

ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Healthcare Providers (Physicians, Nurse Practitioners, Physician Assistants, Nurses).	Form D: Experience Survey	40	4	1/60	3
Healthcare Providers (Physicians, Nurse Practitioners, Physician Assistants, Nurses).	Discussion Group	32	2	2	128
Individual/patients	Discussion Group	48	2	2	192
Total .....	.....	.....	.....	.....	1016

Seleda Perryman,

Office of the Secretary, Paperwork Reduction Act Clearance Officer.

[FR Doc. 2011-4113 Filed 2-23-11; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-New; 60-day Notice]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the

use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to Sherrette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 60 days.

Proposed Project: Research Evaluation and Impact Assessment of ARRA Comparative Effectiveness Research Portfolio (New)—OMB No. 0990-NEW—Assistant Secretary Planning and Evaluation (ASPE).

Abstract: Researchers and policymakers have emphasized the need for research on effectiveness of health care interventions under real-world conditions in diverse populations and clinical practice settings, that is, comparative effectiveness research (CER). The American Reinvestment and Recovery Act of 2009 (ARRA) expanded Federal resources devoted to CER by directing \$1.1 billion to the U.S.

Department of Health and Human Services (HHS) for such research.

ARRA also called for a report to Congress and the Secretary of HHS on priority CER topics by the Institute of Medicine (IOM). The report presented priority CER topics and recommendations to support a robust and sustainable CER enterprise. In addition, ARRA established the Federal Coordinating Council on Comparative Effectiveness Research (FCCER) to help coordinate and minimize duplicative efforts of Federally sponsored CER across multiple agencies and to advise the President and Congress on how to allocate Federal CER expenditures.

This project seeks to evaluate and assess the products and outcomes of ARRA-funded CER investments and the impacts of those investments on the priority topics recommended by IOM and on the categories and themes of the FCCER framework. The primary goals of this evaluation are to (1) conduct an initial assessment of the ARRA CER portfolio, cataloguing how CER funding was invested to achieve the vision of the FCCER and assessing initial impact from the perspective of various stakeholders; and (2) lay the groundwork for future CER investments by identifying investment opportunities, evidence gaps and lessons learned.

ESTIMATED ANNUALIZED BURDEN TABLE

Instrument	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total burden hours
PSLA Web-based PI/PD survey	Principal investigators and project directors.	730	1	20/60	243
PSLA in-depth interviews	Principal investigators and project directors.	50	1	1	50
SSLA Web-based key stakeholder survey.	Key stakeholders: health care providers, health care organization administrators, and patients/consumers.	3,600	1	15/60	900
SSLA focus groups	Members of the general public	120	1	2	240

ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Instrument	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total burden hours
SSLA in-depth interviews	Stakeholders: health care providers, health care organization administrators, patients/consumers, employers and payers, researchers, and developers of health innovations.	60	1	1	60
Total .....	.....	4,560	.....	.....	1,493

Seleda Perryman,
Office of the Secretary, Paperwork Reduction Act Clearance Officer.
 [FR Doc. 2011-4115 Filed 2-23-11; 8:45 am]
BILLING CODE 4150-05-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day-11-0445]

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

School Health Policies and Practices Study 2012 (formerly titled School Health Policies and Programs Study, OMB No. 0920-0445, exp. 11/30/2008)—Reinstatement with Changes—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

A limited number of preventable behaviors, usually established during youth and often extended into adulthood, contribute substantially to the leading causes of mortality and morbidity during youth and adulthood. These risk behaviors include those that result in unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to HIV infection, other STDs, and unintended pregnancies; unhealthy dietary behaviors; and physical inactivity.

School-based instruction on health topics offers the most systematic and efficient means of enabling young people to avoid the health risk behaviors that lead to such problems. CDC has previously examined the role that schools play in addressing health risk behaviors through the School Health Policies and Programs Study (SHPPS, OMB No. 0920-0445), a series of data collections conducted at the state, district, school, and classroom levels in 1994 (OMB No. 0920-0340, exp. 1/31/1995), 2000 (OMB No. 0920-0445, exp. 10/31/2002), and 2006 (OMB No. 0920-0445, exp. 11/30/2008).

CDC plans to reinstate data collection in 2012 with changes. SHPPS 2012 will collect information to assess the characteristics of eight components of school health programs at the elementary, middle, and high school levels: health education, physical

education, health services, mental health and social services, nutrition services, healthy and safe school environment, faculty and staff health promotion, and family and community involvement. Twenty-two questionnaires will be used: six at the state level, seven at the district level, seven at the school level, and two at the classroom level. Minor modifications, such as question wording, will be made to the SHPPS 2006 questionnaires to improve clarity and to reflect a change in the mode of administration. State- and district-level data collection in 2006 was conducted via computer-assisted telephone interviewing; in 2012 this data collection will be self-administered via the Internet. A new component to the SHPPS 2012 study is the inclusion of vending machine observation, which will yield the only nationally representative dataset of snack and beverage offerings available to students through school vending machines. Finally, state-level questionnaires will be revised to reduce redundancy in CDC-sponsored data collections.

The 2012 SHPPS data collection will have significant implications for policy and program development for school health programs nationwide. The results will be used by Federal agencies, state and local education and health agencies, the private sector, and others to support school health programs; monitor progress toward achieving health and education goals and objectives; develop educational programs, demonstration efforts, and professional education/training; and initiate other relevant research initiatives to contribute to the reduction of health risk behaviors among our nation's youth. SHPPS 2012 data will also be used to provide measures for 14 Healthy People 2020 national health objectives. No other national source of data exists for these objectives.

There are no costs to respondents other than their time.