2027 ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Expected number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Adult Household Member	Household Roster	35,000	1	4/60	2,333
Sample Adult	Adult Questionnaire	33,000	1	56/60	30,800
Adult Family Member	Child Questionnaire	10,000	1	20/60	3,333
Adult Family Member	Methodological Projects	3,000	1	40/60	2,000
Adult Family Member	Reinterview Survey	5,500	1	5/60	458
Total					38,925

2028–2029 ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Expected number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Adult Household Member	Household Roster	65,000	1	4/60	4,333
Sample Adult	Adult Questionnaire	40,000	1	35/60	23,333
Adult Family Member	Child Questionnaire	10,000	1	15/60	2,500
Adult Family Member	Methodological Projects	16,000	1	35/60	9,333
Sample Adolescent	Adolescent Follow-Back Survey	500	1	15/60	125
Adult Family Member	Reinterview Survey	3,000	1	5/60	250
Total					39,875

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–26–1193]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled ''Evaluating the Impact of Training and Technical Assistance (TTA) Programs for NCCCP Efforts'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on January 13, 2026 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(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. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Evaluating the Impact of Training and Technical Assistance (TTA) Programs for NCCCP Efforts (OMB No. 0920–1193)—Reinstatement—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's (CDC) National Comprehensive Cancer Control Program (NCCCP) has been a primary funder for state and community-based cancer control interventions since its inception in the late 1990s. NCCCP's 66 recipients, including programs in all 50 states, the District of Columbia, a number of tribes, tribal organizations, and U.S. Associated Pacific Islands/territories, as well as cancer coalitions, engage with partners to enhance cancer-related data systems and deliver evidence-based interventions (EBIs) for

primary prevention, screening, and survivorship with the goal of impacting population-level cancer outcomes and reduce the burden of cancer. To build capacity and maximize the impact of funded NCCCPs, CDC developed and implemented the training and technical assistance program, Evaluating the Impact of Training and Technical Assistance (TTA) Programs for NCCCP Efforts (referred to hereafter as the ''TTA Program'' or ''DP23–0017''). The current TTA program cycle builds upon the previous cycles to enhance NCCCP recipients' capacity to plan for and implement evidence-based interventions (EBIs) and strategies through multisectoral partnerships; policy, system, and environmental change approaches; approaches to health for all, and approaches to addressing non-medical factors that influence health. The funded TTA entities are responsible for developing and implementing a TTA plan, sustaining partnerships, employing various training methods, and evaluating their TTA efforts. A comprehensive evaluation is critical to ensure the provision of high-quality and effective TTA.

This program is authorized under sections 301(a) and 317(k)(2) of the Public Health Service Act as amended [42 U.S.C. 241(a) and 42 U.S.C. 247b(k)(2)] and also authorizes CDC to collect this information.

CDC proposes to assess DP23–0017 in order to: (1) document the nature of the TTA provided and the extent to which they were able to achieve planned short-term outcomes; and (2) identify which TTA efforts contributed to NCCCP recipients' achievement in program outcomes. There are other ongoing program data collection efforts such as annual program reports and evaluation reports, none of which capture what this effort aims to do, thus highlighting the need for this evaluation.

CDC is requesting a three-year Reinstatement with Change of the previously approved Information Collection Request (ICR) (Assessing the Impact of Targeted Training and Technical Assistance Efforts on the Implementation of Comprehensive Cancer Control Outcomes, OMB Control No. 0920–1193). This request for Reinstatement with Change includes updates to the evaluation design based on programmatic changes. The new design emphasizes short-term outcomes related to reaching NCCCP recipients and increasing recipients' capacity to implement their comprehensive cancer control plans, achieve their program outcomes, and plan for and implement activities to support sustainability of the NCCCP efforts. There is a new focus on the TTA providers' efforts to network and collaborate with one another and other subject matter experts, advisory groups, and partners to plan for and deliver TTA. Under the previous request, a web-based survey was administered one time to a cross-section of NCCCP recipients. With this Reinstatement, the web-based survey will be administered twice with two individuals from each NCCCP recipient (one Program Coordinator and one NCCCP staff member, partner, or coalition member) who received TTA. This collection will provide interim information on the implementation and short-term outcomes of TTA and allow for program improvements to better serve NCCCP recipients. Lastly, the current evaluation introduces focus groups to collect data from NCCCP recipients on how TTA enhanced their ability to implement cancer control plans. The focus groups will be conducted annually and target a subset of NCCCP recipients who participated in TTA.

The web-based survey and focus groups will capture quantitative and qualitative data on the reach of DP23–0017 TTA efforts, the type and effectiveness of TTA received, and its impact. Survey changes include questions about additional TTA types (*e.g.,* webinars, asynchronous trainings, communities of practice), TTA topics, and the TTA's influence on respondents' and their organizations' capacity to carry out their comprehensive cancer control plans. Focus groups will provide context for survey data, particularly how TTA enhanced program capacity.

OMB approval is requested for three years. Participation is voluntary and respondents will not receive incentives for participation. The total annualized response burden for the evaluation study period is estimated to be 96 hours. There are no direct costs to respondents other than their time to participate in data collection activities.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Program Directors	Focus Group and Web Survey Nomination Form.	44	1	30/60
Program Directors	Focus Group Nomination Form	22	1	15/60
Program Staff, Partners, and Coalition Members.	Focus Group Scheduling	15	1	5/60
Program Staff, Partners, and Coalition Members.	Focus Group Guide	15	1	1.5
Program Coordinator	Web-based Survey	44	1	30/60
Program Staff, Partners, and Coalition	Web-based Survey	44	1	30/60

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