

Standards to undergo a national process of public comment that will result in a broader awareness of HHS interest in CLAS, significant input from stakeholder groups on the existing CLAS Standards, as well as a final revision of the CLAS Standards and accompanying commentary supported by the expertise of a National Project Advisory Committee. The final revisions will be published in the **Federal Register** as recommended national standards for adoption or adaptation by stakeholder organizations and agencies.

The publication of the CLAS Standards in the **Federal Register**, and publicizing the availability of the complete report with commentary on the Internet and through local, regional, and national organizations will facilitate reaching as wide an audience of stakeholders as possible. This period of dissemination and awareness-raising will include three regional meetings to gather and solicit detailed input from interested individuals and organizations that will complement and enhance the public comments received by OMH through electronic and written means.

Individuals and organizations desiring to provide input on the standards are encouraged to send comments during the public comment period which is from September 20 through December 31, 2010. Individuals mailing comments are requested to include the following information: Name, position, organization, mail, and e-mail addresses and to identify specifically those portions of their comments that pertain to: The wording or the content of individual standards, the purpose of the standards and/or the intended audience for the national standards.

Dates and locations of the meetings are as follows:

Baltimore, Maryland, Friday, October 22, 2010, The Hyatt Regency, 300 Light Street, Baltimore, MD 21202.

San Francisco, California, Thursday, November 4, 2010, The Stanford Court, A Renaissance Hotel, 905 California Street, San Francisco, CA 94108.

Chicago, Illinois, Monday, November 15, 2010, The James Hotel, 55 East Ontario Street, Chicago, IL 60611-2727.

All meetings will convene at 9 a.m. and conclude at 3 p.m. On-site registration will be available starting at 7:30 a.m.

Information about the CLAS Standards Enhancement Initiative is available electronically at <http://clashenhancements.thinkculturalhealth.org>.

Dated: September 2, 2010.

Garth N. Graham,

Deputy Assistant Secretary for Minority Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Solicitation of Written Comments on Draft Tier 2 Strategies/Modules for Inclusion in the "HHS Action Plan to Prevent Healthcare-Associated Infections"

AGENCY: Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Healthcare Quality.

ACTION: Notice.

SUMMARY: The Office of Healthcare Quality is soliciting public comment on three new strategies or modules of the "HHS Action Plan to Prevent Healthcare-Associated Infections." To further the HHS mission to protect the health and well-being of the nation, the HHS Steering Committee for the Prevention of Healthcare-Associated Infections has developed draft comprehensive strategies for preventing and reducing healthcare-associated infections in ambulatory surgical centers and end-stage renal disease facilities, as well as a strategy to increase influenza vaccination coverage among healthcare personnel. These Tier 2 modules build upon and are to be included in the existing "HHS Action Plan to Prevent Healthcare-Associated Infections" that focuses on reducing hospital-acquired infections (Tier 1).

DATES: Comments on the draft Tier 2 modules should be received no later than 5 p.m. on October 11, 2010.

ADDRESSES: The draft Tier 2 modules can be found at <http://www.hhs.gov/oph/initiatives/hai/actionplan/index.html#tier2>. Comments are preferred electronically and may be addressed to OHQ@hhs.gov. Written responses should be addressed to the Department of Health and Human Services, 200 Independence Ave, SW., Room 719B, Washington, DC 20201, Attention: Draft Tier 2 Modules.

FOR FURTHER INFORMATION CONTACT: Danielle Doughman, (202) 690-6476 or OHQ@hhs.gov.

SUPPLEMENTARY INFORMATION

I. Background

Healthcare-associated infections are among the leading causes of morbidity and mortality in the United States and the most common type of adverse event

in the field of healthcare today. They are defined as localized or systemic adverse events, resulting from the presence of an infectious agent or toxin, occurring to a patient in a healthcare setting. An epidemiologic study by the Centers for Disease Control and Prevention (CDC) revealed that the subset of HAIs with hospital-onset accounted for 1.7 million infections annually and were associated with 99,000 deaths in 2002. The fiscal cost is steep as well. Healthcare-associated infections contribute to an additional \$28 to \$33 billion dollars in healthcare expenditures annually.

For these reasons, the prevention and reduction of healthcare-associated infections is a top priority for the U.S. Department of Health and Human Services (HHS). Multiple agencies within HHS have been working to reduce the incidence and prevalence of healthcare-associated infections for decades. To further efforts, the HHS Steering Committee for the Prevention of Healthcare-Associated Infections was established in July 2008 and charged with developing a comprehensive strategy to progress toward the elimination of healthcare-associated infections.

In 2009, the Steering Committee issued the initial version of the "HHS Action Plan to Prevent Healthcare-Associated Infections." The initial strategy (Tier 1) focused on the prevention of infections in the acute care hospital setting and includes a prioritized research agenda; an integrated information systems strategy; policy options for linking payment incentives or disincentives to quality of care and enhancing regulatory oversight of hospitals; and a national messaging plan to raise awareness of HAIs among the general public, providers, and other stakeholder groups. The Action Plan also delineates specific measures and five-year goals to focus efforts and track national progress in reducing the most prevalent infections. In addition, the plan intended to enhance collaboration with non-government stakeholders and partners at the national, regional, state, and local levels to strengthen coordination and impact of efforts.

Recognizing the need to coordinate prevention efforts across healthcare facilities, HHS began to transition into the second phase (Tier 2) of the Action Plan in late 2009. Tier 2 expands efforts outside of the acute care setting into outpatient facilities (e.g., ambulatory surgical centers, end-stage renal disease facilities). The healthcare and public health communities are increasingly challenged to identify, respond to, and prevent healthcare-associated infections across the continuum of settings where

healthcare is delivered. The public health model's population-based perspective can be deployed to enhance healthcare-associated infection prevention, particularly given the shifts in healthcare delivery from the acute care (Tier 1) to ambulatory (Tier 2) and other settings.

Also, influenza transmission to patients by healthcare personnel is well documented. Healthcare personnel can acquire and transmit influenza from patients or transmit influenza to patients and other staff. Higher vaccination coverage among healthcare personnel has been associated with a lower incidence of healthcare-associated influenza cases. In addition, the proportion of healthcare-associated cases among hospitalized patients decreases as well, suggesting that increased staff vaccination can contribute to the decline in the number of healthcare-associated influenza cases.

The Steering Committee has drafted two strategies or modules that address healthcare-associated infection prevention in ambulatory surgical centers and end-stage renal disease facilities. An additional module addresses influenza vaccination of healthcare personnel. Similar to its Tier 1 efforts, Tier 2 healthcare-associated infection reduction strategies expect to be executed through research and guideline development, implementation of national quality improvement initiatives at the provider level, and creation of payment policies that promote infection control and reduction in healthcare facilities.

To assist the Steering Committee in obtaining broad input in the development of the three draft modules, HHS, through this request for information (RFI), is seeking comments from stakeholders and the general public on the draft Tier 2 modules. The modules can be found at <http://www.hhs.gov/ophs/initiatives/hai/actionplan/index.html#tier2>.

II. Information Request

The Office of Healthcare Quality, on behalf of the HHS Steering Committee for the Prevention of Healthcare-Associated Infections, requests input on three drafts: "Section A: Ambulatory Surgical Centers," "Section B: End-Stage Renal Disease Facilities," and "Section C: Influenza Vaccination of Healthcare Personnel." In addition to general comments, the Steering Committee is seeking input on any additional gaps not addressed in the draft strategies.

III. Potential Responders

HHS invites input from a broad range of individuals and organizations that

have interests in preventing and reducing healthcare-associated infections. Some examples of these organizations include, but are not limited to the following:

- General public
- Healthcare, professional, and educational organizations/societies
- Caregivers or health system providers (e.g., physicians, physician assistants, nurses, infection preventionists)
- State and local public health agencies
- Public health organizations
- Foundations
- Medicaid- and Medicare-related organizations
- Insurers and business groups
- Collaboratives and consortia

When responding, please self-identify with any of the above or other categories (include all that apply) and your name. Anonymous submissions will not be considered. The submission of written materials in response to the RFI should not exceed 10 pages, not including appendices and supplemental documents. Responders may submit other forms of electronic materials to demonstrate or exhibit concepts of their written responses. All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment.

Dated: September 16, 2010.

Don Wright,

Deputy Assistant Secretary for Healthcare Quality.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-10-10CW]

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) 639-5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Translation and Dissemination of Promising Community Interventions for Preventing Obesity—New—Division of Nutrition, Physical Activity and Obesity (DNPAO), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The need for prevention and reduction of overweight and obesity is compelling. In the U.S., 65% of adults are overweight or obese. Obesity contributes to chronic conditions such as hypertension, Type 2 diabetes, stroke, coronary heart disease, and osteoarthritis. Beyond the human costs, economic costs are extreme and are climbing. A report on prevention of childhood obesity, prepared by the Institute of Medicine in 2007, concluded that there are insufficient studies to generate recommendations for best practices in obesity prevention. Instead, the report compiles promising practices, including those set in communities.

CDC plans to apply methodology recommended by the CDC Task Force on Community Preventive Services to improve the translation and dissemination of promising practices into community-based obesity prevention programs. Information necessary to this purpose will be collected from the general public. Information will be collected concerning respondents' knowledge, attitudes, and beliefs about obesity and physical activity; the need for community leaders to encourage healthier diets and more physical activity; and opportunities for leveraging current community efforts.

Two hundred fifty respondents will be recruited to participate in a series of four, small-group discussions using Voice over Internet Protocol. In preparation for the initial discussion, respondents will be asked to review a set of briefing materials and a guide to on-line discussion groups. In addition, these respondents will complete an on-line questionnaire on two occasions. The questionnaire is designed to measure the relative importance of various proposals for policy and environmental change, and whether change has occurred in perceptions of roles and responsibilities for obesity prevention. The baseline or "pre-test" questionnaire will be administered before the initial discussion group, and the "post-test" questionnaire will be administered after all discussion groups have been completed.