

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. 2017-20507 Filed 9-25-17; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[CDC-2015-0021; Docket Number NIOSH-
153-C]

Final Skin Notation Profiles

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: Notice of availability.

SUMMARY: NIOSH announces the
availability of the following 9 Skin
Notation Profile documents: 1-
Bromopropane [CAS No. 106-94-5],
Disulfoton [CAS No. 298-04-4],
Heptachlor [CAS No. 76-44-8], 2-
Hydropropyl acrylate [CAS No. 999-61-
1], Trichloroethylene [CAS No. 79-01-
7], Tetraethyl lead [CAS No. 78-00-2],
Tetramethyl lead [CAS No. 75-74-1],
Dimethyl sulfate [CAS No. 77-78-1],
Arsenic and compounds [CAS No.
7440-38-2].

DATES: The final Skin Notation Profile
documents were published on August
17, 2017.

ADDRESSES: These documents may be
obtained at the following link: [http://
www.cdc.gov/niosh/topics/skin/skin-
notation_profiles.html](http://www.cdc.gov/niosh/topics/skin/skin-notation_profiles.html).

FOR FURTHER INFORMATION CONTACT:
Naomi Hudson, Dr. Ph.D., NIOSH,
Education and Information Division
(EID), Robert A. Taft Laboratories, 1090
Tusculum Ave., MS-C32, Cincinnati,
OH 45226, phone 513/533-8388 (not a
toll-free number), email: iuz8@cdc.gov.

SUPPLEMENTARY INFORMATION: On May 1,
2015, NIOSH published a request for
public review in the **Federal Register**
[80 FR 24932] on skin notation profiles
and technical documents. All comments
received were reviewed and addressed
where appropriate.

Dated: September 18, 2017.

John Howard,

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

[FR Doc. 2017-20126 Filed 9-25-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-17-1053; Docket No. CDC-2017-
0079]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and
Prevention (CDC), Department of Health
and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: 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. This notice invites
comment on Monitoring and Reporting
System for the Division of Community
Health's Cooperative Agreement
Programs. CDC seeks to continue the
collection of information from awardees
funded through the Racial and Ethnic
Approaches to Community health
(REACH) cooperative agreement to
provide semi-annual reports to CDC
describing their work plan, activities
and progress toward achieving
objectives during the fourth year of
funding.

DATES: Written comments must be
received on or before November 27,
2017.

ADDRESSES: You may submit comments,
identified by Docket No. CDC-2017-
0079 by any of the following methods:

- *Federal eRulemaking Portal:*
Regulations.gov. Follow the instructions
for submitting comments.

- *Mail:* Leroy A. Richardson,
Information Collection Review Office,
Centers for Disease Control and
Prevention, 1600 Clifton Road NE., MS-
D74, Atlanta, Georgia 30329.

Instructions: All submissions received
must include the agency name and
Docket Number. All relevant comments
received will be posted without change
to *Regulations.gov*, including any
personal information provided. For
access to the docket to read background
documents or comments received, go to
Regulations.gov.

Please note: All public comment should be
submitted through the Federal eRulemaking
portal (*regulations.gov*) or by U.S. mail to the
address listed above.

FOR FURTHER INFORMATION CONTACT: To
request more information on the
proposed project or to obtain a copy of
the information collection plan and
instruments, contact Leroy A.
Richardson, Information Collection
Review Office, Centers for Disease
Control and Prevention, 1600 Clifton
Road NE., MS-D74, Atlanta, Georgia
30329; phone: 404-639-7570; Email:
omb@cdc.gov.

SUPPLEMENTARY INFORMATION: Under the
Paperwork Reduction Act of 1995 (PRA)
(44 U.S.C. 3501-3520), Federal agencies
must obtain approval from the Office of
Management and Budget (OMB) for each
collection of information they conduct
or sponsor. In addition, the PRA also
requires Federal agencies to provide a
60-day notice in the **Federal Register**
concerning each proposed collection of
information, including each new
proposed collection, each proposed
extension of existing collection of
information, and each reinstatement of
previously approved information
collection before submitting the
collection to OMB for approval. To
comply with this requirement, we are
publishing this notice of a proposed
data collection as described below.

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.

Proposed Project

Monitoring and Reporting System for the Division of Community Health’s Cooperative Agreement Programs (OMB Control Number 0920–1053, Expiration 03/31/2018)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) established the Division of Community Health (DCH) to support multi-sectorial, community-based programs that promote healthy living. In 2014, DCH announced a new cooperative agreement program, Racial and Ethnic Approaches to Community Health (REACH) program, authorized by the Public Health Service Act and the Prevention and Public Health Fund of the Affordable Care Act (Funding Opportunity Announcement (FOA) FOA DP14–1419PPHF14). CDC designed the REACH program to address chronic diseases and risk factors for chronic diseases, including physical inactivity, poor diet, obesity, and tobacco use. The program will provide support for implementation of broad, evidence- and practice-based policy and environmental improvements in large and small cities, urban rural areas, tribes, multi-sectorial community coalitions, and racial and ethnic communities experiencing chronic disease disparities. The REACH program aligns with the *National Prevention Strategy* and “Healthy People 2020” focus areas.

CDC’s Division of Community Health (DCH) and Division of Nutrition, Physical Activity and Obesity (DNPAO) receive semi-annual progress reports from REACH awardees through an

electronic management information system, the DCH-Performance Monitoring Database (DCH–PMD), (in the original OMB request the DCH–DMD was also referred to as the DCH-Performance Monitoring and Reporting System). This system collects information from awardees funded through the Racial and Ethnic Approaches to Community Health (REACH) cooperative agreement. REACH awardees include 18 state, local and tribal governmental agencies, and 31 non-governmental organizations.

CDC DNPAO is proposing a revision to the information collection request, effective immediately, to request additional time to facilitate awardees reporting critical information in a consistent manner. Specifically, CDC DNPAO requests to extend the current OMB approval period to collect information needed to monitor the REACH cooperative agreement program for an additional year ending in March 31, 2019. This will allow REACH awardees to continue to provide semi-annual reports to CDC describing their work plan, activities and progress toward achieving objectives during a fourth year of supplemental funding.

Information collection will continue to be conducted primarily via DCH–PMD, which enables the accurate, reliable, uniform and timely submission to CDC of each awardee’s work plans and progress reports, including objectives and milestones. The DCH–PMD will also generate a variety of routine and customizable reports. Local level reports will allow each awardee to summarize its activities and progress towards meeting work plan objectives. CDC will use the information collected in the DCH–PMD to monitor each awardee’s progress and to identify its strengths and weaknesses. Monitoring

allows CDC to determine whether an awardee is meeting performance goals and to make adjustments in the type and level of technical assistance provided to them to support attainment of their objectives. CDC’s monitoring and evaluation activities allow CDC to provide oversight of the use of federal funds, and to identify and disseminate information about successful prevention and control strategies implemented by awardees. Finally, the information collection will allow CDC to monitor the increased emphasis on partnerships and programmatic collaboration. CDC expects to reduce duplication of effort, enhance program impact and maximize the use of federal funds. The estimated time burden of producing each semi-annual report is 3 hours.

Due to substantial interest in the REACH program from a variety of stakeholders, CDC may also seek OMB approval to conduct targeted, special-purpose information collections on an as-needed basis. CDC will ask each REACH awardee to participate in one special purpose information collection. Methods for these data collections could include telephone interviews, in-person interviews, Web-based surveys, or paper-and-pencil surveys. CDC will submit each special-purpose information collection request to OMB for approval through the Change Request mechanism, and will include the data collection instrument(s) and a description of purpose and methods.

CDC seeks a one-year OMB approval, starting on April 1, 2018. Participation in semi-annual progress reporting is required for cooperative agreement awardees, but could be voluntary for some special-purpose data collections. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)	Total burden (in hours)
DCH Program Awardees (state, local and tribal government sector).	DCH MIS: Semi-annual reporting.	18	2	3	108
	Special Data Request ..	18	1	6	108
DCH Program Awardees (private sector)	DCH MIS: Semi-annual reporting.	31	2	3	186
	Special Data Request ..	31	1	6	186
Total	588

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities; Public Comment Request; Redesign of Existing Data Collection; National Survey of Older Americans Act Participants

AGENCY: Administration for Community
Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for
Community Living (ACL) is announcing
an opportunity for the public to
comment on the proposed collection of
certain information by the agency.
Under the Paperwork Reduction Act of
1995 (the PRA), Federal agencies are
required to publish a notice in the
Federal Register concerning each
proposed collection of information,
including each proposed extension of an
existing collection of information, and
to allow 60 days for public comment in
response to the notice. This notice
solicits comments on a proposed
revision to an existing data collection
related to the National Survey of Older
Americans Act Participants
(NSOAAP)(ICR Rev).

DATES: Submit written or electronic
comments on the collection of
information by November 27, 2017.

ADDRESSES: Submit electronic
comments on the collection of
information to: [heather.menne@
acl.hhs.gov](mailto:heather.menne@acl.hhs.gov).

Submit written comments on the
collection of information to: U.S.
Department of Health and Human
Services, Administration for
Community Living, Washington, DC
20201, Attention: Heather Menne.

FOR FURTHER INFORMATION CONTACT:
Heather Menne by telephone: (202) 795-
7733 or by email: [heather.menne@
acl.hhs.gov](mailto:heather.menne@acl.hhs.gov).

SUPPLEMENTARY INFORMATION: Under the
PRA (44 U.S.C. 3501-3520), Federal
agencies must obtain approval from the
Office of Management and Budget
(OMB) for each collection of
information they conduct or sponsor.
“Collection of information” is defined
in 44 U.S.C. 3502(3) and 5 CFR

1320.3(c) and includes agency requests
or requirements that members of the
public submit reports, keep records, or
provide information to a third party.
Section 3506(c)(2)(A) of the PRA (44
U.S.C. 3506(c)(2)(A)) requires Federal
agencies to provide a 60-day notice in
the **Federal Register** concerning each
proposed collection of information,
including each proposed extension or
update of an existing collection of
information, before submitting the
collection to OMB for approval.

To comply with the above
requirement, ACL is publishing a notice
of the proposed revision of a currently
approved collection of information set
forth in this document. With respect to
the following collection of information,
ACL invites comments on: (1) Whether
the proposed collection of information
is necessary for the proper performance
of ACL’s functions, including whether
the information will have practical
utility; (2) the accuracy of ACL’s
estimate of the burden of the proposed
collection of information, including the
validity of the methodology and
assumptions used; (3) ways to enhance
the quality, utility, and clarity of the
information to be collected; and (4)
ways to minimize the burden of the
collection of information on
respondents, including through the use
of automated collection techniques
when appropriate, and other forms of
information technology.

Purpose

The purpose of this data collection is
to fulfill requirements of the Older
Americans Act and the Government
Performance and Results Modernization
Act of 2010 (GPRAMA) and related
program performance activities. Section
202(a)(16) of the OAA requires the
collection of statistical data regarding
the programs and activities carried out
with funds provided under the OAA
and Section 207(a) directs the Assistant
Secretary for Aging to prepare and
submit a report to the President and
Congress based on those data. Section
202(f) directs the Assistant Secretary to
develop a set of performance measures
for planning, managing, and evaluating
activities performed and services
provided under the OAA. Requirements
pertaining to the measurement and
evaluation of the impact of all programs
authorized by the OAA are described in
section 206(a). The National Survey of
Older Americans Act Participants
(NSOAAP) is one source of data used to
develop and report performance
outcome measures and measure
program effectiveness in achieving the
stated goals of the OAA.

The National Survey of Older
Americans Act Participants (NSOAAP)
information collection will include
consumer assessment surveys for the
Congregate and Home-delivered meal
nutrition programs; Case Management,
Homemaker, and Transportation
Services; and the National Family
Caregiver Support Program. This survey
builds on earlier national pilot studies
and surveys, as well as performance
measurement tools developed by ACL
grantees in the Performance Outcomes
Measures Project (POMP). This
information will be used by ACL to
track performance outcome measures;
support budget requests; comply with
the GPRAMA Modernization Act of 2010
(GPRAMA) reporting requirements;
provide national benchmark
information; and inform program
development and management
initiatives.

Revisions

With the exception of changes to
selected questions (e.g., addition of
questions about oral health in 2014), the
NSOAAP has been collected in its
current form since 2008. This proposed
collection is a revision that will replace
the currently approved version (OMB
Control Number: 0985-0023) by
transitioning from a cross-sectional
survey to a longitudinal survey. The
current National Survey of Older
Americans Act Participants (NSOAAP),
an exclusively cross-sectional survey,
can transition to a longitudinal
information collection component by
establishing a baseline cohort and
conducting follow-up interviews with
that cohort at specified time intervals. A
baseline cohort can be selected in the
same manner as in prior cycles of the
cross-sectional NSOAAP. Area Agencies
on Aging (AAAs) would be selected
with a probability proportional to their
size, with some large AAAs sampled
with certainty. Random samples of
clients within each selected AAA will
be sampled from the agencies’ client
lists. However, in a change from current
procedures, the target sample size
would be increased from current
standards (n=6000) to account for
attrition of individuals over time. For
the duration of the longitudinal cohort
analysis, the same sample of AAAs and
clients should be maintained to preserve
the longitudinal nature of the study.
Three strategies are key for transforming
the current survey into a longitudinal
study, while preserving the ability to
produce nationally representative cross-
sectional estimates of client
characteristics at each wave. The three
strategies include: (1) A higher initial
sample size (n=6600), (2) an intensive