

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**

Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories (OMB Control No. 0920-0743, Exp. 10/31/2010)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Substantial evidence demonstrates the health benefits of breastfeeding. Breastfeeding mothers have lower risks of breast and ovarian cancers and type 2 diabetes, and breastfeeding better protects infants against infections, chronic diseases like diabetes and obesity, and even childhood leukemia and sudden infant death syndrome (SIDS). However, the groups that are at higher risk for diabetes, obesity, and poor health overall persistently have the lowest breastfeeding rates.

Health professionals recommend at least 12 months of breastfeeding, and Healthy People 2010 establishes specific national breastfeeding goals. In addition

to increasing overall rates, a significant public health priority in the U.S. is to reduce variation in breastfeeding rates across population subgroups. For example, in 2005, nearly three-quarters of white mothers started breastfeeding, but only about half of black mothers did so.

The health care system is one of the most important and effective settings to improve breastfeeding. In 2007, CDC conducted the first national survey of Maternity Practices in Infant Nutrition and Care (known as the mPINC Survey) in health care facilities (hospitals and free-standing childbirth centers). This survey was designed to provide baseline information and to be repeated every two years. The survey was conducted again in 2009. The survey inquired about patient education and support for breastfeeding throughout the maternity stay as well as staff training and maternity care policies.

Prior to the fielding of the 2009 iteration, CDC was requested to provide a report to OMB on the results of the 2007 collection. In this report, CDC provided survey results by geographic and demographic characteristics and a summary of activities that resulted from the survey.

Because the 2011 mPINC survey repeats the prior iterations (2007 and 2009), the methodology, content, and administration of it will match those used before. The census design does not employ sampling methods. Facilities are identified by using the American

Association of Birth Centers (AABC) and the American Hospital Association (AHA) Annual Survey of Hospitals. In addition to all facilities that participated in 2007 or 2009, the 2011 survey will include those that were invited but did not participate in 2007 or 2009 and any that are new since then. All birth centers and hospitals with ≥1 registered maternity bed will be screened via a brief phone call to assess their eligibility, identify additional locations, and identify the appropriate point of contact. The extremely high response rates to the 2007 mPINC survey of 82 percent and 81 percent to the 2009 iteration indicate that the methodology is appropriate and also reflects unusually high interest among the study population.

As with the initial surveys, a major goal of the 2011 follow-up survey is to be fully responsive to their needs for information and technical assistance. CDC will provide direct feedback to respondents in a customized benchmark report of their results and identify and document progress since 2007 on their quality improvement efforts. National and state reports will use de-identified data to describe incremental changes in practices and care processes over time at the facility, state, and national levels.

Participation in the survey is voluntary, and responses may be submitted by mail or through a Web-based system. 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 hours)	Total burden (in hours)
AHA and AABC Facilities with either ≥1 birth or ≥1 registered maternity bed.	Screening call .....	4,089	1	5/60	341
	2011 mPINC .....	3,281	1	30/60	1,641
<b>Total</b> .....	.....	.....	.....	.....	<b>1,982</b>

Dated: May 4, 2010.  
**Maryam I. Daneshvar,**  
*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Proposed Collection; Comment Request; The Framingham Heart Study (FHS)**

**SUMMARY:** 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 National Heart, Lung, and Blood Institute (NHLBI), the National

Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

*Proposed Collection: Title: The Framingham Heart Study. Type of Information Request: Revision (OMB No. 0925-0216). Need and Use of Information Collection: The Framingham Heart Study will conduct examinations and morbidity and mortality follow-up for the purpose of studying the determinants of cardiovascular disease. Examinations will be conducted on the original,*

offspring, and Omni Cohorts. Morbidity and mortality follow-up will also occur in all of the cohorts (original, offspring, third generation, and Omni). *Frequency of response:* The participants will be contacted annually. *Affected public:* Individuals or households; businesses or other for profit; small businesses or

organizations. *Types of Respondents:* Adult men and women; doctors and staff of hospitals and nursing homes. The annual reporting burden is as follows:

*Estimated Number of Respondents:* 6,921; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* .88; and *Estimated*

*Total Annual Burden Hours Requested:* 6,091. *The annualized cost to respondents is estimated at:* \$222,040. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

There are no capital, operating, or maintenance costs to report.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Individuals ..... (Participants and Informants) .....	4461	1	1.00	4442
Physicians .....	2460	1	0.67	1649
Totals .....	6921	.....	.....	6091

(Note: reported and calculated numbers differ slightly due to rounding.)

**Request For Comments:** Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's

estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of data collection plans and instruments, contact Dr. Gina Wei, Division of Cardiovascular Sciences, NHLBI, NIH, Two Rockledge Center, 6701 Rockledge Drive, MSC 7936, Bethesda, MD, 20892-7936, or call non-toll-free number (301) 435-0456, or e-mail your request, including your address to: [weig@nhlbi.nih.gov](mailto:weig@nhlbi.nih.gov).

**Comments Due Date:** Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: April 28, 2010.

**Suzanne Freeman,**  
*NHLBI Project Clearance Liaison, National Institutes of Health.*

**Michael Lauer,**  
*Director, DCVS, National Institutes of Health.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Submission for OMB Review; Comment Request; Lost People Finder System**

**SUMMARY:** Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Library of Medicine (NLM), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on February 8, 2010 (Vol. 75, No. 25, p. 6207) and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

*Proposed Collection: Title:* Lost People Finder System, *Type of Information Collection Request:* Extension of currently approved collection [OMB No. 0925-0612, expiration date 07/31/2010], *Form*

*Number:* NA; *Need and Use of Information Collection:* The National Library of Medicine (NLM) proposes the continuation of a voluntary collection of information to assist in the reunification of family members and loved ones who are separated during a disaster. Reunification is important to both the emotional well-being of people injured during a disaster and to their medical care. Family members often provide important health information to care providers who are treating the injured (e.g., providing medical history or information about allergies) and they may provide longer-term care for those released from emergency care. NLM proposes this data collection as part of its mission to develop and coordinate communication technologies to improve the delivery of health services. The data collection is authorized pursuant to sections 301, 307, 465 and 478A of the Public Health Service Act [42 U.S.C. 241, 242l, 286 and 286d]. NLM is a member of the Bethesda Hospitals' Emergency Preparedness Partnership (BHEPP), which was established in 2004 to improve community disaster preparedness and response among hospitals in Bethesda, Maryland that would likely be called upon to absorb mass casualties in a major disaster in the National Capital Region. BHEPP hospitals include the National Naval Medical Center (NNMC), the National Institutes of Health Clinical Center (NIH CC), and Suburban Hospital/Johns Hopkins Medicine. NLM, with its expertise in communications, information management, and medical informatics joined BHEPP to coordinate the R&D program, one element of which is development of a lost person finder to assist in family reunification after a disaster. The system could be deployed not only during a disaster in the