National Center for Injury Prevention and Control (NCIPC)—Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Safe, stable, nurturing relationships and environments set children on a positive trajectory for optimal child development and health, provide a buffer against the effects of adverse child experiences, are fundamental to healthy brain development and have a positive impact on a broad range of health problems across the life course. Promoting safe, stable, nurturing relationships and environments may also reduce child maltreatment which is a significant public health problem affecting physical and emotional health throughout the lifespan.

NCIPC is funding five state health departments in Fiscal Year 2012 to coordinate and manage existing and new partnerships with other sectors to promote safe, stable, nurturing relationships and environments for children; and work with partners to identify strategies across sectors that promote safe, stable, nurturing relationships and environments. CDC requests OMB approval for two years to collect information that will establish the baseline level of state health departments' and partners' awareness and commitment to ensuring safe, stable, and nurturing relationships and environments for children and preventing child maltreatment.

This information will be collected from staff at health departments soon after receiving their award and from their partners at the start of each new partnership. Respondents will be 3 staff members from 5 health departments receiving funding and 3 staff members at approximately 11 organizations or agencies the health departments choose to partner with. Information will be collected once using SurveyMonkey®, an electronic web-based interface which is a secure Web site that meets the Safe Harbor and European Union data protection requirements. This ICR will only collect data pertaining to organizations. No individual identifiable information will be requested.

Each grantee will receive a personalized advance notification letter, followed by an email with a link to the SurveyMonkey® site. In turn, the grantee will send a personalized advance notification letter, followed by an email with a link to the SurveyMonkey® site to each new partner throughout the funding period.

The goal of the data collection is to assess awardee awareness and commitment so that CDC may establish state health departments' and partners' level of commitment at the start of the funding. This information will be compared to post-funding awareness and commitment data which, along with other data sources (i.e., changes in public awareness and commitment, and changes in policies and programs), will allow CDC to establish the success of this funding announcement.

Given five health departments with 10 partner organizations each and 3 staff at each organization responding, the total number of respondents for this project is 165 (83 respondents per year). Total project burden over the two years of data collection is 78 hours (39 hours per year).

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.)
Grantees and their partners	Institutional awareness and commitment survey.	83	1	28/60	39 39

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 13–13ZC]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.

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; and (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. Written comments should be received within 60 days of this notice.

Proposed Project

Case Studies to Explore Interventions to Support, Build, and Provide Legacy Awareness for Young Breast Cancer Survivors—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Young breast cancer survivors (YBCS, defined as women diagnosed with breast cancer under 45 years old) may have a more difficult time coping with breast cancer treatment and aftercare when compared to older breast cancer survivors. For example, breast cancer can be more serious, treatment is often multimodal and more toxic, and side effects can be more severe for YBCS than for older women. As part of the Patient Protection and Affordable Care Act (H.R. 3590, 2010), Congress passed the Education and Awareness Requires Learning Young (EARLY) Act, Sec. 10413. The EARLY Act directed CDC to

develop and implement national campaigns to educate young women (particularly those at increased risk) and health care providers about breast cancer risk and early diagnosis. As a result of the EARLY Act, CDC established the Funding Opportunity Announcement, DP11–1111, *Developing Support and Educational Awareness for Young (< 45 years of age) Breast Cancer Survivors in the United States.* Subsequently, CDC awarded a three-year cooperative agreement to seven organizations that demonstrated a capacity to (1) reach YBCS, health care providers, and caregivers/families, (2) implement interventions that seek to provide support services, and (3) develop educational communication and awareness resources to support YBCS.

Other establishments within the U.S., such as local and national not-for-profit organizations and academic institutions, implement similar YBCS-focused interventions without funding from CDC's DP11–1111 cooperative agreement. Although these entities are not funded through CDC, they plan, develop, and employ similar tools, strategies, and interventions to reach or benefit these targeted young cancer-survivor populations.

CDC proposes to conduct exploratory case studies of organizations that provide support services and/or educational resources to YBCS, health care providers, and/or caregivers/families. Each selected organization will serve as a unique case and the unit of analysis. Information will be collected from up to 12 organizations: Seven case studies will be conducted with organizations that receive funding through CDC's DP11–1111 cooperative agreement, and up to five case studies will be conducted with other organizations that are implementing similar YBCS-focused activities and interventions but do not receive funding under DP11–1111. Information will be collected during a single site visit to each selected organization to conduct in-person interviews with key programmatic staff and to record on-site observations of program planning and implementation activities.

Case studies are intended to serve as an exploration of implementation activities, as well as to provide the context for implementation. Specifically, case study findings will help CDC to identify areas in which CDC can build upon existing and emerging efforts to provide support services and educational resources to YBCS, highlight barriers and facilitating factors to implementing interventions targeting YBCS, determine the added value of providing the DP11–1111 cooperative agreement (e.g., funding, technical assistance) to various entities, identify lessons learned that can be applied to future implementation of YBCS interventions, and better understand the sustainability of YBCS interventions following/in the absence of CDC funding.

CDC will be able to gain a deeper understanding of (1) implementation of the DP11–1111 cooperative agreement, (2) implementation of YBCS interventions, including barriers and facilitators to implementation, and (3) similarities and differences among organizations serving YBCS. Case study findings will be compiled and summarized in site-specific and cross-site reports to CDC. Information collected will help to enhance existing efforts to provide educational resources and support services to YBCS and inform replication of promising YBCS interventions in other settings.

Case study selection is based on a purposeful selection of CDC-funded and non-CDC funded organizations that support YBCS populations through educational or service programs. Potential organizations for this project include local or national not-for-profit organizations and academic institutions. Information will be collected using on-site observations and in-depth interviews (IDI) with each organization's key informants, such as Principal Investigators, Program Managers, Program Staff, and Program Partners. IDIs will last 1–2 hours each. Case study findings will be compiled and summarized in site-specific and cross-site reports to CDC. Information will be collected approximately two years after initiation of CDC's cooperative agreement, DP11–1111. OMB approval is requested for 12 months.

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	Avg. burden per response	Total burden (in hrs)
Organizations that Receive CDC Funding.	IDI Guide for Program Directors/ Principal Investigators.	7	1	2	14
	IDI Guide for Program Managers	7	1	1	7
	IDI Guide for Program Staff Members.	35	1	1	35
	IDI Guide for Program Partners	21	1	1	21
Organizations that do not Receive CDC Funding.	IDI Guide for Program Directors/ Principal Investigators.	5	1	2	10
	IDI Guide for Program Managers	5	1	1	5
	IDI Guide for Program Staff Members.	25	1	1	25
	IDI Guide for Program Partners	15	1	1	15
Total	.....	.....	.....	.....	132

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–13–0457]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call (404) 639–7570 or send an email to *omb@cdc.gov.* Send written comments to 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

Aggregate Reports for Tuberculosis Program Evaluation (OMB No. 0920–0457 Expiration 09/30/2013—Extension—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC, NCHHSTP, Division of Tuberculosis Elimination (DTBE) proposes extension of the Aggregate Reports for Tuberculosis Program Evaluation, previously approved under OMB No. 0920–0457. This request is for a 3-year clearance. There are no revisions to the report forms, data definitions, or reporting instructions. Changes within this information collection request (ICR) reflect an increase in the annual cost to the government. The increased cost is due to increases in salaries of personnel conducting data collection and analysis since the last ICR approval.

DTBE is the lead agency for tuberculosis elimination in the United States. To ensure the elimination of tuberculosis in the United States, CDC monitors indicators for key program activities, such as finding tuberculosis infections in recent contacts of cases and in other persons likely to be infected and providing therapy for latent tuberculosis infection. In 2000, CDC implemented two program evaluation reports for annual submission: Aggregate report of follow-up for contacts of tuberculosis, and Aggregate report of screening and preventive therapy for tuberculosis infection (OMB No. 0920–0457). The respondents for these reports are the 68 state and local tuberculosis control programs receiving federal cooperative agreement funding through DTBE. These reports emphasize treatment outcomes, high-priority target populations vulnerable to tuberculosis, and programmed electronic report entry, which transitioned to the National Tuberculosis Indicators Project (NTIP), a secure web-based system for program evaluation data, in 2010. No other federal agency collects this type of national tuberculosis data, and the Aggregate report of follow-up for contacts of tuberculosis, and Aggregate report of screening and preventive therapy for tuberculosis infection are the only data source about latent tuberculosis infection for monitoring national progress toward tuberculosis elimination with these activities. CDC provides ongoing assistance in the preparation and utilization of these reports at the local and state levels of public health jurisdiction. CDC also provides respondents with technical support for NTIP access (Electronic—100%, Use of Electronic Signatures—No). The annual burden to respondents is estimated to be 226 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Data clerks and Program Managers	Follow-up and Treatment of Contacts to Tuberculosis Cases Form.	100	1 (electronic)	30/60
Program Managers	Follow-up and Treatment of Contacts to Tuberculosis Cases Form.	18	1 (manual)	30/60
Data clerks	Follow-up and Treatment of Contacts to Tuberculosis Cases Form.	18	1 (manual)	3
Data clerks and Program Managers	Targeted Testing and Treatment for Latent Tuberculosis Infection.	100	1 (electronic)	30/60
Program Managers	Targeted Testing and Treatment for Latent Tuberculosis Infection.	18	1 (manual)	30/60
Data clerks	Targeted Testing and Treatment for Latent Tuberculosis Infection.	18	1 (manual)	3

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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