

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-12-0493]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 and send comments to Kimberly Lane, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov).

*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; and (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. Written comments should be received within 60 days of this notice.

**Proposed Project**

2013 and 2015 National Youth Risk Behavior Surveys (YRBS)(OMB No. 0920-0493)—Reinstatement with change—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The purpose of this request is to obtain OMB approval to reinstate with change, the data collection for the National Youth Risk Behavior Survey (YRBS), a school-based survey that has been conducted biennially since 1991. OMB approval for the 2009 YRBS and 2011 YRBS expired November 30, 2011 (OMB no. 0920-0493). CDC seeks a three-year approval to conduct the YRBS in Spring 2013 and Spring 2015. Minor changes incorporated into this reinstatement request include: An updated title for the information collection to accurately reflect the years in which the survey will be conducted and minor changes to the data collection instrument.

The YRBS assesses priority health risk behaviors related to the major

preventable causes of mortality, morbidity, and social problems among both youth and young adults in the United States. Data on health risk behaviors of adolescents are the focus of approximately 65 national health objectives in Healthy People 2020, an initiative of the U.S. Department of Health and Human Services (HHS). The YRBS provides data to measure 20 of the health objectives and 1 of the Leading Health Indicators established by Healthy People 2020. In addition, the YRBS can identify racial and ethnic disparities in health risk behaviors. No other national source of data measures as many of the Healthy People 2020 objectives addressing adolescent health risk behaviors as the YRBS. The data also will have significant implications for policy and program development for school health programs nationwide.

In Spring 2013 and Spring 2015, the YRBS will be conducted among nationally representative samples of students attending public and private schools in grades 9-12. Information supporting the YRBS also will be collected from state-, district-, and school-level administrators and teachers. The table below reports the number of respondents annualized over the 3-year project period.

There are no costs to respondents except their time. The total estimated annualized burden hours are 6,215.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State Administrators .....	State-level Recruitment Script for the Youth Risk Behavior Survey.	17	1	30/60	8
District Administrators .....	District-level Recruitment Script for the Youth Risk Behavior Survey.	80	1	30/60	40
School Administrators .....	School-level Recruitment Script for the Youth Risk Behavior Survey.	133	1	30/60	67
Teachers .....	Data Collection Checklist for the Youth Risk Behavior Survey.	400	1	15/60	100
Students .....	Youth Risk Behavior Survey .....	8,000	1	45/60	6,000
Total Burden .....	.....	.....	.....	.....	6,215

**Kimberly Lane,**

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[FR Doc. 2012-4553 Filed 2-24-12; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-12-12EK]

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#### Proposed Project

Process and Intermediate Outcome Evaluation of "Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-Wide Initiatives"—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

In 2010, among Western industrialized nations, the United States had the highest rate of births among teens ages 15-19 years. Although the evidence strongly suggests that teenage pregnancy is a multifaceted problem stemming from interrelated internal and external factors, pregnancy prevention programs have typically focused on one factor (e.g., sex education or abstinence

education). Several recent reviews have emphasized that multi-component approaches to teen pregnancy prevention, which are implemented at the local level, may offer the greatest potential in teenage pregnancy prevention. Multi-component approaches may include a combination of clinic services, sexuality education programs, job readiness training, academic tutoring, mentoring, and life skills training.

In his budget for Fiscal Year (FY) 2010, President Obama proposed a new Teenage Pregnancy Prevention (TPP) Initiative to address the high teen pregnancy and birth rates by replicating evidence-based models and testing innovative strategies. On December 16, 2009, the President signed the Consolidated Appropriations Act, 2010 (Pub. L. 111-117). Division D Title II of the Act provides \$110,000,000 for making competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy. It also includes some of the Federal costs associated with administering and evaluating such projects.

As part of this initiative, CDC released two funding opportunity announcements (FOAs) related to innovative evidence-based teenage pregnancy prevention programs: (1) DP10-1009, Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies Through Community-Wide Initiatives and (2) DP10-1025, Reducing Teen Pregnancy Through Family Planning: Integrating Services, Programs, and Strategies Through Community-Wide Initiatives. CDC is currently providing funding to nine state and community awardees, and five national organizations, to examine innovative, evidence-based teenage pregnancy prevention programs. Efforts are focused in communities with high rates of teen pregnancy in underserved African American and Latino youth. Components of these efforts include (1) implementing evidence-based or evidence-informed prevention programs; (2) linking teens to quality health services; (3) educating stakeholders (parents, community leaders, and other constituents) about relevant evidence-based or evidence-informed strategies to reduce teen pregnancy; and (4) supporting the sustainability of the community-wide teen pregnancy prevention effort through capacity building and improved coordination of services.

Upon receiving OMB approval, CDC proposes to collect the information needed to conduct a process and

intermediate outcome evaluation of these efforts for the next three years of this five year TPP initiative. Using a repeat cross-sectional design, the information collection and evaluation plan will systematically document capacity building within funded communities over time and the extent to which communities implemented multi-component, community-wide initiative activities as planned. Respondents for the nine state and community awardees will include the project director/coordinator for each site, evaluators, and other program staff. In addition, to gain a variety of perspectives, information will be requested from multiple community and clinical partners associated with each state or community awardee (e.g., program implementers and core advisory group members). Information collected from these respondents will include needs assessments and selected costs of participating in the TPP initiative. Finally, CDC will collect information about the training and technical assistance needs of state and community awardees, and national organizations, which have been funded to support community-wide TPP activities.

Specifically, the following information will be collected: the needs of nine project directors/coordinators will be assessed; the estimated burden for this yearly assessment is 7 hours. Fifty state and community awardees with submit yearly progress towards meeting performance measures; the estimated burden for this yearly assessment is 200 hours. The needs of fifty staff members will be assessed; the estimated burden for this yearly assessment is 38 hours. Training and technical assistance from 50 state and community awardees will be assessed; the estimated burden for this as-needed assessment is 600 hours. The costs of 50 staff members will be assessed; the estimated burden for this as needed assessment is 125 hours. The training and technical assistance provided by 15 national organization awardee staff members will be assessed; the estimated burden for this as needed assessment is 180 hours. The needs of 50 clinical providers will be assessed; the estimated burden for this yearly assessment is 50 hours. The needs of 100 program implementation partners will be assessed; the estimated burden for this yearly assessment is 75 hours. The costs of 150 community and clinical partner participants will be