

Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with GSA's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.

h. To another Federal agency or Federal entity, when GSA determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the recipient agency or entity (including its information systems, programs, and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.

#### **POLICIES AND PRACTICES FOR STORAGE OF RECORDS:**

Electronic records and backups are stored on secure servers approved by GSA Office of the Chief Information Security Officer (OCISO) and accessed only by authorized personnel.

#### **POLICIES AND PRACTICES FOR RETRIEVAL OF RECORDS:**

System records are retrievable by searching against information in the record pertaining to the prime or subcontractor (e.g., the prime or subcontractor's company's name; the name of the individual entering or certifying information on behalf of the prime or subcontractor), the contract, (e.g., the contract number), or the contracting officer; however, each agency can only access and retrieve the records pertaining to contracts being administered by its acquisition personnel.

#### **POLICIES AND PRACTICES FOR RETENTION AND DISPOSAL OF RECORDS:**

System records are retained and disposed of according to each respective agency's records maintenance and disposition schedules including, as applicable, the NARA General Records Schedule 1.1, Financial Management and Reporting Records.

#### **ADMINISTRATIVE, TECHNICAL, AND PHYSICAL SAFEGUARDS:**

Records in the system are protected from unauthorized access and misuse through a combination of administrative, technical and physical security measures. Administrative measures include but are not limited to policies that limit system access to individuals within an agency with a legitimate business need, and regular review of security procedures and best

practices to enhance security. Technical measures include but are not limited to system design that allows prime contractor and subcontractor employees access only to data for which they are responsible; role-based access controls that allow government employees access only to data regarding contracts awarded by their agency or reporting unit; required use of strong passwords that are frequently changed; and use of encryption for certain data transfers. Physical security measures include but are not limited to the use of data centers which meet government requirements for storage of sensitive data.

#### **RECORD ACCESS PROCEDURES:**

Prime and subcontractors enter and review their own data in to the system, and are responsible for indicating that those data are correct. If an individual wishes to access any data or record pertaining to him or her in the system after it has been submitted, that individual should consult the Privacy Act implementation rules of the agency to which the report was submitted. For example, for reports submitted to GSA, procedures for accessing the content of a record can be found at 41 CFR part 105–64.2.

#### **CONTESTING RECORD PROCEDURES:**

Prime and subcontractors with access to the FAR Data Collection System can edit their own reports before submitting them. If an individual wishes to contest the content of any record pertaining to him or her in the system after it has been submitted, that individual should consult the Privacy Act implementation rules of the agency to which the report was submitted. For example, for reports submitted to GSA, procedures for contesting the content of a record and appeal procedures can be found at 41 CFR part 105–64.4.

#### **NOTIFICATION PROCEDURES:**

Prime and subcontractors with access to the FAR Data Collection System enter and review their own data in the system. If an individual wishes to be notified at his or her request if the system contains a record pertaining to him or her after it has been submitted, that individual should consult the Privacy Act implementation rules of the agency to which the report was submitted. For example, for reports submitted to GSA, procedures for receiving notice can be found at 41 CFR part 105–64.4.

#### **EXEMPTIONS PROMULGATED FOR THE SYSTEM:**

None.

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Disease Control and Prevention**

[60Day–17–1014: Docket No. CDC–2017–0012]

### **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 efforts 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 the updated “CDC WORKSITE HEALTH SCORECARD,” an organizational assessment and planning tool designed to help employers identify gaps in their health promotion programs and prioritize high-impact strategies for health promotion at their worksites.

**DATES:** Written comments must be received on or before May 1, 2017.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2017–0012 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 the 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](mailto: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

CDC Worksite Health ScoreCard (HSC) (OMB Control Number 0920-1014, expires 4/30/2017)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

#### *Background and Brief Description*

In the United States, chronic diseases such as heart disease, obesity and diabetes are among the leading causes of death and disability. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Adopting healthy behaviors—such as eating nutritious foods, being physically active and avoiding tobacco use—can prevent the devastating effects and reduce the rates of these diseases.

Employers are recognizing the role they can play in creating healthy work environments and providing employees with opportunities to make healthy lifestyle choices. To support these efforts, CDC developed an online organizational assessment tool called the CDC Worksite Health Scorecard.

The CDC Worksite Health Scorecard is a tool designed to help employers assess whether they have implemented evidence-based health promotion interventions or strategies in their worksites to prevent heart disease, stroke, and related conditions such as hypertension, diabetes, and obesity. The revised assessment contains 151 core yes/no questions with an additional 20 optional demographic questions divided into 19 modules (risk factors/conditions/demographics) that assess how evidence-based health promotion strategies are implemented at a worksite. These strategies include health promoting counseling services, environmental supports, policies, health plan benefits, and other worksite programs shown to be effective in preventing heart disease, stroke, and related health conditions. Employers can use this tool to assess how a comprehensive health promotion and disease prevention program is offered to their employees, to help identify program gaps, and to prioritize

The proposed information collection revision supports development, validation, and evaluation of the updated CDC Worksite Health ScoreCard (HSC), a web-based

organizational assessment tool designed to help employers identify gaps in their health promotion programs and prioritize high-impact strategies for health promotion at their worksites (available at <http://www.cdc.gov/healthscorecard>). HSC users will create a user account, complete the online assessment and receive an immediate feedback report that summarizes the current status of their worksite health program; identifies gaps in current programming; benchmarks individual employer results against other users of the system; and provides access to worksite health tools and resources to address employer gaps and priority program areas.

The updated HSC includes questions in four new topic areas—Sleep, Alcohol & Other Substance Abuse, Cancer, and Musculoskeletal Disorders—along with revisions to previously existing questions based on supporting evidence. In 2017, CDC will recruit one hundred employers (each represented by two knowledgeable employees) to pilot test the updated HSC. From the employers that complete the survey, CDC will conduct follow-up telephone interviews on a subset of about 15 employers (each represented by two knowledgeable employees). The follow-up telephone interviews will gather general impressions of the HSC—particularly the new modules—and also allow for discussion of items that presented discrepancies (and items that were left blank) to understand the respondent's interpretation and perspective of their answers these questions.

This process will assess the validity and reliability of the questions, as well as allow the CDC to gather suggestions for additional refinements, where necessary.

Following this pilot testing, CDC will continue to provide outreach to and register approximately 800 employers per year to use the online survey HSC in their workplace health program assessment, planning, and implementation efforts which is open to employers of all sizes, industry sectors, and geographic locations across the country.

CDC will seek a three-year OMB approval for this information collection project. Participation is voluntary and 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)
Employers .....	CDC Worksite Health Scorecard .....	800	1	75/60	1,000
	CDC Worksite Health Scorecard Cognitive interview.	32	1	1	32
	CDC Worksite Health Scorecard Pilot evaluation.	200	1	5/60	17
Total .....	.....	.....	.....	.....	1,049

**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

### Centers for Disease Control and Prevention

[30Day-17-16AWP]

#### 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](mailto:omb@cdc.gov). Written comments and/or suggestions regarding the items contained in this notice should be directed 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

Women's Preventive Health Services Study—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides free or low-cost breast and cervical cancer screening and diagnostic services to low-income, uninsured, and underserved women. The NBCCEDP is an organized screening program with a full complement of services including outreach and patient education, patient navigation, case management, professional development, and tracking and follow-up that contribute to the program's success. Compared to when the NBCCEDP was established, more women are eligible for insurance coverage but there are still many women who are not insured and many insured women not obtaining preventive services that they are eligible to receive. Currently, the NBCCEDP not only provides screening services to uninsured and underinsured, but has expanded its services to include population-based activities that prevent missed opportunities and ensure that all women receive appropriate breast and cervical cancer screening.

Previous research suggests that access to health care through insurance alone

does not ensure adherence to cancer screening, as many individual, cultural, and community factors serve as barriers to preventive service use. With recent increases in the numbers of women who are insured, there is a need to understand the experiences of women who had been served by the NBCCEDP and become newly insured. This project will inform the development of future activities of the NBCCEDP so that all women receive the information and support services needed for obtaining clinical preventive services.

The purpose of this project is to examine the facilitators and barriers to receiving clinical preventive services among newly insured medically underserved women who had previously been served by the NBCCEDP. The Women's Preventive Health Services Study aims to survey newly insured women about what clinical preventive health services they receive, what barriers and facilitators they experience, and their ability to maintain consistent health insurance coverage.

While having newly acquired health insurance will improve access to preventive services, insurance coverage alone would not result in improved clinical preventive services utilization for all women, especially among underserved populations. This project proposes to follow a group of women previously served by the NBCCEDP over three years by administering a yearly questionnaire.

This study will focus on the following research questions:

1. What are the insurance coverage patterns (e.g., public or private insurance) for a sample of medically underserved women previously screened through the NBCCEDP?
2. What barriers and facilitators do these women face in enrolling in new insurance coverage?
3. What preventive health services, including cancer screening, do these women receive?
4. What barriers and facilitators do these women face in accessing