

of care for stroke, and improve transitions across stroke systems of care, including pre-event; transitions from EMS to acute care in hospitals; and transitions from hospitals to home, rehabilitation, stroke specialist care, and primary care providers.

When Congress directed the Centers for Disease Control and Prevention (CDC) to establish the Paul Coverdell National Acute Stroke Program (PCNASP) in 2001, CDC intended to monitor trends in stroke and stroke care, with the ultimate mission of improving the quality of care for stroke patients in the United States. Since 2015, CDC has funded and provided technical assistance to nine state health departments to develop comprehensive stroke systems of care. A comprehensive system of care improves quality of care by creating seamless transitions for individuals experiencing stroke. In such a system, pre-hospital providers, in-hospital providers, and early post-hospital providers coordinate patient hand-offs and ensure continuity of care. CDC contracted with RTI International to conduct a national evaluation of the state health departments awarded grants

in 2015 to assess their implementation in their state-based contexts and progress toward short- and intermediate-term outcomes.

CDC and RTI International propose to collect information from all nine funded PCNASP grantees to gain insight into the effectiveness of implementation of their quality improvement strategies, development (and use) of a data integrated management system, and partner collaboration in building comprehensive state-wide stroke systems of care. The information collection will focus on describing PCNASP specific contributions to effective state-based stroke systems of care and the costs associated with this work.

Two components of the information collection include: (1) Program implementation cost data collection from program partners using a cost and resource utilization tool; and (2) telephone interviews with key program stakeholders, such as the PCNASP principal investigator, program manager, quality improvement specialist, data analyst/program evaluator, and partner support staff.

Cost data collection will focus on a stratified sample of partners' cumulative spending to support PCNASP activities, spending by reporting period, and spending associated with specific PCNASP strategies related to building comprehensive state-wide stroke systems of care. Interview questions will target how each grantee implemented its strategies, challenges encountered and how they were overcome, factors that facilitated implementation, lessons learned along the way, and observed outcomes and improvements.

The information to be collected does not currently exist for large scale, statewide programs that employ multiple combinations of strategies led by state public health departments to build comprehensive stroke systems of care. The insights to be gained from this data collection will be critical to improving immediate efforts and achieving the goals of spreading and replicating state-level strategies that are proven programmatically and are cost-effective in contributing to a higher quality of care for stroke patients.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Partner Program Manager	Cost Resource and Utilization Tool	205	2	2	820
Principal Investigator	Telephonic Interviews	9	1	1	9
Grantee Program Manager	Telephonic Interviews	9	1	1	9
Quality Improvement Specialist	Telephonic Interviews	9	1	1	9
Data Analyst/Program Evaluator	Telephonic Interviews	9	1	1	9
Partner Support Staff	Telephonic Interviews	18	1	1	18
Total .....	.....	.....	.....	.....	874

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-17-1071; Docket No. CDC-2017-0087]

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 effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal

agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery. In order to work continuously to ensure that our programs are effective and meet our customers' needs, the National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention (CDC) seeks to obtain Office of Management and Budget approval of a generic information collection request to collect qualitative feedback on our service delivery.

DATES: CDC must receive written comments on or before December 11, 2017.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2017-0087 by any of the following methods:

- *Federal eRulemaking Portal:*

Regulations.gov. Follow the instructions for submitting comments.

- *Mail:* Leroy A. Richardson, 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. CDC will post, without change, all relevant comments to *Regulations.gov*. *Please note:* Submit all Federal comments 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 Leroy A. Richardson, 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 the OMB for approval. To comply with this requirement, we are

publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;
 2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
 3. Enhance the quality, utility, and clarity of the information to be collected; and
 4. 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 submissions of responses.
5. Assess information collection costs.

Proposed Project

Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (OMB Control Number 0920-1071, Expires 6/30/2018)—Extension—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC/NCEZID is seeking a three-year extension of OMB Control Number 0920-1071 to continue collecting routine customer feedback on agency service delivery.

Executive Order 12862 directs Federal agencies to provide service to the public that matches or exceeds the best service available in the private sector. In order to work continuously to ensure that our

programs are effective and meet our customers' needs, the National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention (CDC) (hereafter the "Agency") seeks to obtain OMB approval of a generic clearance to collect qualitative feedback on our service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study.

This collection of information is necessary to enable the Agency to garner customer and stakeholder feedback in an efficient, timely manner, in accordance with our commitment to improving service delivery. The information collected from our customers and stakeholders will help ensure that users have an effective, efficient, and satisfying experience with the Agency's programs. This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

Since gaining approval in June 2015, NCEZID has utilized 16,800 responses and 2,029, burden hours for nine separate information collection projects.

There is no cost to respondents other than the time to participate.

Authorizing legislation comes from Section 301 of the Public Health Service Act (42 U.S.C. 241).

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
General public	Online surveys	1,500	1	30/60	750
	Focus groups	800	1	2	1,600
	In-person surveys	1,000	1	30/60	500
	Usability testing	1,500	1	30/60	750
	Customer comment cards	1,000	1	15/60	250
Total .....	.....	.....	.....	.....	3,850

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-17-17AZI; Docket No. CDC-2017-
0075]

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 effort 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 a proposed study titled
“Understanding Decisions and Barriers
about PrEP Use and Uptake among Men
Who Have Sex with Men.” This study
will provide insight on individual and
community level PrEP-related decision-
making, and identify barriers and
facilitators to successful PrEP initiation
and PrEP acceptability.

DATES: CDC must receive written
comments on or before December 11,
2017.

ADDRESSES: You may submit comments,
identified by Docket No. CDC-2017-
0075 by any of the following methods:

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

- *Mail:* Leroy A. Richardson,
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. CDC will post, without
change, all relevant comments to
Regulations.gov.

*Please note: Submit all Federal
comments 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 Leroy A.
Richardson, 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
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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 the OMB for approval. To
comply with this requirement, we are
publishing this notice of a proposed
data collection as described below.

The OMB is particularly interested in
comments that will help:

1. 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;
2. Evaluate the accuracy of the
agency’s estimate of the burden of the
proposed collection of information,
including the validity of the
methodology and assumptions used;
3. Enhance the quality, utility, and
clarity of the information to be
collected; and
4. 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 submissions
of responses.
5. Assess information collection costs.

Proposed Project

Understanding Decisions and Barriers
about PrEP Use and Uptake among Men
Who Have Sex With Men—New—
National Center for HIV/AIDS, Viral
Hepatitis, STD, and TB Prevention
(NCHHSTP), Centers for Disease Control
and Prevention (CDC).

Background and Brief Description

This project involves original,
formative research toward improving
the uptake and adherence necessary to
achieve efficacious levels of protection
offered by pre-exposure prophylaxis
(PrEP) among the most affected
population. HIV incidence and
prevalence are higher among gay,
bisexual, and other men who have sex
with men (MSM) than any other risk
group in the U.S. Approximately half of
all diagnosed HIV infections are among
gay, bisexual, and other MSM. The
FDA-approved PrEP regimen, daily
Tenofovir/emtricitabine (aka Truvada®),
has shown greater than 90% efficacy in
reducing HIV infections among MSM
when taken in accordance with its
prescribed daily schedule. In 2014, CDC
published clinical practice guidelines
for the use of PrEP in high-risk
populations, and began national
promotion of PrEP as an effective HIV
prevention strategy for MSM. While
hailed as an HIV-prevention “game-
changer,” in reality PrEP uptake has
been slow. Some studies report a wide
range in the percentages of MSM (28–
81%) interested in PrEP. In addition,
other studies indicate that specific cities
have alarmingly low rates of PrEP
uptake (for example, the estimate for
Atlanta is 2%). Moreover, recent survey
findings have shown that less than 1 in
10 MSM on PrEP are adherent to their
PrEP regimen; adherence is necessary to
optimize efficacy.

In order to develop effective programs
that increase PrEP uptake among MSM
at greatest risk for HIV, studies are
needed to better understand the
decisions men make about their HIV
prevention needs. Qualitative methods
will be used to explore in-depth the
“Whys” and “How’s” of MSM’s
decisions to refuse or use PrEP, and
barriers and challenges to successfully
undertake a PrEP medication regimen.
Quantitative methods will be used to
understand the HIV risk behavior
context, attitudes towards PrEP, health
seeking behavior, and acceptability of
new modes of PrEP delivery (that differ
from current recommendation of daily
PrEP and that are in development or
discussion) and emerging biomedical
HIV prevention options.

The purpose of this research is to
explore decisions, barriers, and
facilitators about PrEP use among MSM:
(1) Who were offered PrEP but refused
it; (2) who were interested in or started
a PrEP regimen but did not follow
through; and (3) who are eligible for
PrEP per CDC guidelines (report
condomless anal sex within last 3
months).