

sampled group of 1,250 NFCSP caregivers at three points in time (baseline, six months later, and twelve months later), as well as to a comparison group of 1,250 caregivers not receiving NFCSP services at the same three points in time (baseline, six months later, and twelve months later), who will be identified through their care recipients who are receiving other OAA services. Additionally, the care recipients of each group of caregivers will be contacted, as feasible, and asked seven short questions at two points in time (baseline and twelve months later). ACL estimates the burden of this collection of information as follows: 2,513 hours for caregivers receiving NFCSP services, 2,186 hours for caregivers who are not receiving NFCSP services, 400 hours for the NFCSP caregivers' care recipients, and 400 hours for the non-NFCSP caregivers' care recipients, in addition to approximately 63 hours for the local Area Agencies on Aging (AAAs) to help with the respondent selection process, for a Total Burden for Study of 5,562 hours.

The proposed data collection tools may be found on the ACL Web site at http://www.aoa.gov/Program_Results/Outcome_Evaluation_Survey.aspx.

Dated: September 21, 2015.

Kathy Greenlee,

Administrator and Assistant Secretary for Aging.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

Bright Futures Pediatric Implementation Cooperative Agreement

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice of Single-Case Deviation from Competition Requirement for Program Expansion for the Bright Futures Pediatric Implementation Cooperative Agreement at the American Academy of Pediatrics, Grant Number U04MC07853.

SUMMARY: HRSA announces the award of a program expansion supplement in the amount of \$210,000 for the Bright Futures Pediatric Implementation (BFPI) cooperative agreement. The proposed program expansion supplement would provide funds to the American

Academy of Pediatrics (AAP) to support the integration of genetics and genomic medicine into pediatric primary care by testing genomic resources and tools to ensure relevance to clinical practice and the practicality of implementing them in clinical practice and the eventual addition to the Bright Futures Tool and Resources Kit.

The BFPI is authorized by the Social Security Act, Title V, Sections 501(a)(2) (42 U.S.C. 701(a)(2)), as amended. The BFPI is a national resource to promote integration of the "Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition" and subsequent editions, through strengthening, aligning, and fostering partnerships among families, health professionals, public health, and the broader community to promote children's health.

SUPPLEMENTARY INFORMATION: Intended Recipient of the Award: The American Academy of Pediatrics

Amount of the Non-Competitive

Award: \$210,000.

CFDA Number: 93.110.

Current Project Period: 02/01/2007—01/31/2017.

Period of Supplemental Funding: 2/1/2015—1/31/2016.

Authority: Social Security Act, Title V, Sections 501(a)(2) (42 U.S.C. 701(a)(2)), as amended.

Justification: Genetic information may be used to diagnose disease, predict risk of future disease, inform decision-making, and manage patient care. Although the number of evidence-based genomic applications relevant to pediatric practice is growing, lack of awareness and genetics-related skills among providers often results in significant lag time between the generation of evidenced-based findings and their integration into pediatric practice.

From June 1, 2011, to January 30, 2014, HRSA's Maternal and Child Health Bureau (MCHB) funded AAP to develop and implement the Genetics in Primary Care Institute (GPCI) program that provided models, best practices, and dissemination strategies for ensuring optimal integration of genetic medicine content and concepts into primary care practice.

Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition (hereafter referred to as *Bright Futures*), is a set of principles, strategies and tools that are theory-based, evidence-driven, and systems-oriented, that can be used to improve the health and well-being of all children. *Bright Futures* has become the primary source of clinical guidelines

and recommendations to improve health promotion and preventive practices for infants, children, and adolescents, including those with special healthcare needs, among pediatric health care providers. *Bright Futures* is an ideal platform for the GPCI tools to integrate the genetic guidelines into clinical practice and the addition of genomic tools and resources will strengthen and enhance the work of *Bright Futures*.

The purpose of the BFPI cooperative agreement, as stated in the funding opportunity announcement, is to improve the quality of health promotion and preventive services for all infants, children, adolescents, and their families, including children with special health care needs, through the effective national implementation of *Bright Futures*. To address the need for the integration of genetics and genomic medicine into pediatric primary care, AAP, working with MCHB, would support the development of the Think Genetics! Initiative using the GPCI tool, "Think Genetics! Daily Use in Pediatric Primary Care: A Case Series for the Continuity Clinic." This tool focuses on a wide range of clinical topics that are encountered in pediatric primary care and that require the primary care provider to "think genetically" in order to think more broadly about genetics/genomics when seeing patients in the clinic. The supplemental funds would allow MCHB to build on AAP's GPCI outputs, strong relationship with the pediatric primary care providers, and *Bright Futures* platform to help MCHB facilitate the integration of genetic guidelines into clinical practice.

As part of the current award, BFPI would recommend updates to *Bright Futures* based upon information from the GPCI to promote the importance of collecting a multigenerational family health history, as well as the collection of targeted, just-in-time family history information. As part of this project, AAP would engage five clinics in testing and revise several modules from the genetics case series to better understand what supports clinic directors, attending physicians, and residents need to implement the provision of genetics and genomic medicine in patient visits. In addition, AAP would compare the case series content with *Bright Futures* to determine content alignment as well as gaps.

AAP would partner with residency training programs, the Bright Futures Steering Committee, the Association of Pediatric Program Directors, and others, respectively, to ensure the development of a sound project implementation methodology consistent with the overall aims. Resources and tools would be

developed and/or refined based on results. Further, AAP would plan for the resulting tools and resources to be integrated into the Bright Futures Tool and Resource Kit (Bright Futures toolkit) or other anticipatory guidance resource materials (e.g., tip sheets, communication tools, and parent

education materials). The information obtained from these activities will inform MCHB's understanding of additional strategies needed to implement genomics into clinical practice.

FOR FURTHER INFORMATION CONTACT: Lynn Van Pelt, DMD, Division of Child, Adolescent, and Family Health, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 18W13B, Rockville, Maryland 20857; Ivanpelt@hrsa.gov.

Grantee/organization name	Grant number	State	Fiscal year 2015 authorized funding level	Fiscal year 2015 estimated supplemental funding
<i>The American Academy of Pediatrics</i>	U04MC07853	IL	\$1,176,800	\$210,000

Dated: September 21, 2015.

James Macrae,

Acting Administrator.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

Bright Futures Pediatric Implementation Cooperative Agreement

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice of Single-Case Deviation from Competition Requirement for Program Expansion for the Bright Futures Pediatric Implementation Cooperative Agreement at the American Academy of Pediatrics, Grant Number U04MC07853.

SUMMARY: HRSA announces its intent to award a program expansion supplement in the amount of \$75,000 for the Bright Futures Pediatric Implementation (BFPI) cooperative agreement. The purpose of the BFPI cooperative agreement, as stated in the funding opportunity announcement, is to improve the quality of health promotion and preventive services for all infants, children, adolescents, and their families, including children with special health care needs, through the effective national implementation of *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition (Bright Futures)*. The purpose of this notice is to award supplemental funds to collect baseline information to measure the improvement of coordination activities between home visiting and primary care providers by the American Academy of Pediatrics, the cooperative agreement awardee who serves as the BFPI, during

the budget period of February 1, 2015, to January 31, 2016. The BFPI is authorized by the Social Security Act, Title V, Sections 501(a)(2) (42 U.S.C. 701(a)(2)), as amended.

The BFPI is a national resource to promote integration of the *Bright Futures* through strengthening, aligning, and fostering partnerships among families, health professionals, public health, and the broader community to promote children's health.

SUPPLEMENTARY INFORMATION: Intended Recipient of the Award: The American Academy of Pediatrics.

Amount of the Non-Competitive Award: \$75,000.

CFDA Number: 93.110.

Current Project Period: 02/01/2007–01/31/2017.

Period of Supplemental Funding: 2/1/2015–1/31/2016.

Authority: Social Security Act, Title V, Sections 501(a)(2) (42 U.S.C. 701(a)(2)), as amended.

Justification: The HHS Strategic Plan for fiscal years (FYS) 2014 to 2018 includes the goal of strengthening health care by emphasizing primary and preventive care, linked with community prevention services. Such integration between primary health care services and public health efforts can promote efficiency, positively affect individual well-being, and improve population health. In alignment with this HHS goal, a goal of the BFPI cooperative agreement is to foster partnerships between families, health professionals, public health and the broader community to promote children's health through the effective national implementation of *Bright Futures*.

Home visiting within a strong early childhood system is a *Bright Futures*-recommended public health effort that could benefit from improved coordination with primary health care services. Studies have shown that improving coordination between primary health care services and home

visitors could yield improved adherence to preventative health services for at risk families, improved compliance and fidelity to evidence-based home visiting models, and stronger family engagement in community support services. For BFPI to improve integration between home visiting and primary care providers, it must first understand the current state of these partnerships.

The AAP collects data from pediatricians, the primary care medical providers most likely to encounter families with young children. AAP's Periodic Survey of Fellows is an established mechanism for surveying practice delivery among AAP's more than 60,000 pediatrician members, with response rates ranging from 50 to 55 percent, higher than many other national surveys of physicians. AAP conducts the survey every 2 years. The proposed program expansion supplement would fund AAP to collect additional complementary data from pediatricians and provide such data to MCHB.

The supplemental funds for survey questions would build on AAP's survey infrastructure to help MCHB understand the system, organization, and individual-level determinants and challenges that influence coordination between home visitors and pediatricians. AAP would add questions focusing on coordination between home visitors and pediatricians to the Fall 2015 Periodic Survey of Fellows that would be sent to a national random sample of approximately 1,600 non-retired United States members of the AAP. The survey would include specific questions about pediatricians' use of, and communication with, home visitors and perception of the role of the home visitor and the pediatrician in addressing several preventive care topics as part of routine well-child care and home visits. These topics include injury prevention, infant feeding practices, early reading/literacy development, developmental screening,