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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

[60Day-13-0445]

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 Kimberly Lane, 1600 Clifton Road, MS-D74, 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

School Health Policies and Practices Study (formerly titled School Health Policies and Programs Study, OMB No. 0920-0445, exp. 9/30/2012) - Reinstatement with Change - Division of Adolescent and School Health (DASH), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention, (CDC).

Background and Brief Description

A limited number of preventable behaviors, usually established during youth and often extended into adulthood, contribute substantially to the leading causes of mortality and morbidity during youth and adulthood. These risk behaviors include those that result in unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to HIV infection, other STDs, and unintended pregnancies; unhealthy dietary behaviors; and physical inactivity.

School-based instruction on health topics offers the most systematic and efficient means of enabling youth people to avoid the health risk behaviors that lead to mortality and morbidity. CDC has previously examined the role schools play in addressing

health risk behaviors through the School Health Policies and Programs Study (SHPPS, OMB NO. 0920-0445), a series of data collections conducted at the state, district, school, and classroom levels in 1994 (OMB No. 0920-0340, exp. 1/31/1995), 2000 (OMB No. 0920-0445, exp. 10/31/2002), 2006 (OMB No. 0920-0445, exp. 11/30/2008), and 2012 (OMB No. 0920-0445, exp. 9/30/2012).

CDC plans to reinstate data collection in 2014 and 2016 with changes. SHPPS will assess the characteristics of eight components of school health programs at the elementary, middle, and high school levels: health education, physical education, health services, mental health and social services, nutrition services, healthy and safe school environment, faculty and staff health promotion, and family and community involvement. This data collection will take place at the school- and classroom-levels in 2014 and at the district level in 2016. The school- and classroom-level data collection proposed for 2014 was approved for 2012 but was not conducted because of insufficient funds.

Sixteen questionnaires will be used: seven at the district level, seven at the school level and two at the classroom level. The school- and classroom-level questionnaires will be identical to those approved for data collection in 2012. The district-level questionnaires will include minor modifications to the 2012 questionnaires. For example, question wording will be revised to improve clarity. The school-level data collection also will include vending machine observations, which will yield the only nationally representative dataset of snack and beverage offerings available to students through school vending machines. These

observations were a part of the 2012 study protocol but were not conducted because of insufficient funds.

The SHPPS data collection will have significant implications for policy and program development for school health programs nationwide. The results will be used by Federal agencies, state and local education and health agencies, the private sector, and others to support school health programs; monitor progress toward achieving health and education goals and objectives,; develop educational programs, demonstration efforts, and professional education/training; and initiate other relevant research initiatives to contribute to the reduction of health risk behaviors among our nation's youth. SHPPS data also will be used to provide measures for 14 Healthy People 2020 national health objectives. No other national source of data exists for these objectives. The data also will have significant implications for policy and program development for school health programs nationwide.

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)
State Officials	State Recruitment Script (for 2014 study)	42	1	30/60	21
	State Recruitment Script (for 2016 study)	44	1	30/60	22
District Officials	District Recruitment Script (for 2014 study)	320	1	30/60	160
	District	902	1	60/60	902

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
	Recruitment Script (for 2016 study)				
	District Health Education	685	1	30/60	343
	District Physical Education and Activity	685	1	40/60	457
	District Health Services	685	1	40/60	457
	District Nutrition Services	685	1	30/60	343
	District Healthy and Safe School Environment	685	1	60/60	685
	District Mental Health and Social Services	685	1	30/60	343
	District Faculty and Staff Health Promotion	685	1	20/60	228
School Officials	School Recruitment Script	821	1	60/60	821
	School Health Education	640	1	20/60	213
	School Physical Education and Activity	640	1	40/60	427
	School Health Services	640	1	50/60	533
	School Nutrition Services	640	1	40/60	427
	School Healthy and Safe School Environment	640	1	75/60	800
	School	640	1	30/60	320

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
	Mental Health and Social Services				
	School Faculty and Staff Health Promotion	640	1	20/60	213
Classroom teachers	Classroom Health Education	1,229	1	50/60	1024
	Classroom Physical Education and Activity	1,229	1	40/60	819
	Total				9,558

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