

of surveys that will assess adoption, use, and satisfaction with the resources. Respondents for the PPOD Guide and toolkit assessment will include health care providers in the private sector, state and local government, and federal government. Respondents for the New Beginnings assessment will include health education facilitators in the

private sector and state and local government. CDC will coordinate the information collection and assessment activities with events and opportunities sponsored by professional organizations, and CDC-sponsored Webinars.

Office of Budget and Management (OMB) approval is requested for one year. All information will be collected

electronically. Survey findings will be used to guide further improvements to the resources, make adjustments to promotional and educational strategies, and inform CDC's technical assistance related to diabetes education. Participation in the surveys 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 of responses per respondent	Average burden per response (in hr)	Total burden (in hr)
Private sector health care providers	PPOD Guide and Toolkit Follow-up Survey.	80	1	15/60	20
State and Local government healthcare providers.	PPOD Guide and Toolkit Follow-up Survey.	80	1	15/60	20
Federal Government healthcare providers.	PPOD Guide and Toolkit Follow-up Survey.	40	1	15/60	10
Private sector health education facilitators.	New Beginnings Assessment Survey.	700	1	20/60	233
State and local government health education facilitators.	New Beginnings Assessment Survey.	100	1	20/60	33
Total .....	.....	.....	.....	.....	316

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-14-14VP]

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 and send comments to Leroy Richardson, 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

Community Context Matters Study—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 daily use of specific antiretroviral medications by persons without human immunodeficiency virus (HIV) infection, but at high risk of sexual or injection exposure to HIV has been shown to be a safe and effective HIV prevention method. The Food and Drug Administration approved the use of Truvada® for preexposure prophylaxis (PrEP) in July 2012 and CDC has issued clinical practice guidelines for its use. With approximately 50,000 new HIV infections each year, increasing rates of infection for young MSM, and

continuing severe disparities in HIV infection among African-American men and women, incorporation of PrEP into HIV prevention is important. However, as a new prevention tool in very early stages of introduction and use, there is much we need to learn about how to implement PrEP in a real world setting and the need to develop and validate new measurement tools to capture this information.

CDC is requesting Office of Management and Budget (OMB) approval to collect data over a three-year period that will be used to (1) assess the utility of new measures developed or adapted to collect information related to this new intervention (PrEP) and (2) evaluate community contextual factors that may impact the acceptability and successful introduction of a new HIV prevention method. The project will be conducted in communities in each of four cities where PrEP has recently become available through a local community health center.

Once per year for three years, two surveys will be conducted: (1) A community-based survey to be administered to 40 persons per city approached in public venues in the catchment areas of the PrEP clinics, and (2) a key stakeholder survey to be administered to 10 community HIV leaders nominated by PrEP clinic staff and HIV community-based organizations in the clinic communities.

Both surveys will collect data on the demographics of the participants, knowledge of PrEP, misinformation about PrEP, and attitudes about it. The neighborhood survey will also include questions about basic HIV knowledge,

attitudes, and beliefs as well as information about sexual and drug use behaviors that are indications for PrEP use. For the stakeholder survey, additional questions will be included about type of organization where they

work and organizational experience with PrEP.

Surveys will be administered face-to-face by trained, local interviewers.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average hours per response	Total response burden (hours)
Neighborhood Survey Street Interview Participant.	Neighborhood Interview Recruitment Script and Informed Consent.	720	1	5/60	60
Key Stakeholder Participant	Key Stakeholder Telephone Recruitment Script and Informed consent.	180	1	5/60	15
Street Interview Participant	Survey	480	1	20/60	160
Key Stakeholder Participant	Survey	120	1	20/60	40
Total .....	.....	.....	.....	.....	275

LeRoy 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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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

Evaluation of Hospital Preparedness for Public Health Emergencies and Mass Casualty Events Project—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Hospital preparedness for responding to public health emergencies including mass casualty incidents and epidemics have become a major national challenge. Following the World Trade Center attack of September 11, Hurricane Katrina of 2005, and the 2011 Alabama tornadoes, there is continued and heightened interest of using surveys to assess hospital readiness for various disasters and mass casualty incidents. Current patterns in terrorist activity increase the potential for civilian casualties from explosions. Explosions, particularly in confined spaces, can inflict severe multisystem injuries on numerous patients and produce unique challenges to health care providers and the systems that support them. The U.S. healthcare system and its civilian healthcare providers have minimal experience in treating patients with explosion-related injuries and deficiencies in response capability could result in increased morbidity and mortality and increased stress and fear in the community. Additionally, the surge of patients after an explosion typically occurs within minutes of the event and can quickly overwhelm

nearby hospital resources. This potential for many casualties and an immediate surge of patients may stress and limit the ability of EMS systems, hospitals, and other health care facilities to care for critically injured victims.

CDC requests a 6-month Office of Management and Budget (OMB) approval to collect readiness and preparedness data. The purpose of this project will be to (1) develop and pilot an interview tool to assess hospital readiness for a rapid surge of large numbers of casualties; (2) develop minimum standards into the assessment tool to enable a review or an evaluation of hospital readiness and (3) develop strategies for dissemination and implementation of the interview tool.

A national sample of randomly selected hospitals will be selected for participation. Four hundred Chief Executive Officers (CEOs) from sampled hospitals will be mailed an introductory letter, contacted by telephone a few days later and asked if the hospital's emergency preparedness coordinator/manager can complete the survey. The time to read and respond to the introductory letter is expected to take 17 minutes. The emergency preparedness coordinator/manager will complete the main survey online using the survey Web site with a goal of 320 completed surveys. CDC estimated the total time required to complete the survey as two hours, including reading the instructions. The survey covers hospital preparedness efforts across departments, number of staff, participation in training and exercises, agreements with other responders, and hospital characteristics.

After data are gathered from the survey, responses will be compiled, analyzed and summarized. The results will be used to develop an implementation manual, training