Governmental Health” (OMB Control No. 0920–0879; expiration date 03/31/2018). Based on the success of the PROF–LEAD survey, the ALPA questionnaire, with a few revisions, is now proposed as an annual reporting requirement for awardees under the FY17 FOA.

There is no cost to the respondents other than their time. The total annual time burden requested is 6 hours.