survey will collect information about SDVCs satisfaction with CDC efforts to support them; process, program and strategy implementation factors that affect their ability to meet the requirements of the Funding Opportunity Announcement; prevention knowledge and use of the public health approach; and sustainability of prevention activities and successes.

Participation in the information collection is required as a condition of funding. 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	Average burden per response (in hours)	Total burden (in hours)
State Domestic Violence Coalition Executive Director.	DELTA FOCUS Survey	10	1	1	10
State Domestic Violence Coalition Project Coordinator.	DELTA FOCUS Survey	20	1	1	20
Coordinated Community Response Project Coordinator.	DELTA FOCUS Survey	19	1	1	19
State Domestic Violence Coalition Empowerment Evaluator.	DELTA FOCUS Survey	10	1	1	10
Total	.....	.....	.....	.....	59

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.

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–16–15BEZ]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (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 agencies 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 or send an email to *omb@cdc.gov.* Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: 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

Improving Fetal Alcohol Spectrum Disorders Prevention and Practice through Practice and Implementation Centers and National Partnerships—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Center on Birth Defects and Developmental Disabilities seeks to collect training evaluation data from healthcare practitioners and staff in health systems where FASD-related practice and systems changes are implemented, and from grantees of Practice and Implementation Centers and national partner organizations related to prevention, identification, and treatment of fetal alcohol spectrum disorders (FASDs).

Prenatal exposure to alcohol is a leading preventable cause of birth defects and developmental disabilities. The term ''fetal alcohol spectrum disorders'' describes the full continuum of effects that can occur in an individual exposed to alcohol in utero. These effects include physical, mental, behavioral, and learning disabilities. All of these have lifelong implications.

The purpose of this program is to expand previous efforts from FASD training programs and shift the perspective from individual training for practicing healthcare professionals to one that capitalizes on prevention opportunities and the ability to impact health care practice at the systems level.

Since 2002, CDC funded FASD Regional Training Centers (RTCs) to provide education and training to healthcare professionals and students about FASD prevention, identification, and treatment. In July 2013, CDC convened an expert review panel to evaluate the effectiveness of the RTC program overall and to make recommendations about the program.

The panel highlighted several accomplishments of the RTCs and proposed several changes for future programming: (1) The panel identified a need for more comprehensive coverage nationally with discipline-specific trainings, increased use of technology, greater collaboration with medical societies, and stronger linkages with national partner organizations to increase the reach of training opportunities, and (2) The panel suggested that the training centers focus on demonstrable practice change and

sustainability and place a stronger emphasis on primary prevention of FASDs. In addition, it was recommended that future initiatives have stronger evaluation components.

Based on the recommendations of the expert review panel, CDC is placing increased focus on prevention, demonstrating practice change, achieving national coverage, and strengthening partnerships between FASD Practice and Implementation Centers, or PICs (the newly redesigned RTCs), and medical societies and national partner organizations. The National Organization on Fetal Alcohol Syndrome (NOFAS) also participates in this project as a resource to the PICS and national partners. The PICs and national partners are asked to closely collaborate in discipline-specific workgroups (DSWs) and identify strategies that will increase the reach of the program on a national level. While a major focus of the grantees' work will be national, regional approaches will be used to develop new content and ''test out'' feasibility and acceptability of materials, especially among healthcare providers and medical societies. In addition, CDC is placing a stronger emphasis on evaluation, with both individual DSW/NOFAS evaluations and a cross-site evaluation.

CDC requests OMB approval to collect program evaluation information from (1) healthcare practitioners from disciplines targeted by each DSW, including training participants, (2) health system staff, and (3) cooperative agreement grantees over a three-year period.

- Healthcare practitioners will complete surveys to provide information on whether project trainings impacted their knowledge and practice behavior regarding FASD identification, prevention, and treatment. The information will be used to improve future trainings and assess whether knowledge and practice changes occurred. Some participants will also complete qualitative key informant interviews to gain additional information on practice change.
- Health system employees will be interviewed or complete surveys as part of projects to assess healthcare systems change, including high impact evaluation studies and DSW systems change projects. The high impact evaluation studies will be primarily qualitative assessments of two to three specific grantee efforts that seem likely to result in achievement of program objectives. The DSW systems change projects will employ online surveys to assess systems change in selected health systems across the U.S.
- Grantees will complete program evaluation forms to track perceptions of DSW collaboration and perceptions of key successes and challenges encountered by the DSW.

It is estimated that 29,573 respondents will participate in the evaluation each year, for a total estimated burden of 3790 hours annually. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)
Project Grantee Staff	DSW Report	90	2	10/60
DSW Project Staff	High Impact Study: Discipline Specific Workgroup Discussion Guide for Project Staff.	10	2	60/60
Health Care System Staff	High Impact Study: Key Informant Interview—Health Care System Staff.	10	2	60/60
FASD Core Training Participants	FASD Core Training Survey—Pre-Test	4013	1	9/60
FASD Core Training Participants	FASD Core Training Survey—Post-Test	4013	1	5/60
FASD Core Training Participants	FASD Core Training Survey—6 Month Follow-Up.	4013	1	6/60
Nurses	Pre-Training Survey for Nursing	667	1	9/60
Nurses	Post-Training Survey for Nursing	550	1	9/60
Nurses	Six Month Follow-Up Training Survey for Nursing.	440	1	9/60
Nurses	Nursing DSW Polling Questions	417	1	5/60
Nurses	Key Informant Interviews with Champions	14	2	45/60
Nurses	Brief Questionnaire for Nursing Organization Memberships.	2,934	1	10/60
Nurses	Friends & Members of the Network Survey	34	2	10/60
Healthcare Organization Representatives	Healthcare Organization Utilization Survey	234	1	30/60
Physicians and students in allied health professions.	OBGYN SBI Knowledge & Agency	600	1	2/60
Physicians	OBGYN BI–MI Proficiency Rating Scale—Provider Skills Training Baseline.	600	1	3/60
Students in allied health professions	OBGYN BI–MI Proficiency Rating Scale—Standardized Patient Version.	600	1	3/60
Physicians	OBGYN BI–MI Proficiency Rating Scale—Provider Follow Up (3m & 6m).	600	2	3/60
Physicians and students in allied health professions.	OBGYN Telecom Training Satisfaction Survey.	480	1	5/60
Physicians and students in allied health professions.	OBGYN Avatar Training Satisfaction Survey	120	1	5/60
Physicians	OBGYN FASD–SBI Training Event Evaluation.	124	1	2/60
Residency Directors, Training Coordinators, Clinical Directors, Physicians.	OBGYN Qualitative Key Informant Interview—Pre-Training.	34	1	25/60
Residency Directors, Training Coordinators, Clinical Directors, Physicians.	OBGYN Qualitative Key Informant Interview—Post-Training.	34	1	25/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)
Certified Medical Assistants and students	Medical Assistant—Pre-Test Survey	334	1	10/60
Students	Medical Assistant—Pre-Test Survey (Academic).	67	1	10/60
Certified Medical Assistants and students	Medical Assistant—Post-Test Survey	334	1	10/60
Students	Medical Assistant—Post-Test Survey (Academic).	67	1	10/60
Certified Medical Assistants and students	Medical Assistant Follow Up Survey	200	1	10/60
Students	Medical Assistant Follow Up Survey (Academic).	17	1	10/60
Certified Medical Assistants and students	Medical Assistants Change in Practice Survey.	250	1	15/60
Physicians	Survey of Pediatricians—Baseline and Follow Up.	534	2	10/60
Physicians	AAP Post-Training Evaluation Survey	120	1	7/60
Physicians	AAP Pre-Training Evaluation Survey	120	1	7/60
Physicians	AAP Three Month Follow Up Evaluation Survey.	120	1	2/60
Physicians	AAP Six Month Follow Up Evaluation Survey	120	1	5/60
Physicians	FASD Toolkit User Survey	50	1	15/60
Physicians	FASD Toolkit Evaluation Focus Group/Guided Interview.	10	1	30/60
Physicians	Pediatric FASD Regional Education and Awareness Liaisons Work Plan.	10	1	20/60
Physicians	Pediatric FASD Regional Liaison/Champion Training Session Evaluation.	10	1	4/60
Physicians	Family Medicine Evaluation Questions Addendum for Practice or Individual Provider.	62	1	8/60
Practicing family physicians, family physician faculty, residents, social workers, social work students.	Social Work and Family Physicians Pre-training Survey.	1167	1	8/60
Practicing family physicians, family physician faculty, residents, social workers, social work students.	Social Work and Family Physicians Post-training Survey.	1167	1	5/60
Practicing family physicians, family physician faculty, residents, social workers, social work students.	Social Work and Family Physicians 6-Month Follow Up Survey.	1167	1	8/60
NOFAS webinar attendees	NOFAS Webinar Survey	601	1	2/60
NOFAS webinar attendees	NOFAS Three Month Follow-Up Webinar Questionnaire.	601	1	2/60
NOFAS training participants	NOFAS Pre-Test Survey	551	1	3/60
NOFAS training participants	NOFAS Post-Test Survey	551	1	3/60
Systems change project participants	Clinical Process Improvement Survey	246	2	10/60
Systems change project participants	TCU Organizational Readiness Survey	246	2	10/60
Systems change project participants	Organizational Readiness to Change Assessment.	220	2	10/60

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities; Proposed Collection; Comment Request; Evidence-Based Falls Prevention Program Standardized Data Collection

AGENCY: Administration for Community Living (ACL), HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL), Administration on Aging (AoA) is announcing an opportunity for public comment on the proposed collection of certain information. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish 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 the information collection requirements relating to the Chronic Disease Self-Management Education Program.

DATES: Submit written or electronic comments on the collection of information.

ADDRESSES: Submit electronic comments on the collection of