MACDP) to identify cases and study birth defects causes in participating states/municipalities across the United States.

The current study, BD–STEPS, is a case-control study that is similar to the previous CDC-funded birth defects case-control study, NBDPS, which stopped interviewing participants in 2013. As with NBDPS, BD–STEPS control infants are randomly selected from birth certificates or birth hospital records; mothers of case and control infants are interviewed using a computer-assisted telephone interview.

The results from NBDPS have improved understanding of the causes of birth defects. Over 200 articles have been written in professional journals using the data from NBDPS, and BD–STEPS data will soon be added to NBDPS data for analysis. The current BD–STEPS revision is a change in proposed data collection. Specifically, the study will not ask BD–STEPS participants to participate in saliva collection as originally planned, but we will add an opportunity for some participants to respond to an online questionnaire, and we will also ask some participants for permission to retrieve newborn bloodspots.

The BD–STEPS interview takes approximately forty-five minutes to complete. A maximum of 275 interviews are planned per year per center, 200 cases and 75 controls. With seven centers planned, the maximum interview burden for all centers combined would be approximately 1,444 hours. Mothers in five of the seven BD–STEPS Centers will also be asked to provide consent for the study to access previously collected infant bloodspots. It takes approximately 15 minutes to read, sign and return the informed consent for retrieval of bloodspots. Finally, the newly planned online questionnaire will be offered to approximately one third of participants who report certain occupations during the telephone interview; these participants will be asked to complete additional occupational questions via a Web site which will take approximately 15 minutes to answer.

Information gathered from both the interviews and the Deoxyribonucleic acid specimens has been and will continue to be used to study independent genetic and environmental factors as well as gene-environment interactions for a broad range of carefully classified birth defects.

This request is submitted to revise the previously estimated burden details and to request OMB clearance for three additional years. The total estimated annual burden hours are 1,949.

There are no costs to the respondents other than their time.

ESTIMATES OF ANNUALIZED BURDEN HOURS

Respondents	Activity	Number of respondents	Number of responses per respondent	Average burden per response (In hours)	Total burden hours
Mothers (interview)	Telephone consent and BD–STEPS questionnaire.	1,925	1	45/60	1,444
Mothers (consent for bloodspot retrieval).	Written consent for bloodspot retrieval.	1,375	1	15/60	344
Mothers (online occupational questionnaire).	Online Occupational Questionnaire	642	1	15/60	161
TOTAL					1,949

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. 2015–03245 Filed 2–17–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–15–15NS]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404–639–7570 or send comments to Leroy A. Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. 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; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information. Written comments should be received within 60 days of this notice.

Proposed Project

CDC Prevention Status Reports: Non-Government User Satisfaction and Impact—New—Office for State, Tribal Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2011, CDC Director Dr. Thomas R. Frieden commissioned OSTLTS with creating and disseminating the Prevention Status Reports (PSRs). The PSRs highlight the status of public health policies and practices designed to prevent or reduce ten important public health problems and concerns, including Excessive Alcohol Use; Food Safety; Healthcare-Associated Infections; Heart Disease and Stroke; HIV; Motor Vehicle Injuries, Nutrition; Physical Activity, and Obesity; Prescription Drug Overdose, Teen Pregnancy, and Tobacco Use.

CDC is requesting a three-year approval for a generic clearance to conduct a one-time assessment of non-governmental recipients and users of the PSRs, to determine its reach, usefulness, and impact. The goal of the assessment is to determine the extent to which the PSRs support planning and decision-making about strategies to improve public health and lead to specific actions intended to increase the use of evidence-based and expert-recommended public health policies and practices. Based on findings from the data collection, OSTLTS may make additional modifications to the PSRs, augment the PSRs with additional supporting products, and/or enhance communication and dissemination efforts. Data will be collected through a web-based questionnaire. An email invitation with a link to the online questionnaire will be sent to a convenience sample consisting of: (1) Randomly selected subscribers to PSR email updates and (2) staff from key non-governmental partner organizations that were targeted by CDC for the initial public dissemination of the PSRs in January 2014. The invitation will be sent to a total of 1,995 potential respondents.

Prior assessments of the PSRs have been conducted of governmental staff only. Non-government staffs are also critical stakeholders and users of the PSRs. Their input is necessary to ensure a complete and accurate assessment of the PSRs from the perspective of all potential users.

Assessment data will ultimately be used to understand the extent PSR recipients report that they are satisfied with the quality of the PSRs and actions they are taking to advance evidence-based and expert-recommended policies and practices due to the PSRs. For example, it is unknown to what extent the PSRs are being used to support planning and decision-making about public health priorities and whether or not modifications would make them more useful. Findings will also be used to develop manuscripts to submit for publication in peer-reviewed journals focused on assessment and public health practice. For example, user descriptions of how the PSRs are being used effectively to stimulate efforts to improve public health policies and practices would be important information to share with the public health field. There is no cost to participants other than their time. The estimated annualized burden hours for this data collection activity are 499 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avgerage burden per response (in hrs.)	Total burden (in hrs.)
Non-government PSR recipients	PSR Online Assessment	1,995	1	15/60	499
Total					499

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. 2015–03247 Filed 2–17–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–15–1500]

Proposed Data Collections Submitted for Public Comment and Recommendations

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