

across population subgroups. Although CDC surveillance data indicate that breastfeeding initiation rates in the United States are climbing, rates for duration and exclusivity continue to lag, and significant disparities persist between Black/African American and White women in breastfeeding rates.

The health care system is one of the most important and effective settings to improve breastfeeding, and the birth hospital stay has a crucial influence on later breastfeeding outcomes. Every two years between 2007–2015, CDC conducted the national survey of Maternity Practices in Infant Nutrition and Care (mPINC survey) in hospitals and free-standing birth centers to better understand national breastfeeding supportive maternity practices and changes in these practices over time. Breastfeeding supportive maternity care practices have changed rapidly in the past few years, and in 2018 CDC redesigned the survey items to reflect these practice changes. In 2018 and 2020, the revised survey was administered to hospitals that routinely

provide maternity care. The survey asks hospital maternity staff to report information about patient education and support for breastfeeding provided to their patients throughout the maternity stay, as well as staff training and maternity care policies.

The 2022 and 2024 mPINC survey methodology will closely match those previously administered. As an ongoing national census of hospitals in the United States and territories that provide maternity care, it does not employ sampling methods. CDC uses the American Hospital Association (AHA) Annual Survey of Hospitals to identify potential participating hospitals. Hospitals invited to participate in the survey include those that participated in previous iterations, those that received an invitation but did not participate in the previous iterations, and those that have become eligible since the most recent mPINC survey. CDC will screen all hospitals with one or more registered maternity beds via a brief phone call to assess their eligibility, identify the appropriate

point of contact, and obtain business contact information for the person identified. The response rates for previous iterations of the mPINC survey range from 70%–83%. CDC will provide direct feedback to participating hospitals in an individualized, hospital-specific report of their results. CDC will also use information from the mPINC surveys to identify, document, and share information related to changes in practices over time at the hospital, state, and national levels. Researchers also use the data to better understand the relationships between hospital characteristics, maternity-care practices, state level factors, and breastfeeding initiation and continuation rates.

Participation in the survey is voluntary, and participants submit responses through a secure web-based system. There are no costs to respondents other than their time. CDC requests OMB approval for an estimated 805 annual burden hours for three years to conduct the 2022 and 2024 surveys.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Maternity Hospital	Screening Call Script Part A	2,101	1	1/60
Maternity Hospital	Screening Call Script Part B	1,847	1	4/60
Maternity Hospital	mPINC Hospital Survey	1,293	1	30/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–22–21GA]

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 Teen and Parents Surveys of Health (TAPS) 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 July 2, 2021 to obtain comments from the public and affected agencies. CDC received no 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. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. 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

Teen and Parents Surveys of Health (TAPS)—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of Adolescent and School Health (DASH) requests approval for “Teen and Parent Surveys of Health (TAPS).” This one-time data collection will be conducted via a contract with NORC at the University of Chicago and its national online panel survey, AmeriSpeaks.

Documenting health-related risk behaviors and experiences and health outcomes of young people through routine surveillance is a critical component of DASH’s prevention

efforts. Another component of DASH’s efforts to improve adolescent health is observational research to inform its school-based programmatic strategies. This type of research serves to inform priority settings and sub-populations for intervention, as well as specific intervention strategies. These TAPS data will allow DASH to refine existing strategies for funded school district partners to improve the quality of their programs and services to prevent HIV, other STDs, and pregnancy among adolescents, as well as improve mental health, sexual health, and other adolescent health outcomes (*e.g.*, substance use, violence victimization).

Data will be used to inform DASH’s key school-based programmatic strategies of improving family- and school-level protective factors, bolstering health education, and increasing adolescent access to quality health services. This observational

research complements and extends DASH’s ongoing surveillance efforts through the Youth Risk Behavioral Surveillances System (YRBSS) (OMB Control No. 0920–0493, Exp. 11/30/2023), which provides key national estimates of adolescent health risk behaviors and health outcomes, by providing a deeper dive into individual, family, and school factors that positively associate with adolescent behaviors and health outcomes. Collecting this observational data provides the opportunity to examine untested associations of protective factors, health education experiences, and health service use (immediate outcomes of DASH strategies) with mental health, sexual health, and substance use outcomes.

CDC requests OMB approval for an estimated 1,378 annualized burden hours. 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)
Parents/Caregivers of 15–17 year olds	Adult/Caregiver Survey	2,634	1	20/60
Adolescent 15–17 year olds	Adolescent Survey	900	1	20/60
Adolescent 18–19 year olds	Adolescent Survey	600	1	20/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[30Day–22–0212]

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 The National Hospital Care Survey (NHCS) 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 July 19, 2021 to obtain comments from the public and affected agencies. CDC received no 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. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. 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

National Hospital Care Survey (OMB Control No. 0920–0212, Exp. 03/31/2022)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).