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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-23-22CB]

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 “Assessment for the *Get Ahead of Sepsis (GAOS)* Consumer and Healthcare Professional Campaign” 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 January 31, 2022, to obtain comments from the public and affected agencies. CDC received two 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 agency 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. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. 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

Assessment for the Get Ahead of Sepsis (GAOS) Consumer and Healthcare Professional Campaign—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Sepsis is a life threatening emergency, and it is the body’s overactive and toxic response to an infection. Each year 1.7 million adults in the United States develop sepsis, with 270,000 fatalities. Sepsis is the leading cause of death in hospitals and one out of three hospital fatalities are due to sepsis infection. Sepsis management in U.S. hospitals is the highest when compared to inpatient cost for all other medical conditions. Annual costs are estimated to be over \$62 billion.

In media and public health campaigns, antimicrobial resistance and sepsis are rarely presented together which does not make their linkage apparent. It has been concluded that sepsis and antimicrobial stewardship should not be discussed in isolation. Surprisingly, 24% of adults in the U.S.

have never heard of sepsis, so this presents a unique opportunity for future messaging campaigns.

The goals of the Get Ahead of Sepsis (GAOS) educational campaign are to prevent and reduce infections that lead to sepsis and to optimize healthcare quality and patient safety by raising awareness, knowledge, and motivating behavior change related to sepsis prevention, early recognition, and appropriate treatment among consumer and healthcare professional (HCP) audiences. A panel survey will be utilized to recruit participants. Surveys will be distributed to consumer audiences and HCPs both before and after the media campaign and partner outreach.

Consumer audiences include:

- (1) Cancer patients and their caregivers,
- (2) Patients who survived severe COVID-19 or sepsis and their caregivers,
- (3) Parents of children 12 and younger,
- (4) Adults who care for a family member age 65+,
- (5) Men aged 65+ with one or more chronic conditions, and
- (6) Healthy adults 65+

HCP audiences include:

- (1) Emergency Medical Services personnel,
- (2) Nurse Practitioners and Physician Assistants who work at urgent care clinics,
- (3) Emergency Department triage nurses,
- (4) General medical ward staff,
- (5) Primary care physicians,
- (6) Long-term care (LTC) nurses, and
- (7) LTC medical technicians and sitters.

This program evaluation will assist CDC in determining if the GAOS media campaign, along with partner outreach, was successful in raising knowledge and awareness and motivating behavior change among consumer and HCP audiences in select markets. The information gathered from this evaluation will also be used to inform refinement and implementation of the campaign (materials and tactics).

CDC requests OMB approval for an estimated 1366 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Consumers	GAOS Consumer Pre-Campaign web survey	945	1	20/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Consumers	GAOS Consumer	945	1	20/60
	Post-Campaign web survey			
HCPs	GAOS HCP	1103	1	20/60
	Pre-Campaign web survey			
HCPs	GAOS HCP	1103	1	20/60
	Post-Campaign web survey			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget Review; Human Trafficking Youth Prevention Education Demonstration Grant Program Process Evaluation (New Collection)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Planning, Research, and Evaluation (OPRE), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), in collaboration with the Office on Trafficking in Persons (OTIP), is proposing a new data collection activity for the Human Trafficking Youth Prevention Education (HTYPE) Demonstration Grant Program Process Evaluation. The process evaluation will explore whether the program is being implemented as intended, describe the successes and barriers that have been encountered, and highlight the changes that may be needed to support program implementation.

DATES: *Comments due within 30 days of publication.* The Office of Management and Budget (OMB) must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. You can also obtain copies of the proposed collection of information by emailing opreinfocollection@acf.hhs.gov. All emailed requests should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The goal of the HTYPE Demonstration Grant Program is to support local educational agencies (LEA) to partner with a nonprofit or Non-Governmental Organization to build the capacity of schools to provide skills-based human trafficking prevention education for educators, other staff, and students, and to establish a Human Trafficking School Safety Protocol (HTSSP) that addresses the safety, security, and well-being of staff and students. Eight HTYPE Demonstration Program project grants were awarded in September 2020, with a period of performance of 36 months.

The purpose of the proposed information collection is to investigate

and document how HTYPE projects approach and accomplish the goals of the HTYPE Demonstration Grant Program, inform ACF’s efforts to support human trafficking prevention education in schools, and inform future evaluation efforts.

The proposed information collection activities include:

(1) One-time, semi-structured interviews or focus groups with trained LEA staff and implementers at select schools from each grant recipient site. Interviews/focus groups will include questions focused on implementation models, participant and implementer engagement, and implementation facilitators and barriers.

(2) One-time, semi-structured interviews with school staff related to the process and implementation of the HTSSP at select schools from each grant recipient site.

(3) One-time web survey with school administrators, which will include questions focused on school context and engagement, training mandates, implementation models, and implementation facilitators and barriers.

(4) One-time web survey with school staff tasked with implementing the HTYPE curriculum, which will include questions focused on educator training, student curriculum implementation models and quality, participant and implementer engagement, and implementation facilitators and barriers.

Respondents: LEA staff who have been involved in the HTYPE demonstration programs, including school leadership/administrators, curriculum implementers, and staff who have received human trafficking training.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Avg. burden per response (in hours)	Total/annual burden (in hours)
HTYPE Training Implementation Interview/Focus Group Guide	192	1	1.5	288
HTYPE HTSSP Walk-Through Guide	24	1	.75	18