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Associate Director for Science, Office of the
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Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number CDC-2018-0006, NIOSH-
306]

Draft—National Occupational Research Agenda for Services

AGENCY: National Institute for
Occupational Safety and Health
(NIOSH) of the Centers for Disease
Control and Prevention (CDC),
Department of Health and Human
Services (HHS).

ACTION: Request for comment.

SUMMARY: The National Institute for
Occupational Safety and Health of the
Centers for Disease Control and
Prevention announces the availability of
a draft NORA Agenda entitled *National
Occupational Research Agenda for
Services* for public comment. To view
the notice and related materials, visit
<https://www.regulations.gov> and enter
CDC-2018-0006 in the search field and
click “Search.”

Table of Contents

- DATES
- ADDRESSES
- FOR FURTHER INFORMATION
CONTACT
- SUPPLEMENTARY
INFORMATION:
- Background

DATES: Electronic or written comments
must be received by March 30, 2018.

ADDRESSES: You may submit comments,
identified by CDC-2018-0006 and
docket number NIOSH-306, by any of
the following methods:

- *Federal eRulemaking Portal:*
<https://www.regulations.gov>. Follow the
instructions for submitting comments.
- *Mail:* National Institute for
Occupational Safety and Health, NIOSH
Docket Office, 1090 Tusculum Avenue,
MS C-34, Cincinnati, Ohio 45226-1998.

Instructions: All submissions received
in response to this notice must include
the agency name and docket number
[CDC-2018-0006; NIOSH-306]. All
relevant comments received will be
posted without change to [https://
www.regulations.gov](https://www.regulations.gov), including any

personal information provided. For
access to the docket to read background
documents or comments received, go to
<https://www.regulations.gov>. All
information received in response to this
notice will also be available for public
examination and copying at the NIOSH
Docket Office, 1150 Tusculum Avenue,
Room 155, Cincinnati, OH 45226-1998.

FOR FURTHER INFORMATION CONTACT:

Emily Novicki (*NORACoordinator@
cdc.gov*), National Institute for
Occupational Safety and Health, Centers
for Disease Control and Prevention,
Mailstop E-20, 1600 Clifton Road NE,
Atlanta, GA 30329, phone (404) 498-
2581 (not a toll free number).

SUPPLEMENTARY INFORMATION: The
National Occupational Research Agenda
(NORA) is a partnership program
created to stimulate innovative research
and improved workplace practices. The
national agenda is developed and
implemented through the NORA sector
and cross-sector councils. Each council
develops and maintains an agenda for
its sector or cross-sector.

Background: The National
Occupational Research Agenda for
Services is intended to identify the
research, information, and actions most
urgently needed to prevent occupational
illnesses and injuries in the Services
sector. The National Occupational
Research Agenda for Services provides
a vehicle for stakeholders to describe
the most relevant issues, gaps, and
safety and health needs for the sector.
Each NORA research agenda is meant to
guide or promote high priority research
efforts on a national level, conducted by
various entities, including: Government,
higher education, and the private sector.

The first National Occupational
Research Agenda for Services was
published in 2009 for the second decade
of NORA (2006-2016) and updated in
2013 and 2015. This draft is an updated
agenda for the third decade of NORA
(2016-2026). The revised agenda was
developed considering new information
about injuries and illnesses, the state of
the science, and the probability that
new information and approaches will
make a difference. As the steward of the
NORA process, NIOSH invites
comments on the draft *National
Occupational Research Agenda for
Services*. Comments expressing support
or with specific recommendations to
improve the Agenda are requested. A
copy of the draft Agenda is available at

<https://www.regulations.gov> (search
Docket Number CDC-2018-0006).

John Howard,

Director, National Institute for Occupational
Safety and Health, Centers for Disease Control
and Prevention.

[FR Doc. 2018-01509 Filed 1-26-18; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-18-1078]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork
Reduction Act of 1995, the Centers for
Disease Control and Prevention (CDC)
has submitted the information
collection request titled Public Health
Associate Program (PHAP) Alumni
Assessment to the Office of Management
and Budget (OMB) for review and
approval. CDC previously published a
“Proposed Data Collection Submitted
for Public Comment and
Recommendations” notice on October
10, 2017 to obtain comments from the
public and affected agencies. CDC did
not receive comments related to the
previous notice. This notice serves to
allow an additional 30 days for public
and affected agency comments.

CDC will accept all comments for this
proposed information collection project.
The Office of Management and Budget
is particularly interested in comments
that:

(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*. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

Public Health Associate Program (PHAP) Alumni Assessment (OMB Control No. 0920-1078, Exp. 08/31/2018)—Revision—Office for State, Tribal Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) works to protect America from health, safety and security threats, both foreign and in the U.S. CDC strives to fulfill this mission, in part, through a competent and capable public health workforce. One mechanism to developing the public health workforce is through training programs like the Public Health Associate Program (PHAP).

The mission of PHAP is to train and provide experiential learning to early career professionals who contribute to the public health workforce. PHAP targets recent graduates with bachelors or masters degrees who are beginning a career in public health. Each year, a new cohort of up to 200 associates is enrolled in the program. Associates are CDC employees who complete two-year assignments in a host site (*i.e.*, a state, tribal, local, or territorial health department or non-profit organization).

Host sites design their associates' assignments to meet their agency's unique needs while also providing on-the-job experience that prepare associates for future careers in public health. At host sites, associates are mentored by members of the public health workforce (referred to as "host site supervisors"). PHAP's goal is that alumni will seek employment within the public health system (*i.e.*, federal, state, tribal, local, or territorial health agencies, or non-governmental organizations), focusing on public health, population health, or health care.

Efforts to systematically evaluate PHAP began in 2014 and continue to date. Evaluation priorities focus on continuously learning about program processes and activities to improve the program's quality and documenting program outcomes to demonstrate impact and inform decision making about future program direction.

The purpose of this ICR is to collect information from two key stakeholder groups (host site supervisors and alumni) via two distinct surveys. The information collected will enable CDC to; a) learn about program processes and activities to improve the program's quality, and b) document program outcomes to demonstrate impact and inform decision making about future program direction. The results of these surveys may be published in peer reviewed journals and/or in non-scientific publications such as practice reports and/or fact sheets. The revision includes the following adjustments: Expansion from one data collection instrument to two. Specifically, rather than just collect information from PHAP Alumni to learn of career progression and achievements post-PHAP, the revised ICR will also include the collection of information from PHAP

host site supervisors, another important stakeholder group. Data collected from this group of respondents will assess host site supervisors' perspectives of PHAP's value to their agencies and gather suggestions for improvement to ensure the program is most effective in facilitating a meaningful host site experience (and overall PHAP experience) for all involved. Together, data from these two stakeholder groups will inform improvements to PHAP and document evidence of quality and value in a more comprehensive way. The second adjustment to this ICR is a name change from "Public Health Associate Program (PHAP) Alumni Assessment" to "Public Health Associate Program (PHAP): Assessment of Quality and Value."

The respondent universe is comprised of PHAP host site supervisors and PHAP alumni. Both surveys will be administered electronically; a link to the survey websites will be provided in the email invitation. The PHAP Host Site Supervisor survey will be deployed every year to all active PHAP host site supervisors. The total estimated burden is 20 minutes per respondent per survey.

The PHAP Alumni Survey will be administered at three different time points (1 year post-graduation, 3 years post-graduation, and 5 years post-graduation) to PHAP alumni. Assessment questions will remain consistent at each administration (*i.e.*, 1 year, 3 years, or 5 years post-PHAP graduation). The language, however, will be updated for each survey administration to reflect the appropriate time period. The total estimated burden is 8 minutes per respondent per survey. The total annualized estimated burden is 213 hours. There are no costs to respondents except their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
PHAP Host Site Supervisors	PHAP Host Site Supervisor Survey	400	1	20/60
PHAP Alumni	PHAP Alumni Survey	600	1	8/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Continued Use of the Low Income Home Energy Assistance Program (LIHEAP) Performance Data Form (LPDF).

OMB No.: 0970-0449.

Description: In response to the 2010 Government Accountability Office (GAO) report, *Low Income Home Energy Assistance Program—Greater Fraud Prevention Controls are Needed* (GAO-10-621), and in consideration of the recommendations issued by the Low Income Home Energy Assistance Program (LIHEAP) Performance Measures Implementation Work Group, the Office of Community Services (OCS) required the collection and reporting of the new performance measures by state LIHEAP grantees and the District of Columbia. Office of Management and Budget (OMB) approved the LIHEAP Performance Data Form (LPDF) in November 2014 (OMB Clearance No. 0970-0449) which expired on October 31, 2017. The LPDF provides for the collection of the following LIHEAP performance measures which are considered to be developmental as part of the Form.):

1. The benefit targeting index for high burden households receiving LIHEAP fuel assistance;
2. The burden reduction targeting index for high burden households receiving LIHEAP fuel assistance;
3. The number of instances where LIHEAP prevented a potential home energy crisis; and
4. The number of instances where LIHEAP benefits restored home energy.

All State LIHEAP grantees and the District of Columbia are required to complete the LPDF data through the Administration for Children and Families' web-based, data collection and reporting system, the Online Data Collection (OLDC) which is available at <https://home.grantsolutions.gov/home>. The reporting requirements will be described through OLDC.

The previously OMB-approved *LIHEAP Grantee Survey* on sources and uses of LIHEAP funds was added in 2014 to the LPDF in addition to the LIHEAP performance data. No substantive changes are being proposed for this data collection activity. A sample of the draft form is available for viewing here: <https://www.acf.hhs.gov/ocs/resource/funding-applications>.

Module 1. LIHEAP Grantee Survey (Required Reporting)

Module 1 of the LPDF will continue to require the following data from each state for the federal fiscal year:

- Grantee information,
- sources and uses of LIHEAP funds,
- average LIHEAP household benefits, and
- maximum income cutoffs for 4-person households for each type of LIHEAP assistance provided by each grantee for the fiscal year.

Module 2. LIHEAP Performance Measures (Required Reporting)

Module 2 of the LPDF will continue to require the following data from each state for the federal fiscal year:

- Grantee information,
- energy burden targeting,
- restoration of home energy service, and
- prevention of loss of home energy.

Module 3. LIHEAP Performance Measures (Optional Reporting)

Module 3 of the LPDF will continue to voluntarily collect the following additional information from each interested grantee for the federal fiscal year:

- Average annual energy usage,
- Unduplicated number of households using supplemental heating fuel and air conditioning,
- Unduplicated number of households that had restoration of home energy service, and

- Unduplicated number of households that had prevention of loss of home energy.

Based on the data collected in the LPDF:

- ACF will provide reliable and complete LIHEAP fiscal and household data to Congress in the Department's annual *LIHEAP Report to Congress*.

• ACF will calculate LIHEAP performance measures and report the results through the annual budget development process and in LIHEAP's annual Congressional Justification (CJ) under the Government Performance and Results Act of 1993.

- ACF and grantees will be informed about the impact LIHEAP has with respect to LIHEAP households' home energy burden (the proportion of their income spent towards their home heating and cooling bills), including information on the difference between the average recipient and high burden recipients, restoring home energy service, and preventing loss of home energy service.

• ACF will be able to respond to questions on sources and uses of LIHEAP funds from the Congress, Department, OMB, White House, and other interested parties in a timely manner.

• LIHEAP grantees will be able to compare their own results to the results for other states, as well as to regional and national results, through the Data Warehouse of the LIHEAP Performance Management website as they manager their programs.

ACF published a **Federal Register** notice on October 11, 2017 soliciting 60 days of public comment on the renewal of the LIHEAP Performance Data Form without any changes and the continuation of requiring State grantees and the District of Columbia to collection the data collection annually. No comments were received during this timeframe.

Respondents: 50 State LIHEAP Grantees plus the District of Columbia LIHEAP Grantee are the direct respondents.

The table below shows the estimated annual reporting burden for the LPDF. These estimates are based on a small number of interviews with grantees.