cases of TBDs were reported to CDC, including cases of anaplasmosis, babesiosis, ehrlichiosis, Lyme disease, Rocky Mountain spotted fever, and tularemia. Lyme disease leads in number of cases with over 33,000 confirmed and probable cases reported in 2014. In addition, several novel tickborne pathogens have recently been found to cause human disease in the United States. Factors driving the emergence of TBDs are not well defined and current prevention methods have been insufficient to curb the increase in cases. Data is lacking on how often certain prevention measures are used by individuals at risk as well as what the barriers to using certain prevention measures are.

The primary target population for these data collections are individuals and their household members who are at risk for TBDs associated with *I. scapularis* ticks and who may be exposed to these ticks residentially, recreationally, and/or occupationally. The secondary target population includes owners and employees of businesses offering pest control services to residents in areas where *I. scapularis* ticks transmit diseases to humans. Specifically, these target populations include those residing or working in the 14 highest incidence states for Lyme disease (CT, DE, ME, MD, MA, MN, NH, NJ, NY, PA, RI, VT, VA, WI).

We anticipate conducting one to two surveys per year, for a maximum of six surveys conducted over a three year period. Depending on the survey, we aim to enroll 500–10,000 participants per study. It is expected that we will need to target recruitment to about twice as many people as we intend to enroll. Surveys may be conducted daily, weekly, monthly, or bi-monthly per participant for a defined period of time (whether by phone or web survey), depending on the survey or study. The surveys will range in duration from approximately 5–30 minutes. Each participant may be surveyed 1–64 times in one year; this variance is due to differences in the type of information collected for a given survey. Specific burden estimates for each study and each information collection instrument will be provided with each individual project submission for OMB review. The maximum estimated, annualized burden hours are 98,830 hours. There is no cost to respondents other than their time.

Insights gained from KAP surveys will aid in prioritizing which prevention methods should be evaluated in future randomized, controlled trials and ultimately help target promotion of proven prevention methods that could yield substantial reductions in TBD incidence.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)
General public, individuals or households	Screening instrument	20,000	1	15/60
	Consent form	10,000	1	20/60
	Introductory Surveys	10,000	1	30/60
	Monthly surveys	10,000	12	15/60
	Final surveys	10,000	1	30/60
	Daily surveys	10,000	60	5/60
Pest Control Operators	PCO Survey	1,000	1	30/60

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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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–16–16ACN]

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

CDC Workplace Health Promotion Resource Center—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC plans to conduct information collection needed to design and implement a new CDC Workplace Health Promotion Resource Center (Resource Center), where relevant resources will be vetted, catalogued, compiled, and made publicly available to employers and other key stakeholders. Through the Resource Center, CDC will also provide technical

assistance (TA) to employers, with the ultimate aim of improving population health, reducing health care utilization, and improving the productivity of employees. These activities are consistent with CDC's role as the primary Federal agency for protecting health and promoting quality of life through the prevention and control of disease, injury, and disability.

Public and private employers can play a significant role in improving the health and well-being of American workers, but often lack the know-how to do so effectively. CDC plays an important role in providing the tools, resources, and technical expertise to support employers' efforts to build and sustain workplace health promotion (WHP) programs and advance healthy company cultures.

The primary goal of the Resource Center is to serve as a prominent and effective resource for employers wishing to create and sustain best-practice WHP initiatives. The project will take place over two phases. In Phase 1, CDC will conduct formative research via interviews, a web-based survey, and an environmental scan of market research reports and other related documents to obtain direct input on stakeholder needs for the Resource Center. This information will be used to design and create the content and layout of the Resource Center. In Phase 2, CDC will use a consumer satisfaction survey, a TA feedback survey, and a TA Pilot assessment to assess satisfaction with the Resource Center and with the TA support mechanisms designed to support users of the Resource Center. This information will be used to refine and improve the design and content of the Resource Center and TA. The target audience includes employers, business groups, workplace health vendors and consultants, health departments, journalists, and researchers.

OMB approval is requested for three years. The first and second year will be dedicated to the Phase 1 formative work and Resource Center development. In years 2 and 3 (Phase 2), the Resource Center will be launched and technical assistance provided. An evaluation of customer satisfaction with the Resource Center, IC and technical assistance will be conducted. CDC estimates that a total 850 employers and stakeholders will participate in surveys and interviews associated with Phase 1 and that approximately 850 employers and stakeholders will complete the customer satisfaction survey and an additional 3–5 states will participate in the technical assistance pilot. Participation is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden hours are 138.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)
Employers	Needs and Interests Interview Guide for Employers.	3	1	1
Business Groups, Vendors, Consultants, and Public Health Organizations.	Needs and Interests Interview Guide for Business Groups, Vendors, Consultants, and Public Health Organizations.	9	1	1
Journalists	Needs and Interests Interview Guide for Journalists.	1	1	45/60
Researchers	Needs and Interests Interview Guide for the Research Community.	3	1	45/60
Key Stakeholders and Users of the Resource Center (All Groups).	Stakeholder Needs and Interests Market Survey.	267	1	20/60
	Consumer Satisfaction Survey	283	1	2/60
Technical Assistance (TA) Participants	TA Feedback Survey	33	5	5/60
	TA Pilot Assessment	33	1	20/60

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

[30Day–16–16AHI]

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