

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

Report of Verified Case of Tuberculosis (RVCT), (OMB No.0920-0026 exp. 5/31/2011)—Extension—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In the United States, an estimated 10 to 15 million people are infected with *Mycobacterium tuberculosis* and about 10% of these persons will develop tuberculosis (TB) disease at some point

in their lives. The purpose of this project is to continue ongoing national tuberculosis surveillance using the standardized Report of Verified Case of Tuberculosis (RVCT). Data collected using the RVCT help State and Federal infectious disease officials to assess changes in the diagnosis and treatment of TB, monitor trends in TB epidemiology and outbreaks, and develop strategies to meet the national goal of TB elimination.

CDC currently conducts and maintains the national surveillance system pursuant to the provisions of section 301(a) of the Public Service Act [42 U.S.C. 241] and section 306 of the Public Service Act [42 U.S.C. 241(a)]. Data are collected by 60 reporting areas (the 50 States, the District of Columbia, New York City, Puerto Rico, and 7 jurisdictions in the Pacific and Caribbean). The last major revision of the RVCT data collection instrument was approved in 2008, in consultation with CDC's Division of Tuberculosis Elimination (DTBE), State and local health departments, and partner organizations including the National TB Controllers Association, the Council for

State and Territorial Epidemiologists, and the Advisory Committee for the Elimination of Tuberculosis. No revisions to the RVCT are proposed in this data collection extension request.

CDC publishes an annual report using RVCT data to summarize national TB statistics and also periodically conducts special analyses for publication to further describe and interpret national TB data. These data assist in public health planning, evaluation, and resource allocation. Reporting areas also review and analyze their RVCT data to monitor local TB trends, evaluate program success, and focus resources to eliminate TB. No other Federal agency collects this type of national TB data. In addition to providing technical assistance on the use of RVCT, CDC provides technical support for reporting software.

In this request, CDC is requesting approval for approximately 6,720 burden hours, an estimated decrease of 1,330 hours. This decrease is due to having fewer TB cases in the United States as we continue progress towards TB elimination. There is no cost to respondents except for their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Types of respondents	Number of respondents	Number of responses per respondent	Average burden response (in hours)	Total burden (in hours)
Local, State, and territorial health departments	60	192	35/60	6,720
Total	6,720

Dated: February 4, 2011.

Carol E. Walker,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-11-11CC]

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 404-639-5960 or send comments to Carol E. Walker, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333 or send an e-mail 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

Development and Evaluation of Eagle Books and Youth Eagle Books for American Indians and Alaska Natives (AI/ANs)—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The development of effective diabetes prevention programs targeting AI/AN youth is a compelling priority in education and public health. AI/ANs develop type 2 diabetes at younger ages, experience more years of disease burden and have a high probability of developing diabetes-related complications. However, research shows that type 2 diabetes can be prevented or delayed with healthy foods, moderate physical activity, and social support. A number of health

communication products have been developed specifically for AI/AN youth. These include the Eagle Books, the Youth Books, and the Diabetes Education in Tribal Schools (DETS) curriculum.

The Eagle Books are a series of four books that promote physical activity, eating healthy foods, learning from elders about health, and preventing type 2 diabetes. Almost 3 million copies of the Eagle Books have been distributed. The Eagle Books have been incorporated into the lesson plans for the Kindergarten (K) through fourth grades of the DETS curriculum, "Health is Life in Balance." Led by NIH and guided by Tribal consultation, the project engaged eight Tribal Colleges and Universities, CDC, and IHS to develop culturally-grounded, scientifically sound lessons to promote awareness about diabetes and lifestyle adaptations that can help prevent type 2 diabetes. CDC is currently developing additional books for Native American youth ages nine to thirteen (the "Youth Books").

CDC plans to conduct a descriptive evaluation of the Eagle Books and the DETS curriculum, as recommended by the Indian Health Service Tribal Leaders Diabetes Committee (TLDC), the CDC Diabetes Council (sponsored by the National Association of Chronic Disease Directors), and NDWP staff. Information will be collected using ethnographic

case study methodology in selected AI/AN communities that currently use the Eagle Books as well as the DETS curriculum.

Data collection will involve discussion groups and interviews conducted during site visits to 12 American Indian communities over three years. On average, information collection will occur in four communities per year and will involve 33 respondents per community. Each site visit will consist of: (i) Interviews with up to 3 community health representatives (e.g., health department representatives, community health workers, Tribal council members, etc.); (ii) Interviews with up to 2 school administrators from a local elementary school and a middle school; (iii) One discussion (focus) group with teachers from a local elementary school and one discussion group with teachers from a local middle school; (iv) Two discussion (focus) groups with children: One group with younger children (grades K-1) and one group with older children (grades 2-4); (v) Two discussion (focus) groups with parents: One group with parents of younger children and one group with parents of older children; and (vi) Observational tours of the community.

During the site visits, respondents will be asked to provide general feedback about the Eagle Books and how the Eagle Books have affected

knowledge, attitudes, and behaviors about healthy eating and physical activity. In addition, selected respondents will be asked about how the planned Youth Books could be, or have been, incorporated into or support the DETS curriculum. Community health representatives will be asked about local diabetes prevention efforts and how Eagle Books and the DETS curriculum have or could support these efforts. De-identified information will be collected and analyzed by staff from CDC's NDWP, with the assistance of a data collection contractor.

Findings will be used to enhance current and future community outreach and technical assistance efforts designed to promote sustainability of Eagle Books health messages and guide incorporation of the Youth Books into the DETS curriculum middle school lessons. Findings will also be used to identify "best practices" with regard to implementation and use of the Eagle Books and DETS, such as school and community engagement in Eagle Books and DETS, dissemination of Eagle Books and DETS health messages beyond the classroom, and policy or environmental changes made in response to Eagle Books and DETS health messages.

Participation is voluntary. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Community Health Representatives	Interview Guide for Community Health Representatives.	12	1	1	12
Administrators	Interview Guide for Administrators Grades K-4.	4	1	1	4
	Interview Guide for Administrators Grades 5-8.	4	1	1	4
Teachers	Discussion Guide for Teachers Grades K-4.	16	1	75/60	20
	Discussion Guide for Teachers Grades 5-8.	16	1	75/60	20
Parents	Discussion Guide for Parents Grades K-4.	48	1	1	48
Children	Discussion Guide for Children Grades K-1.	16	1	45/60	12
	Discussion Guide for Children Grades 2-3-4.	16	1	45/60	12
Total	132

Dated: February 7, 2011.

Carol E. Walker,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-11-0234]

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

National Ambulatory Medical Care Survey (NAMCS) (OMB No. 0920-0234 exp. 07/31/2012)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the utilization of health care provided by nonfederal office-based physicians in the United States. This revision is to notify the public of significant changes proposed for NAMCS for the 2011-2013 survey period. A three-year clearance is requested.

NAMCS was conducted annually from 1973 to 1981, again in 1985, and

resumed as an annual survey in 1989. The purpose of NAMCS, a voluntary survey, is to meet the needs and demands for statistical information about the provision of ambulatory medical care services in the United States. Ambulatory services are rendered in a wide variety of settings, including physician offices and hospital outpatient and emergency departments. The NAMCS target universe consists of all office visits made by ambulatory patients to non-Federal office-based physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who are engaged in direct patient care. In 2006, physicians and mid-level providers (i.e., nurse practitioners, physician assistants, and nurse midwives) practicing in community health centers (CHCs) were added to the NAMCS sample, and these data will continue to be collected. NAMCS provides a range of baseline data on the characteristics of the users and providers of ambulatory medical care. Data collected include the patients' demographic characteristics, reason(s) for visit, provider diagnoses, diagnostic services, medications, and visit disposition.

The President's fiscal year 2011 budget requests that Congress consider a budget increase for this survey for 2011. If the budget increase is approved by Congress, an increase in the sample size of approximately 1,000 physicians and 30,000 visit records is requested. NCHS is also increasing the sample by 500 physicians funded through the Patient Protection and Affordable Care Act (ACT) of 2010. Currently NAMCS produces national and regional estimates. These increases will greatly improve the ability to track providers' practice patterns, including their adoption and meaningful use of health information technology (HIT).

A supplemental mail survey on the adoption and use of electronic medical records (EMRs) in physician offices was added to NAMCS in 2008, and will continue. These data were requested by the Office of the National Coordinator for Health Information Technology (ONC), Department of Health and Human Services, to measure progress

toward goals for EMR adoption. The mail survey will collect information on characteristics of physician practices and the capabilities of EMRs used in those practices. To complement the EMR mail survey, NCHS plans to introduce a provider-based mail survey to assess physician workflow before and after EMR implementation. The EMR workflow mail survey is also sponsored by ONC and will evaluate the progress of meeting the President's goal for most Americans to have access to an interoperable electronic health record by 2014.

Scheduled to begin in 2012, a proposed asthma supplement will be administered to primary care physicians, physicians likely to see asthma patients, and all CHC providers. This supplement will provide a more accurate picture of the uptake and implementation of specific asthma management guidelines. Also beginning in 2012, questions are being added to the NAMCS induction form to collect information on the frequency of referrals and use of complementary and alternative medicine (CAM) by conventional providers. These questions will show the extent to which conventional providers are integrating CAM into their treatment plans.

In 2011, NAMCS will include an additional sample of 300 physicians to pretest the asthma supplement, CAM questions, and computerized assisted interviewing instruments that will mimic current NAMCS forms. If the pretest is successful, NCHS will add the new CAM items, asthma supplement, and computerized instruments for data collection beginning in 2012.

Users of NAMCS data include, but are not limited to, Congressional offices, Federal agencies, State and local governments, schools of public health, colleges and universities, private industry, nonprofit foundations, professional associations, clinicians, researchers, administrators, and health planners.

There is no cost to respondents other than their time to participate. The total estimated annualized burden hours are 12,179.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Hours per response
Core NAMCS:				
Office-based physicians/CHC providers ..	Physician Induction Interview (NAMCS-1)	5,012	1	28/60
Community Health Center Directors	Community Health Center Induction Interview (NAMCS-201).	104	1	20/60