

Dated: March 15, 2013.

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Director, Office of Scientific Integrity (OSI),
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**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Centers for Disease Control and
Prevention**

[30 Day-13-12QP]

**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 the CDC Reports Clearance Officer at (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 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Development of an Evaluation Plan to Evaluate Grantee Attainment of Selected Activities of Comprehensive Cancer Control Priorities—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Comprehensive Cancer Control Program (NCCCP) is administered by the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control (DCPC). Through NCCCP, CDC supports comprehensive cancer control (CCC) programs in 50 states, the District of Columbia, seven tribes and tribal organizations, and seven U.S. Associated Pacific Islands/territories. CDC works with NCCCP awardees to establish coalitions, assess the burden of cancer, determine intervention priorities, and develop and implement CCC plans.

CDC has developed six priorities to guide the work of NCCCP grantees: (1) Emphasize primary prevention of cancer; (2) support early detection and treatment activities; (3) address public health needs of cancer survivors; (4) implement policies, systems, and environmental changes to guide sustainable cancer control; (5) promote health equity as it relates to cancer control; and (6) demonstrate outcomes through evaluation. These six priorities were shared with the CCC program directors, and they were asked to integrate and emphasize the priorities in their updated cancer plans. The six priorities were also incorporated in the new five-year coordinated cooperative agreement, Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations.

CDC is requesting information needed to (1) assess the extent to which CCC programs are implementing the six

NCCCP priorities, and (2) assess existing evaluation capacity building tools and revise tools as needed to support the implementation of NCCCP priorities. The information collection will consist of a web-based survey and focus groups that may be conducted in-person or by telephone.

Respondents for the National Comprehensive Cancer Control Program Survey will include 65 program directors representing 50 states, the District of Columbia, seven tribes and tribal organizations, and seven U.S.-affiliated territories. In addition, respondents will include four program directors representing the four component states of The Pacific Island Jurisdiction of the Federated States of Micronesia (FSM). Due to the diversity of the FSM, a survey will be distributed to each state-level FSM program director as well as the FSM national program director. The total number of respondents for the survey is 69 and the estimated burden per response is 30 minutes. The survey will be administered twice over a two-year period.

Information will also be collected through focus groups involving approximately 40 program directors and evaluators. Up to four focus groups will be conducted with a maximum of ten respondents per group. The estimated burden per response is 1.5 hours. Focus groups will be conducted once over a two-year period.

OMB approval is requested for two years. Participation is voluntary and there are no costs to the respondents other than their time. The total estimated burden hours per year are 65.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)
NCCCP State Grantee Program Director	National Comprehensive Cancer Control Program Survey.	69	1	0.5
NCCCP State Grantee Program Project Director or Designated CCC Staff Member.	National Comprehensive Cancer Control Program Focus Group.	20	1	1.5

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

[60Day-13-13JQ]

**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 Ron Otten, 1600 Clifton Road, MS-D74, 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

Health Professional Application for Training (HPAT)—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 CDC is requesting the Office of Management and Budget (OMB) grant a three year approval to collect data that comprises the Health Professional Application for Training (HPAT). This instrument was previously approved under OMB #0920-0017, expires 3/31/2013. However CDC is requesting to use the form in NCHHSTP and there will be no duplication of information collection. It will serve as the official training application form used for training activities conducted by the Sexually Transmitted Disease (STD)/ Human immunodeficiency virus (HIV) Prevention Training Centers' (PTCs) grantees and the HIV Capacity Building Assistance (CBAs) grantees funded by the (CDC).

The PTCs and CBAs are funded by CDC/Division of STD Prevention (DSTDP) and Division of HIV/AIDS Prevention (DHAP) to provide capacity-building that includes information, training, technical assistance and technology transfer.

The PTCs and CBAs offer classroom and experiential training, web-based training, clinical consultation, and capacity building assistance to maintain and enhance the capacity of health care

professionals to control and prevent STDs and HIV. The HPATHPAT is used to monitor and evaluate performance of grantees that offer STD and HIV prevention training, training assistance, and capacity building assistance to physicians, nurses, disease intervention specialists, health educators, etc.

The 7,400 respondents represent an average of the number of health professionals trained by the CBA and PTC grantees during the years 2010 and 2011. The data collection is necessary to assess and evaluate the performance of the grantees in delivering training and to standardize training registration processes across the two training programs; the PTC program and the CBA provider program, and multiple grantees funded by each program. The HPAT allows CDC grantees to use a single instrument when partnering with other Health and Human Services (HHS) funded training programs.

The HPAT also collects information from the training participants regarding their: (1) Occupations, professions, and functional roles; (2) principal employment settings; (3) location of their work settings; and (4) programmatic and population foci of their work. This data collection provides CDC with information to determine whether the training grantees are reaching their target audiences in terms of provider type, the types of organizations in which participants work, the focus of their work and the population groups and geographic areas served; the data collection is also used to triage and assign CBA provider requests.

There are no costs to respondents other than their time.

ESTIMATES OF ANNUALIZED BURDEN

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Healthcare Professionals	Health Professional Application for Training (HPAT).	7,400	1	5/60	617
Total	7,400	5/60	617