basis. Second, topic specific modules contain questions to produce data that are needed on a regular basis but are not needed annually. Each individual topic specific modules will be administered in addition to the core survey on a revolving annual schedule. The goals of the revised data collection instrument are to: (1) Improve NISVSS data quality, (2) increase our response rates, (3) decrease the breakoff rates, (4) and to reduce the burden on the respondents.

In this period of field testing, a total of 36,000 households will be screened. After determining eligibility and consent, 10,000 will complete the survey. The average burden per screened respondent remains at 3 minutes (total burden in hours equals 1,800) while the average burden per surveyed respondent is 25 minutes (total burden in hours equals 4,166). The survey will be conducted among English or Spanish speaking male and female adults (18 years and older) living in the United States. There are no costs to respondents to participate other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of responses	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Households	NISVSS 2013 Test Instrument (screened).	36,000	1	3/60	1,800
	NISVSS 2013 Test Instrument (surveyed).	10,000	1	25/60	4,166
Total					5,966

Dated: December 13, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–13–0650]

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 or send comments to Ron Otten, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an email to *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

Prevention Research Centers Program National Evaluation Reporting System (OMB No. 0920–0650, exp. 6/30/2013)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Prevention Research Centers (PRC) Program was established by Congress through the Health Promotion and Disease Prevention Amendments of 1984. CDC manages the PRC Program and currently provides funding to PRC grantees that are housed within schools of public health, medicine or osteopathy. Awards are made for five years and may be renewed through a competitive application process. PRCs conduct outcomes-oriented health promotion and disease prevention research on a broad range of topics using a multi-disciplinary and community-based approach. Research projects involve state and local health departments, health care providers, universities, community partners, and other organizations. PRCs collaborate with external partners to assess community health priorities; identify research priorities; set research agendas; conduct research projects and related activities such as training and technical assistance; and disseminate research results to public health practitioners, researchers, and the general public. Each PRC receives an approximately equal amount of funding from CDC to establish its core capacity and support a core research project as well as training and evaluation activities. Research foci reflect each PRC's area of expertise and the needs of the community. Health disparities and goals outlined in *Healthy People 2020* are a particular emphasis for most PRC core research.

CDC is currently approved to collect performance information from PRCs through a web-based survey and telephone interview (OMB #0920–0650, exp. 6/30/2013). The web-based survey is designed to collect information on the PRCs' collaborations with health departments; formal training programs and other training activities; and other funded prevention research projects conducted separately from their core research. A structured telephone interview with a key PRC informant obtains information on systems and environmental changes in which PRCs are involved. The content of the information collection is guided by a set of performance indicators developed (2002) and later revised (2009) in collaboration with the PRCs.

CDC will request OMB approval to continue collecting performance information from PRCs for three years, with some changes. In this revision, CDC requests OMB approval to (1) continue using a web-based survey and telephone interview for data collection, (2) change the platform of the web-based

survey, (3) decrease the data collection burden for each PRC by decreasing the number of questions collected on an annual basis, and (4) revise some questions for clarity or to reflect the current needs and priorities of the program.

CDC will continue to use the information reported by PRCs to identify training and technical assistance needs, respond to requests for information from Congress and other sources, monitor grantees' compliance with cooperative agreement requirements, evaluate progress made in achieving goals and objectives, and describe the impact and effectiveness of the PRC Program.

There is no change in the number of respondents (37). Each PRC program will report the required information to CDC once per year. The estimated burden per response for the web-based survey will decrease from six hours to five hours, and the estimated burden per response for each telephone interview will decreased from one hour to 30 minutes. There are no costs to respondents other than their time.

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)
PRC Program	Survey	37	1	5	185
	Telephone Interview	37	1	30/60	19
Total					204

Dated: December 13, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–13–12PS]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call (404) 639–7570 or send an email to *omb@cdc.gov.* Send written comments to 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

Evaluation of the Get Yourself Tested (GYT) Campaign—New—National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this data collection is to evaluate the reach and impact of the *GYT: Get Yourself Tested* campaign. Evaluation of *GYT* will be based on data collected from 4000 young adults. The data will be collected through a 30-minute, web-based survey. Data from the survey will then be quantitatively evaluated to determine the reach and impact of the *GYT: Get Yourself Tested* campaign.

This information needs to be collected in order to evaluate whether the *GYT: Get Yourself Tested* campaign is reaching the appropriate target audience, identify messages the audience is taking away from *GYT;* determine whether individuals who saw the *GYT* campaign are more likely to engage in target behaviors and their mediators; and determine whether perceived norms around testing, treatment, and sexual health vary between people who have seen the campaign and those who have not. The information obtained from the proposed data collection will be used by CDC to improve, update and decide whether to continue the *GYT* campaign and to determine whether *GYT* is able or unable to impact norms and behaviors related to STD testing. It will also be used to inform future efforts to communicate with the public about STD/HIV testing.

Because the *GYT* campaign targets young adults and minority youth, populations with higher rates of STD/HIV than the general population, it is essential to examine the effectiveness of this communication to determine whether this campaign is addressing these high STD/HIV rates. If the campaign is not evaluated, there will be no evidence-based criteria which can be used to guide the future of the campaign. Additionally, future efforts to communicate with the public and providers about STD/HIV issues will be hampered by the lack of evidence of this campaign's effectiveness.

CDC, National Association of City and County Health Officials (NACCHO) and Knowledge Networks will disseminate the study results to the public through reports prepared for/by CDC, NACCHO and Knowledge Networks and through peer-reviewed journal articles and related presentations. All releases of information will be reviewed and approved by CDC and partner organizations involved with GYT.

This evaluation study will rely on a Web-based survey to be self-administered at home or at work on personal computers. Using the existing research panel as a population from which to draw a sample of participants has many advantages. First, because the panel is already recruited, consented, and familiar with the technology, there is no burden of recruitment and introduction to the survey method. This saves a great deal of burden on the public and on CDC, as we need not engage in random-digit dialing (RDD) or other sampling procedures to accrue participants, and we need not spend time explaining how to complete the survey. Second, Knowledge Networks has conducted the research to validate the sample and ensure its representativeness. This enhances the generalizability of the study, and thus the value of the results is greater than if we relied on a sample of phone-recruited volunteers. Third, Knowledge Networks has conducted surveys of sensitive and stigmatized topics in the past, including an in-depth and explicit sexual behavior survey. These surveys have been extremely successful. This allows us to proceed with confidence in the method, the contractor, and the survey design. The total annualized