

included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

**Sharon B. Arnold,**  
*Acting Director.*

[FR Doc. 2017-08649 Filed 4-27-17; 8:45 am]

BILLING CODE 4160-90-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: "*Generic Clearance for Questionnaire and Data Collection Testing, Evaluation, and Research for the Agency for Healthcare Research and Quality.*"

**DATES:** Comments on this notice must be received by June 27, 2017.

**ADDRESSES:** Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

**FOR FURTHER INFORMATION CONTACT:** Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by email at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### Proposed Project

*Generic Clearance for Questionnaire and Data Collection Testing, Evaluation, and Research for the Agency for Healthcare Research and Quality*

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3520, AHRQ invites the public to comment on this proposed information collection. The Agency for Healthcare Research and Quality (AHRQ) requests that the Office of Management and Budget (OMB)

reapprove generic pre-testing Clearance 0935-0124 for three years to facilitate AHRQ's efforts to (1) employ evaluation-type methods and techniques to improve AHRQ's current data collection and estimation procedures, (2) develop new collections and procedures, including toolkits, and (3) revise existing collections and procedures. AHRQ believes that developing, testing, and evaluating data collection and estimation procedures using survey methods and other techniques in anticipation of agency-sponsored studies can improve its information collection efforts, and the products it develops and allow AHRQ to be more responsive to fast-changing developments in the health care research field. AHRQ uses techniques to simplify data collection and estimation procedures, reduce respondent burden, and improve efficiencies to meet the needs of individuals and small business respondents who may have reduced budgets and staff.

This clearance request is limited to research on data collection, toolkit development, and estimation procedures and reports and does not extend to the collection of data for public release or policy formation. The current Clearance (0935-0124) was granted on November 12, 2014, and expires on November 30, 2017.

This generic clearance will allow AHRQ to draft and test toolkits, survey instruments and other data collection and estimation procedures more quickly and with greater lead time, thereby managing project time more efficiently and improving the quality of the data AHRQ collects. In some instances, the ability to test and evaluate toolkits, data collection and estimation procedures in anticipation of work or early in a project may result in the decision not to proceed with additional activities, which could save both public and private resources and eliminate respondent burden.

This generic clearance will facilitate AHRQ's response to a changing environment. Many of the tools AHRQ develops are made available to the private sector to assist in improving health care quality. The health and health care environment changes rapidly and requires a quick response from AHRQ to provide refined tools.

These preliminary research activities will not be used by AHRQ to regulate or sanction its customers. They will be entirely voluntary and the confidentiality of respondents and their

responses will be preserved. Proposed information collections submitted under this generic clearance will be submitted for review by OMB with a response expected in 14 days.

##### Method of Collection

The information collected through preliminary research activities under this generic clearance will be used by AHRQ to employ techniques to (1) improve AHRQ's current data collection and estimation procedures, (2) develop new collections and procedures, including toolkits, and (3) revise existing collections and procedures in anticipation or in response to changes in the health or health care field. The end result will be improvement in AHRQ's data collections and procedures and the quality of data collected, a reduction or minimization of respondent burden, increased agency efficiency, and improved responsiveness to the public.

##### Estimated Annual Respondent Burden

Exhibit 1 shows the estimated burden hours, over the full 3 years of this clearance, for the respondents' time to participate in the research activities that may be conducted under this generic clearance. Mail surveys will be conducted with about 6,000 persons (2,000 per year for 3 years) and are estimated to average 20 minutes. Mail surveys may also be sent to respondents via email, and may include a telephone non-response follow-up. Telephone non-response follow-up for mailed surveys is not counted as a telephone survey in Exhibit 1. Not more than 600 persons, over 3 years, will participate in telephone surveys that will take about 40 minutes. Web-based surveys will be conducted with no more than 3,000 persons and will require no more than 10 minutes to complete. About 1,500 persons will participate in focus groups which may last up to two hours, while in-person interviews will be conducted with 600 persons and will take about 50 minutes. Automated data collection will be conducted for about 1,500 persons and could take up to 1 hour. Cognitive testing will be conducted with about 600 persons and is estimated to take 1½ hours to complete. The total burden over 3 years is estimated to be 8,900 hours (about 2,967 hours per year).

Exhibit 2 shows the estimated cost burden over 3 years, based on the respondent's time to participate in these research activities. The total cost burden is estimated to be \$338,734.

## EXHIBIT 1—ESTIMATED BURDEN HOURS OVER 3 YEARS

| Type of information collection | Number of respondents | Number of responses per respondent | Hours per response | Total burden hours |
|--------------------------------|-----------------------|------------------------------------|--------------------|--------------------|
| Mail/email *                   | 6,000                 | 1                                  | 20/60              | 2,000              |
| Telephone                      | 600                   | 1                                  | 40/60              | 400                |
| Web-based                      | 3,000                 | 1                                  | 10/60              | 500                |
| Focus Groups                   | 1,500                 | 1                                  | 2.0                | 3,000              |
| In-person                      | 600                   | 1                                  | 1.0                | 600                |
| Automated **                   | 1,500                 | 1                                  | 1.0                | 1,500              |
| Cognitive Testing ***          | 600                   | 1                                  | 1.5                | 900                |
| Totals                         | 13,800                | na                                 | na                 | 8,900              |

\* May include telephone non-response follow-up in which case the burden will not change

\*\* May include testing of database software, CAPI software or other automated technologies.

\*\*\* May include cognitive interviews for questionnaire or toolkit development, or "think aloud" testing of prototype Web sites.

## EXHIBIT 2—ESTIMATED COST BURDEN OVER 3 YEARS

| Type of information collection | Number of respondents | Total burden hours | Average hourly wage rate * | Total cost burden |
|--------------------------------|-----------------------|--------------------|----------------------------|-------------------|
| Mail/email                     | 6,000                 | 2,000              | \$38.06                    | \$76,120          |
| Telephone                      | 600                   | 400                | 38.06                      | 15,224            |
| Web-based                      | 3,000                 | 500                | 38.06                      | 19,030            |
| Focus Groups                   | 1,500                 | 3,000              | 38.06                      | 114,180           |
| In-person                      | 600                   | 600                | 38.06                      | 22,836            |
| Automated                      | 1,500                 | 1,500              | 38.06                      | 57,090            |
| Cognitive Testing              | 600                   | 900                | 38.06                      | 34,254            |
| Totals                         | 13,800                | 8,900              | na                         | 338,734           |

\* Based upon the average wages for 29-000 (Healthcare Practitioner and Technical Occupations), "National Compensation Survey: Occupational Wages in the United States, May 2016," U.S. Department of Labor, Bureau of Labor Statistics [https://www.bls.gov/oes/current/oes\\_nat.htm#29-0000](https://www.bls.gov/oes/current/oes_nat.htm#29-0000).

## Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

**Sharon B. Arnold,**  
Acting Director.

[FR Doc. 2017-08652 Filed 4-27-17; 8:45 am]

BILLING CODE 4160-90-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

## Announcement of Requirements and Registration for Healthy Behavior Challenge

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

**ACTION:** Notice.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC) located within the Department of Health and Human Services (HHS) announces the launch of the Healthy Behavior Data Challenge. The Healthy Behavior Data Challenge responds to the call for new ways to address the challenges and limitations of self-reported health surveillance information and tap into the potential of innovative data sources and alternative methodologies for public health surveillance. Challenge participants will propose data sources and approaches for aggregating data from wearable devices, mobile applications and/or social media in the areas of nutrition, physical activity, sedentary behaviors, and/or sleep. Conducted in two phases, Phase I (Prototype Development) entails Challenge participants developing a concept proposal for obtaining data

collected from wearable devices, mobile applications and/or social media for public health surveillance purposes. In Phase II (Prototype Implementation), a subset of submissions (up to 3) with promising concepts will be invited to test their proposed approaches for ongoing public health surveillance.

**DATES:** The Challenge is effective April 28, 2017 and will conclude December 31, 2017.

**FOR FURTHER INFORMATION CONTACT:** Dr. Machell Town, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Highway NE., MS F-78, Chamblee, Georgia 30341; Email: [BRFSSinnovations@cdc.gov](mailto:BRFSSinnovations@cdc.gov).

**SUPPLEMENTARY INFORMATION:**

*Award Approving Official:* Anne Schuchat, MD, (RADM, USPHS) Acting Director, Centers for Disease Control and Prevention, and Acting Administrator, Agency for Toxic Substances and Disease Registry.

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of