

Federal Communications Commission.  
**Denise Coca,**  
*Chief, Telecommunications and Analysis  
 Division, International Bureau.*  
 [FR Doc. 2016-30428 Filed 12-16-16; 8:45 am]  
**BILLING CODE 6712-01-P**

**DEPARTMENT OF HEALTH AND  
 HUMAN SERVICES**

**Centers for Disease Control and  
 Prevention**

[30Day-17-16ATI]

**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**

Development of CDC’s Act Against AIDS Social Marketing Campaigns Targeting Consumers—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP, Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

In an effort to refocus attention on domestic HIV and AIDS, CDC launched the Act Against AIDS (AAA) initiative in 2009 with the White House and the U.S. Department of Health and Human Services. AAA is a multifaceted national communication initiative that supports reduction of HIV incidence in the U.S. through multiple, concurrent communication and education campaigns for a variety of audiences including, the general public populations most affected by HIV and health care providers. The campaigns target consumers 18-64 years old and include the following audiences: (1) Men who have sex with men (MSM) of all races; (2) Blacks/African Americans; (3) Hispanics/Latinos; (4) Transgender individuals; (5) HIV-positive individuals; and (6) national audience

of all races. All campaigns support the comprehensive HIV prevention efforts of CDC and the National HIV/AIDS Strategy (NHAS).

The goal of this study is to qualitatively test messages and materials that will be used in specific HIV social marketing campaigns under the AAA initiative that target consumers in order to increase HIV testing rates, increase HIV awareness and knowledge, challenge commonly held misperceptions about HIV, and promote HIV prevention and risk reduction. The intended use of the resulting data is for CDC to revise and/or develop timely, relevant, clear, and engaging materials for these social marketing campaigns.

Qualitative methods will be used to collect the data include focus groups, intercept interviews, and in-depth interviews. Qualitative methods provide flexible in-depth exploration of the participants’ perceptions and experience; and the interviews yield descriptions in the participants’ own words. Qualitative methods also allow the interviewer flexibility to pursue relevant and important issues as they arise during the discussion.

The participants will also participate in a brief 15-minute brief survey. Data collected by the brief survey will provide a source of quantitative data supplementing the qualitative data collected during the interviews. The brief survey will be administered to participants before the individual in-depth interview and focus group. The survey will collect basic background information about the participants’ knowledge, attitudes and beliefs about HIV, HIV testing behaviors, risk behaviors and demographics to enable us to more fully describe the participants.

There is no cost to participants other than their time. The total estimated annualized burden hours are 2,063.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Individuals (males and females) aged 18-64.	Study screener .....	2338	1	2/60
	Exploratory—HIV Testing In-depth Interview Guide .....	74	1	1
	Exploratory—HIV Prevention In-depth Interview Guide .....	74	1	1
	Exploratory—HIV Communication and Awareness In-depth Interview Guide.	74	1	1
	Exploratory—HIV Prevention with Positives In-depth Interview Guide.	74	1	1
	Consumer Message Testing In-depth Interview Guide .....	68	1	1
	Consumer Concept Testing In-depth Interview Guide .....	68	1	1
	Consumer Materials Testing In-depth Interview Guide .....	68	1	1
	Exploratory—HIV Testing Focus Group Interview Guide .....	74	1	2
	Exploratory—HIV Prevention Focus Group Interview Guide	74	1	2

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
	Exploratory—HIV Communication and Awareness Focus Group Interview Guide.	74	1	2
	Exploratory—HIV Prevention with Positives Focus Group Interview Guide.	74	1	2
	Consumer Concept Testing Focus Group Interview Guide ...	68	1	2
	Consumer Message Testing Focus Group Interview Guide ..	68	1	2
	Consumer Materials Testing Focus Group Interview Guide ..	68	1	2
	HIV Testing Survey .....	250	1	15/60
	HIV Prevention Survey .....	250	1	15/60
	HIV Communication and Awareness Survey .....	250	1	15/60
	HIV Prevention with Positives Survey .....	250	1	15/60
	Intercept Interview Guide .....	700	1	20/60

**Leroy A. Richardson,**  
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 Office of Scientific Integrity, Office of the  
 Associate Director for Science, Office of the  
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 Prevention.*

[FR Doc. 2016–30408 Filed 12–16–16; 8:45 am]

BILLING CODE 4163–18–P

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**Proposed Project**

Developing Effective Messages about Excessive Alcohol Consumption: Formative Focus Groups with Adult Drinkers and Abstainers—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Excessive alcohol use, including binge drinking, is responsible for approximately 88,000 deaths in the U.S. annually—including one in 10 deaths among working-age adults ages 20–64. On average, for each death due to alcohol, an individual’s life is cut short by 30 years. Excessive alcohol use can also lead to motor vehicle crashes; intimate partner violence; and risky sexual behaviors, increasing the risk of HIV, other sexually transmitted infections, and unintended pregnancy. Over time, excessive alcohol use can lead to alcohol dependence, liver disease, high blood pressure, heart attack, stroke, and certain kinds of

cancer. Furthermore, in 2010, excessive alcohol use cost the United States government \$249 billion, or \$2.05 per drink.

Binge drinking (defined as four or more drinks on an occasion for women or five or more drinks on an occasion for men) accounts for more than half of the deaths and three-quarters of the economic costs of excessive drinking. More than 38 million U.S. adults binge drink about four times a month, averaging eight drinks per binge. However, most (90%) binge drinkers are not alcohol dependent, presenting an opportunity for prevention through messages that improve voluntary compliance with recommended guidelines. States and communities can prevent binge drinking by supporting evidence-based strategies, such as those recommended by the Community Preventive Services Task Force; however, these strategies are underused. Understanding the type of information and messages that the larger community—those who drink but not excessively or abstain from drinking in addition to those who engage in binge drinking—respond to will be essential in developing the communication strategy for future outreach.

CDC plans to collect information needed to improve understanding of current knowledge, perceptions, and attitudes related to excessive alcohol consumption. Respondents will be 72 adults ages 21–64 years who agree to participate in focus group discussions of about 1.5 hours each. A total of 12 focus groups are planned in three geographically diverse locations with appropriate facilities (four focus groups per location). Each focus group will involve six respondents and will be guided by a professional moderator. Through an initial screening process, CDC will also collect the information needed to assess knowledge,