

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier HHS–OS–20875–30D]

Agency Information Collection Activities; Proposed Collection; Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). The ICR is for reinstating the use of the approved information collection assigned OMB control number 0990–0317, which expired on October 31, 2013. Prior to submitting the ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on the ICR must be received on or before December 16, 2013.

ADDRESSES: Submit your comments to *Information.CollectionClearance@hhs.gov* or by calling (202) 690–6162.

FOR FURTHER INFORMATION CONTACT: Information Collection Clearance staff, *Information.CollectionClearance@hhs.gov* or (202) 690–6162.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the document identifier HHS–OS–20875–30D for reference.

Information Collection Request Title: HHS Supplemental Form to the SF–424 (HHS 5161–1)

OMB No.: 0990–0317.

Abstract: HHS is requesting clearance for reinstatement without change of the previously approved Checklist and Program Narrative used by the Substance Abuse and Mental Health Services Administration (SAMHSA) and former PHS agencies within HHS, including the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA).

Need and Proposed Use of the Information: Each agency’s financial assistance program evaluates the information provided by the applicants to select the ones most likely to meet program objectives and to determine that satisfactory progress is being made on funded projects.

Likely Respondents: CDC, SAMHSA, IHS, OS, FDA, and HRSA.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. 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. The total annual burden hours estimated for this ICR are summarized in the table below.

Forms	Number of respondents	Response per respondent	Average burden per response (in hours)	Total burden (in hours)
Program Narrative and Checklist (SAMHSA)	2,121	1	4	8,484
Program Narrative and Checklist (CDC)	59	6	24	8,496
Program Narrative and Checklist (HRSA)	59	1	50	2,950
Total	19,930

Darius Taylor,
Deputy, Information Collection Clearance Officer.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–14–14CJ]

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 Leroy Richardson, 1600 Clifton Road, MS D–74, 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

Racial and Ethnic Approaches to Community Health (REACH) Demonstration Projects: Evaluation Study—New—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 conditions such as heart disease, obesity and diabetes are among the leading causes of death and disability. The devastating effects of these conditions can be reduced by adopting healthy behaviors such as eating nutritious foods, being physically active and avoiding tobacco use.

CDC has supported a variety of programs aimed at promoting evidenced-based strategies to improve public health. However, despite indications of progress in overall population health, disparities in health status persist for many minority groups.

In fiscal year 2012, CDC received Affordable Care Act (ACA) funding to support Racial and Ethnic Approaches to Community Health (REACH) demonstration projects in two sites (Boston, Massachusetts, and Los Angeles, California). The sites are implementing culturally-tailored policy, systems, and environmental (PSE) strategies aimed at reducing rates of obesity and hypertension, and promoting health equity.

CDC plans to assess the effectiveness of the REACH demonstration projects through the "REACH Demonstration Projects: Evaluation Study (RES)." The RES is designed to examine the health impact of PSE strategies for promoting health. As required by the ACA, the evaluation will specifically assess changes in weight, proper nutrition, physical activity, tobacco use prevalence, and emotional well-being. Information collected for the RES will consist of targeted surveillance data, biometric measures, and information about health and life style decision making at the REACH demonstration program sites and one non-intervention comparison site (Atlanta, Georgia). Information will also be collected about key cultural and contextual factors that affect health and lifestyle decision-making. This information will provide insights about the barriers and facilitators that affect the adoption of healthy behaviors.

The specific aims of the RES include the following: (1) Examine trends of risk factors for chronic disease using behavioral and biometric indicators. (2)

Examine the reduction in health disparities within targeted populations for obesity and hypertension. (3) Identify factors that contribute to the decision-making process for individual change in health-related behavior and lifestyle change through the REACH health and lifestyle decision-making domain (HD).

The RES uses a cross-sectional design and will be conducted over a period of two years, collecting survey and biometric data in two cycles of data collection approximately 12 to 15 months apart. Respondents will be representative samples of adults who are 18 years of age or older, and youths between the ages of 9 and 17 years of age, who reside in the two REACH Demonstration sites or the comparison site. An address-based sampling (ABS) approach will be used to select the sample for each site. The sampling design will oversample households containing Black and Hispanic persons (targeted populations) and youths. For each REACH demonstration site, this will result in a sample of up to 1,800 adults and 400 youths for each cycle of data collection. The sample for the comparison site will consist of 2,400 adults and 800 youth for each cycle of data collection.

The information collection plan and instruments for the RES are modeled on the instruments and procedures developed by CDC for Community Transformation Grant (CTG) awardees (Targeted Surveillance and Biometric Studies for Enhanced Evaluation of CTGs, Office of Management and Budget

(OMB) No. 0920–0977, exp. 8/31/2016). For the RES, a Health and Lifestyle Decision-Making domain has been added to the Adult Targeted Surveillance Survey (ATSS) to assess individual change in health-related behavior and lifestyle. The Health and Lifestyle Decision-Making domain was developed by an expert panel that convened to conceptualize and operationalize the survey items based on the literature and existing instruments.

The RES will enable CDC to compare data across the three sites at two time periods and to use these data for comparisons with other sources of information, such as state-based behavioral risk factor surveys and the National Health and Nutrition Examination Survey (NHANES, OMB No. 0920–0237, exp. 10/31/2013). In addition, the added REACH Demonstration health and lifestyle decision-making domain will identify key contextual factors, such as perceived discrimination, perceived neighborhood safety, mistrust, and other concerns or issues that could potentially serve as mediating and moderating variables that impact health and lifestyle decisions.

The study will use computer-assisted personal interviewing technology. The names of respondents will not be included in any data sets or reports prepared from this project. Office of Management and Budget approval is requested for two years. Participation is voluntary, and 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 hrs)	Total burden (in hrs)
Adults ≥ 18 years of age in REACH Demonstration Program Sites or the Comparison Site.	Adult Telephone/In-person Recruitment Screener.	8,000	1	3/60	400
	Adult Targeted Surveillance Survey with HD Module	6,000	1	45/60	4,500
Youth ages 9–17 years in REACH Demonstration Program Sites or the Comparison Site. Youth Biometric Measures	Adult Biometric Measures	2,400	1	30/60	1,200
	Youth Targeted Surveillance Survey	1,600	1	20/60	533
		1,600	1	20/60	533
Total	7,166

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

[30-Day-14-0255]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639-7570 or send an email to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 359-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Resources and Services for the CDC National Prevention Information Network—Revision—National Center for HIV/AIDS, Viral Hepatitis, STD, & TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

(NCHHSTP) proposes to continue data collection for the Resources and Services Database of the CDC National Prevention Information Network and is requesting a 3-year approval of this revised information collection request (ICR).

The CDC, NCHHSTP program has the primary responsibility within the CDC and the U.S. Public Health Service for the prevention and control of HIV infection, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB), as well as for community-based HIV prevention activities, syphilis and TB elimination programs. To support NCHHSTP's mission and to link Americans to prevention, education, and care services, the CDC National Prevention Information Network (NPIN) serves as the U.S. reference, referral, and distribution service for information on HIV/AIDS, viral hepatitis, STDs, and TB. NPIN is a critical member of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that educate the American public about the grave threat to public health posed by HIV/AIDS, viral hepatitis, STDs, and TB, and provides services for persons infected with human immunodeficiency virus (HIV).

Established in 1988, the NPIN Resources and Services Database contains entries on approximately 9,000 organizations and is the most comprehensive listing of HIV/AIDS, STD and TB resources and services available throughout the country. This database describes national, state and local organizations that provide services related to HIV/AIDS, viral hepatitis, STDs, and TB, services such as

counseling and testing, prevention, education and support. The NPIN reference staff relies on the Resources and Services Database to respond to thousands of requests each year for information or referral from community based organizations, state and local health departments, and health professionals working in HIV/AIDS, STD and TB prevention. The CDC-INFO (formerly the CDC National AIDS Hotline) staff also uses the NPIN Resources and Services Database to refer up to 110,000 callers each year to local programs for information, services, and treatment. The American public can also access the NPIN Resources and Services database through the NPIN Web site. More than 56 million hits by the public to the Web site are recorded annually.

A representative from each new organization identified will be administered the resource organization questionnaire via the telephone. Representatives may include registered nurses, social and community service managers, health educators, or social and human service assistants. As part of the verification process for organizations currently included in the Resources and Services Database, about 33 percent of the organization's representatives will receive a copy of their current database entry by electronic mail, including an introductory message and a list of instructions. The remaining 70 percent will receive a telephone call to review their database record. There are no costs to respondents other than their time. The total estimated annual burden hours are 1,882.

ESTIMATED ANNUALIZED BURDEN HOURS

Form	Respondents	Number of respondents	Number of responses per respondent	Average burden per response
Initial Questionnaire Telephone Script	Registered Nurses	100	1	20/60
	Social and Community Service Managers	50	1	10/60
	Health Educators	50	1	13/60
	Social and Human Service Assistants	400	1	15/60
Telephone Verification	Registered Nurses, Social and Community Service Managers, and Health Educators.	2,400	1	10/60
	Social and Human Service Assistants	4,800	1	9/60
Email Verification (3,000 organizations)	Registered Nurses, Health Educators, and Social and Human Service Assistants.	3,300	1	10/60
	Social and Community Service Managers	300	1	12/60