

previously approved for the 2013–2014 survey. Minor changes to survey content will be made to eliminate unnecessary questions, add new questions of interest, and improve formatting, usability, and data quality. As in 2013–2014, different versions of the survey instrument will be administered to providers and clinic administrators. The estimated burden per response for providers is 15 minutes and has not changed since the previous OMB approval. The estimated burden per response for administrators will be reduced from 40 minutes to 25 minutes.

Private-sector physicians will be randomly selected from sampling frames with individual-level information on physicians. To reach public-sector providers and clinic administrators, publicly funded clinics will be randomly selected; one provider

and the clinic administrator will be asked to complete surveys at sampled clinics. Specifically, surveys will be completed by: (a) 2,000 private-sector office-based physicians (*i.e.*, those specializing in obstetrics/gynecology, family medicine, and adolescent medicine), sampled from the American Medical Association Physician Masterfile; (b) 2,000 providers from Title X clinics, sampled from a database of publicly funded family planning clinics; (c) 2,000 providers from non-Title X clinics, sampled from a database of publicly funded family planning clinics; (d) 2,000 clinic administrators from Title X clinics, sampled from a database of publicly funded family planning clinics; and (e) 2,000 clinic administrators from non-Title X clinics, sampled from a database of publicly funded family planning clinics.

Each sampled provider and clinic will receive a mailed survey package. For private-sector family planning providers, each mailed survey package will include a single survey to be completed by the provider. For public-sector clinics, each mailed survey package will include two surveys—one to be completed by a randomly selected family planning provider at the clinic, and the second to be completed by the clinic administrator. Each mailed survey will be accompanied by a postage-paid return envelope. Individuals will also be given the option to complete the survey online via a password protected web-based data collection system.

OMB approval is requested for one year. Participation is voluntary and there are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hr)	Total burden (in hr)
Office-based physicians (private sector).	2017 Survey of Health Care Providers.	2,000	1	15/60	500
Title X clinic providers (public sector)	2017 Survey of Health Care Providers.	2,000	1	15/60	500
Non-Title X publicly funded clinic providers (public sector).	2017 Survey of Health Care Providers.	2,000	1	15/60	500
Title X clinic administrators (public sector).	2017 Survey of Administrators of Publicly-Funded Health Centers that Provide Family Planning.	2,000	1	25/60	834
Non-Title X publicly funded clinic administrators (public sector).	2017 Survey of Administrators of Publicly-Funded Health Centers that Provide Family Planning.	2,000	1	25/60	834
Total .....	.....	.....	.....	.....	3,168

Jeffrey M. Zirger,

Acting 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

[Docket No. CDC–2016–0063; 60Day–16–16AVC]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on “Generic Clearance for CDC/ATSDR Formative Research and Tool Development”. This information collection request is designed to allow CDC to conduct formative research information collection activities used to inform aspects of surveillance, communications, health promotion, and research project development.

DATES: Written comments must be received on or before September 16, 2016.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2016–0063 by any of the following methods:

- *Federal eRulemaking Portal: Regulations.gov.* Follow the instructions for submitting comments.

- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to *Regulations.gov*, including any personal information provided. For access to the docket to read background documents or comments received, go to *Regulations.gov*.

Please note: All public comment should be submitted through the Federal eRulemaking portal (*Regulations.gov*) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact the Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS-D74, Atlanta, Georgia 30329; phone: 404-639-7570; Email: omb@cdc.gov.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

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; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

Proposed Project

Generic Clearance for CDC/ATSDR Formative Research and Tool Development (CDC)

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) requests approval for a new generic clearance for CDC/ATSDR Formative Research and Tool Development. This information collection request is designed to allow CDC to conduct formative research information collection activities used to inform many aspects of surveillance, communications, health promotion, and research project development at CDC. Formative research is the basis for developing effective strategies including communication channels, for influencing behavior change. It helps researchers identify and understand the characteristics—interests, behaviors and needs—of target populations that influence their decisions and actions.

Formative research is integral in developing programs as well as improving existing and ongoing programs. Formative research looks at the community in which a public health intervention is being or will be implemented and helps the project staff understand the interests, attributes and needs of different populations and persons in that community. Formative research occurs before a program is designed and implemented, or while a program is being conducted.

At CDC formative research is necessary for developing new programs or adapting programs that deal with the complexity of behaviors, social context, cultural identities, and health care that underlie the epidemiology of diseases and conditions in the U.S. CDC conducts formative research to develop public-sensitive communication messages and user friendly tools prior to developing or recommending interventions, or care. Sometimes these studies are entirely behavioral but most often they are cycles of interviews and focus groups designed to inform the development of a product.

Products from these formative research studies will be used for prevention of disease. Findings from these studies may also be presented as evidence to disease-specific National Advisory Committees, to support revisions to recommended prevention and intervention methods, as well as new recommendations.

Much of CDC's health communication takes place within campaigns that have fairly lengthy planning periods—timeframes that accommodate the standard Federal process for approving

data collections. Short term qualitative interviewing and cognitive research techniques have previously proven invaluable in the development of scientifically valid and population-appropriate methods, interventions, and instruments.

This request includes studies investigating the utility and acceptability of proposed sampling and recruitment methods, intervention contents and delivery, questionnaire domains, individual questions, and interactions with project staff or electronic data collection equipment. These activities will also provide information about how respondents answer questions and ways in which question response bias and error can be reduced.

This request also includes collection of information from public health programs to assess needs related to initiation of a new program activity or expansion or changes in scope or implementation of existing program activities to adapt them to current needs. The information collected will be used to advise programs and provide capacity-building assistance tailored to identify needs.

Overall, these development activities are intended to provide information that will increase the success of the surveillance or research projects through increasing response rates and decreasing response error, thereby decreasing future data collection burden to the public. The studies that will be covered under this request will include one or more of the following investigational modalities: (1) Structured and qualitative interviewing for surveillance, research, interventions and material development, (2) cognitive interviewing for development of specific data collection instruments, (3) methodological research (4) usability testing of technology-based instruments and materials, (5) field testing of new methodologies and materials, (6) investigation of mental models for health decision-making, to inform health communication messages, and (7) organizational needs assessments to support development of capacity. Respondents who will participate in individual and group interviews (qualitative, cognitive, and computer assisted development activities) are selected purposively from those who respond to recruitment advertisements.

In addition to utilizing advertisements for recruitment, respondents who will participate in research on survey methods may be selected purposively or systematically from within an ongoing surveillance or research project.

Participation of respondents is voluntary.

There is no cost to participants other than their time. The total estimated annual burden is 8,000 hours.

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average hours per response	Total response burden (hrs.)
General public and health care providers.	Screener	4,000	1	10/60	667
	Consent Forms	2,000	1	10/60	333
	Interview	2,000	1	1	2,000
	Focus group interview	2,000	1	2	4,000
	Survey	2,000	1	30/60	1,000
Total .....	.....	.....	.....	.....	8,000

Jeffrey M. Zirger,

Acting 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

Administration for Children and Families

Privacy Act of 1974; System of Records Notice

AGENCY: Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR).

ACTION: Notice to establish five new and delete one Privacy Act systems of records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, as amended (5 U.S.C. 552a), the Office of Refugee Resettlement (ORR) within HHS' Administration for Children and Families (ACF) is establishing five new systems of records: 09-80-0321 ORR Division of Children's Services Records; 09-80-0325 ORR Internet Refugee Arrivals Data System (iRADS); 09-80-0327 ORR Repatriation Program Records; 09-80-0329 ORR Unaccompanied Refugee Minors Records; and 09-80-0388 ORR Refugee Suicide Database. ORR is deleting one system of records, 09-60-0217 ORR Cuban Refugee Data System, which is being replaced by the new iRADS system of records.

Four of the five new systems of records are "mixed," in that they contain records pertaining to both U.S. persons (*i.e.*, individuals who are citizens of the United States or aliens lawfully admitted for permanent residence in the United States) and non-U.S. persons.

The Privacy Act applies only to U.S. persons (citizens of the United States or aliens lawfully admitted for permanent residence in the United States). As a matter of discretion, ORR will treat information that it maintains in its mixed systems of records as being subject to the provisions of the Privacy Act, regardless of whether the information relates to U.S. persons covered by the Privacy Act.

This policy implements a 1975 Office of Management and Budget (OMB) recommendation to apply, as a matter of policy, the administrative provisions of the Privacy Act to records about non-U.S. persons in mixed systems of records (referred to as the non-U.S. persons policy).

DATES: This Notice will become effective 30 days after publication, unless the Office of Refugee Resettlement makes changes based on comments received. Written comments should be submitted on or before the effective date.

ADDRESSES: The public should address written comments to Gary Cochran, Senior Agency Officer for Privacy, by mail at Administration for Children and Families, Mary E. Switzer Building, 330 C Street SW., Washington, DC 20201, or by email at gary.cochran@acf.hhs.gov.

FOR FURTHER INFORMATION CONTACT: Questions should be directed to the contact person for the system in question:

1. *09-80-0321 ORR Division of Children's Services Records*
Jalyn Sualog, Administration for Children and Families, ORR, Mary E. Switzer Building, 330 C Street SW., Washington, DC 20201; Email: Jalyn.Sualog@acf.hhs.gov.
2. *09-80-0325 ORR Internet Refugee Arrivals Data System (iRADS)*
Joann Simmons, Administration for Children and Families, ORR, Mary E. Switzer Building, 330 C Street SW., Washington, DC 20201; Email: joann.simmons@acf.hhs.gov.

3. *09-80-0327 ORR Repatriation Program Records*

Elizabeth Russell, Administration for Children and Families, ORR, Mary E. Switzer Building, 330 C Street SW., Washington, DC 20201; Email: Elizabeth.russell@acf.hhs.gov.

4. *09-80-0329 ORR Unaccompanied Refugee Minors Records*

Jalyn Sualog, Administration for Children and Families, ORR, Mary E. Switzer Building, 330 C Street SW., Washington, DC 20201; Email: Jalyn.Sualog@acf.hhs.gov

5. *09-80-0388 ORR Refugee Suicide Database*

Dr. Curi Kim, Administration for Children and Families, ORR, Mary E. Switzer Building, 330 C Street SW., Washington, DC 20201; Email: curi.kim@acf.hhs.gov.

SUPPLEMENTARY INFORMATION

I. Background on Five New Systems of Records

The five new systems of records established in this Notice are maintained by the Office of Refugee Resettlement (ORR) within HHS' Administration for Children and Families (ACF); ORR plans, develops, and directs the implementation of a domestic resettlement assistance program for refugees and other eligible populations. ORR provides resources to assist these populations with successful integration into American society. ORR's social services help refugees become self-sufficient as quickly as possible after their arrival in the United States. ORR also provides guidance, resources, and oversight for specific health challenges including medical assistance, initial health screenings, and consultations. ORR also oversees the Unaccompanied Children Program, providing care for unaccompanied children without lawful immigration status, and the U.S. Repatriation Program, providing loans to eligible repatriates referred from the U.S. Department of State.