

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

CDC-RFA-DP-23-0002 Healthy Schools Program Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The proposed project aims to evaluate processes and outcomes of the programs of 20 state entities funded by CDC’s Division of Adolescent and School Health to improve health, academic achievement, and well-being of students in K–12 schools nationwide. CDC awarded funds through cooperative agreement DP23-0002 (2302 Program) to 20 funding recipients (states, universities, and a tribal nation) to improve health, academic achievement, and well-being of students in K–12 schools. A portion of the funding within each state is allocated to one priority local education agency (LEA) and its corresponding schools to support the implementation of policies, practices, and programs to increase physical activity, healthy dietary behaviors, and management of chronic health conditions among students. CDC is conducting a mixed-methods multi-level evaluation of the 2302 Program and associated outcomes. Evaluation findings will allow CDC to help recipients improve their programs as they progress over the five-year funding period. A CDC evaluation contractor will collect information from relevant funded recipients, priority LEAs, schools, and students. Program monitoring information will be

collected from recipients via a monthly reporting tool. Descriptions of the implementation of the program’s two strategies and nine activities will be collected in years two and four via semi-structured, virtual key informant interviews with program leaders among funded recipients and priority LEA school health personnel to understand successes, barriers, and lessons learned. Additionally, two electronic questionnaires will be administered annually, starting in year two of the program. One of the questionnaires is for school-level leaders in participating schools in the 20 priority LEAs focusing on implementation of healthy school policies, practices, and programs. The other questionnaire is for students in elementary, middle, and high schools (Grades 4–12) in the priority LEA’s schools focusing on physical activity, dietary behaviors, management of chronic health conditions, and wellbeing and academic attainment. The evaluation results will help recipients improve their programs and aid CDC in understanding and communicating the impact of its funding.

CDC requests OMB approval for an estimated 6,900 annual burden hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Recipient personnel	Recipient Monthly Reporting 2024, 2025, 2026.	20	12	30/60
Recipient personnel	Interviews in 2025, 2027	40	1	60/60
Priority LEA personnel	Interviews in 2025, 2027	40	1	60/60
School personnel	Healthy Schools Questionnaire in 2025, 2026, 2027.	250	1	30/60
Students	Healthy Students Questionnaire in 2025, 2026, 2027.	13,150	1	30/60

Jeffrey M. Zirger,
Lead, Information Collection Review Office,
Office of Public Health Ethics and
Regulations, Office of Science, Centers for
Disease Control and Prevention.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention
[30Day-24-1322]

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 “Capacity Building Assistance Program Data Management, Monitoring, and Evaluation” 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 February 5, 2024, to obtain comments from the public and affected agencies. CDC received no public 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

Capacity Building Assistance Program Data Management, Monitoring, and Evaluation (OMB Control No. 0920-1322, Exp. 2/29/2024)—Reinstatement—National Center for HIV, Viral Hepatitis, STD, TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) partners with the national HIV prevention workforce to: (1) ensure that persons with HIV (PWH) are aware of their infection and successfully linked to medical care and treatment to achieve viral suppression; and (2) expand access to pre-exposure

prophylaxis (PrEP), condoms, and other proven strategies for communities over-represented in the HIV epidemic. CDC funds state and local health departments and community-based organizations (CBOs) to optimally plan, integrate, implement, and sustain comprehensive HIV prevention programs and services for communities over-represented in the HIV epidemic, including Blacks/African Americans; Hispanics/Latinos; all races/ethnicities of gay, bisexual, and other men who have sex with men (collectively referred to as MSM); people who inject drugs (PWID); and transgender persons.

Through the CDC cooperative agreement program entitled CDC-RFA-PS19-1904: Capacity Building Assistance (CBA) for High Impact HIV Prevention Program Integration, the CDC Division of HIV Prevention (DHP) funds the CBA Provider Network (CPN) to deliver CBA to CDC-funded health departments and CBOs. CBA provided by the CPN include trainings and technical assistance (TA) that enable the HIV prevention workforce to optimally plan, implement, integrate, and sustain high-impact prevention interventions and strategies to reduce HIV infections and HIV related morbidity, mortality, and health disparities across the United States and its territories.

This information collection evaluates CDC-RFA-PS19-1904. Specifically, the CDC is requesting the Office of Management and Budget (OMB) to grant a three-year Extension to collect data through the use of four web-based instruments that will be administered to recipients of CBA services and their program managers: (1) Learning Group Registration (LGR); (2) Post-Training Evaluation (PTE); (3) Post-Technical Assistance Evaluation (PTAE); and (4) Training and Technical Assistance Follow-up Survey (TTAFS).

CBA training participants will complete the Learning Group Registration Form as part of the process for enrolling in a CBA training. The Learning Group Registration Form collects demographic information about training participants including: (1) business contact information (e.g., email and telephone number); (2) primary [employment] functional role; (3) employment setting; and (4) programmatic and population areas of focus. After an online or in-person training event is completed, training participants are invited to complete the PTE. The PTE is designed to elicit

information from training participants about their satisfaction with the training delivery method and course content. Similar to the PTE, the PTAE consists of questions designed to elicit information from TA participants about their satisfaction with aspects of TA such as the relevance of the materials provided or created, responsiveness of the TA provider, TA participants' changes in knowledge or skills as a result of the TA, and barriers and facilitators to implementation of interventions/public health strategies. The TTAFS collects organizational-level data every six months from the program managers within CDC-funded programs. Program managers provide information about the implementation status of the intervention/public health strategy for which their staff received training and/or TA. Program managers are also asked to describe how their organization applied the training and TA (e.g., planning or adapting an intervention/public health strategy).

The Learning Group Registration Form, PTE, and PTAE will be administered to CDC-funded program staff who participate in a training or TA event offered by a CBA provider funded under PS19-1904. The TTAFS will be administered to the program managers of state and local health department staff and CBO staff who participate in a CBA training or TA event. Respondents will provide information electronically through an online survey. The option to complete surveys via a telephone interview will be offered to respondents who do not complete the online survey within seven days. The number of respondents is calculated based on an average of the number of health professionals, including doctors, nurses, health educators, and disease intervention specialists, trained by CBA providers during the years 2016–2022. CDC estimates 3,800 health professionals will provide one response for the LGR; 3,800 health professionals will provide a response for the PTE for each training episode; 3,650 health professionals will provide a response for the PTAE for each TA episode; and 189 program managers will provide two responses to the TTAFS in the web-based or telephone survey per year. CDC requests OMB approval for an estimated 1,671 annualized burden hours. There are no other costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Healthcare Professionals	Learning Group Registration	3,800	1	5/60
Healthcare Professionals	Post-Training Evaluation	3,800	2	5/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Healthcare Professionals	Post-Technical Assistance Evaluation	3,650	2	5/60
Program Managers	Training and TA Follow-up Survey	139	2	18/60
Program Managers	Training and TA Telephone Script	50	2	18/60

Jeffrey M. Zirger,

*Lead, Information Collection Review Office,
Office of Public Health Ethics and
Regulations, Office of Science, Centers for
Disease Control and Prevention.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–24–1348]

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 Firefighter Registry for Cancer” 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 March 22, 2024, to obtain comments from the public and affected agencies. CDC received two 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 Firefighter Registry for Cancer (OMB Control No. 0920–1348, Exp. 9/30/2024)—Revision—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In order to accurately monitor trends in cancer incidence and evaluate control

measures among the U.S. fire service, Congress passed the Firefighter Cancer Registry Act of 2018. Under this legislation, CDC/NIOSH was directed to create a registry of U.S. firefighters for the purpose of monitoring cancer incidence and risk factors among the current U.S. fire service. Funding of the project was authorized through this legislation for five years as of fiscal year 2019.

According the Firefighter Cancer Registry Act of 2018, the main goal of the National Firefighter Registry for Cancer (NFR) is “to develop and maintain . . . a voluntary registry of firefighters to collect relevant health and occupational information of such firefighters for purposes of determining cancer incidence.” Results from the NFR will provide information for decision makers within the fire service and medical or public health community to devise and implement policies and procedures to lessen cancer risk and/or improve early detection of cancer among firefighters. NIOSH seeks a three-year renewal. The below table outlines the estimated time burden for participants enrolling in the NFR. There are three corresponding documents to be completed as part of the enrollment process: the Informed Consent, User Profile, and Enrollment Questionnaire. Select fire departments may have an additional Records Request. The estimated time burden for the Informed Consent and User Profile are five minutes each. There is an estimated 20 minute burden for the Enrollment Questionnaire, and 16 hours for the Records Request (applicable to an estimated 34 firefighters). CDC requests OMB approval for a total estimated annual burden of 44,987 hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
U.S. Firefighters	Informed Consent	66,666	1	5/60
U.S. Firefighters	NFR User Profile (web-portal registration)	66,666	1	5/60
U.S. Firefighters	NFR Enrollment Questionnaire	66,666	1	30/60
U.S. Firefighters	Records request	34	1	960/60