ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden/response (in hrs)	Total burden (in hrs)
Pathologist	Pathology Report—No standard form.	5	I	5/60	1
Next-of-kin for deceased miner	2.6	5	1	15/60	1
Total					13,471

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.

[FR Doc. 2014–29219 Filed 12–12–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–15–0621]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) 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; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) 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 submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov.* Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Youth Tobacco Surveys (NYTS) 2015–2017—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) has periodically collected information about tobacco use among adolescents since 2004 (National Youth Tobacco Survey (NYTS) 2004, 2006, 2009, 2011, 2012, 2013, and 2014; OMB no. 0920–0621, exp. 1/31/2015). At present, the NYTS is the most comprehensive source of nationally representative tobacco data among students in grades 9–12, and the only source of such data for students in grades 6–8. The NYTS has provided national estimates of tobacco use behaviors, information about exposure to pro- and anti-tobacco influences, and information about racial and ethnic disparities in tobacco-related topics. Information collected through the NYTS is used to identify trends over time, to inform the development of tobacco cessation programs for youth, and to evaluate the effectiveness of existing interventions and programs.

CDC is requesting OMB approval to conduct additional cycles of the NYTS in the spring of 2015, 2016, and 2017. The survey will be conducted among nationally representative samples of students attending public and private schools in grades 6–12, and will be administered to students as an optically scannable booklet of multiple-choice questions. Information supporting the NYTS also will be collected from state-, district-, and school-level administrators and teachers. During the 2015–2017 timeframe, a number of changes will be incorporated that reflect CDC's ongoing collaboration with FDA and the need to measure progress toward meeting strategic goals established by the Family Smoking Prevention and Tobacco Control Act. The 2015 survey will examine the following topics: Use of cigarettes, smokeless tobacco, cigars, pipes, bidis, snus, hookahs, electronic vapor products, and dissolvable tobacco products; knowledge and attitudes; media and advertising; access to tobacco products; secondhand smoke exposure; and cessation. Information collection will occur annually.

Results of the NYTS will continue to be used for public health program planning and evaluation. Information collected through the NYTS is also expected to provide multiple measures and data for monitoring progress on multiple tobacco-related objectives for Healthy People 2020.

OMB approval is requested for three years. Participation is voluntary and the total estimated annualized burden hours are 15,504. 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 burden per response (in hours)
State Administrators	State-level Recruitment Script for the NYTS	35	1	30/60
District Administrators	District-level Recruitment Script for the NYTS	150	1	30/60
School Administrators	School-level Recruitment Script for the NYTTS.	220	1	30/60
Teachers	Data Collection Checklist for the NYTS	973	1	15/60
Students	National Youth Tobacco Survey	20,077	1	45/60

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

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[30-Day 15–14AUI]

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Proposed Project

WISEWOMAN National Program Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC has supported the WISEWOMAN program (Well-Integrated Screening and Evaluation for Women Across the Nation) since 1995. The WISEWOMAN program is designed to serve low-income women ages 40–64 who have elevated risk factors for cardiovascular disease (CVD) and have no health insurance, or are underinsured for medical and preventive care services. Through the WISEWOMAN program, women have access to screening services for selected CVD risk factors such as elevated blood cholesterol, hypertension, and abnormal blood glucose levels; referrals to lifestyle programs; and referrals to medical care. WISEWOMAN participants must be co-enrolled in the CDC-sponsored National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

The WISEWOMAN program is administered through cooperative agreements with state, territorial, or tribal health departments. At present, approximately two-thirds of program funding is provided by CDC with the other one-third supplied by the state, territory, or tribal organization. Each WISEWOMAN awardee submits to CDC an annual progress report that describes program objectives and activities, and semi-annual data reports (known as minimum data elements, or MDE) on the screening, assessment, and lifestyle program services offered to women who participate in the program (see WISEWOMAN Reporting System, OMB No. 0920–0612, exp. 12/31/2016). Participant-level MDE are de-identified prior to transmission to CDC.

In 2013, CDC released the fourth funding opportunity announcement (FOA) for the WISEWOMAN program (DP13–1302), which resulted in four-year cooperative agreements with 22 state, territorial, and tribal health departments, including 5 new and 17 continuing awardees from the previous FOA. Key program elements were retained (*e.g.,* provision of screening services, promotion of healthy lifestyle behaviors, and linkage to community resources), but a number of changes were incorporated into the program at that time due to shifts in populations, systems, and community needs. The current FOA reflects increased emphasis on improving access to clinical systems of care and increased emphasis on leveraging existing resources in the community. Lifestyle interventions have also been reframed to include lifestyle programs and health coaching sessions, and MDE have been updated to capture information about risk reduction counseling and participants' readiness to change. The current cooperative agreement also stresses monitoring and performance evaluation as key program dimensions. Additionally, more information is needed to augment that from previous evaluation efforts.

CDC seeks to conduct a one-time, multi-component evaluation to assess the effectiveness of the program on individual-, organizational-, and community-level outcomes. The in-depth assessment is designed to complement the routine progress and MDE information already being collected from WISEWOMAN program awardees. The new data collection will focus on obtaining qualitative and