

the exercise of this authority prior to the effective date of this delegation.

This delegation is effective upon date of signature.

Dated: March 4, 2011.

**Kathleen Sebelius,**  
Secretary.

[FR Doc. 2011-5808 Filed 3-11-11; 8:45 am]

BILLING CODE 4165-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Proposed Collection; Comment Request—Interactive Diet and Activity Tracking in AARP (iDATA): Biomarker Based Validation Study**

*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 Cancer Institute (NCI), 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:* Interactive Diet and Activity Tracking in AARP (iDATA): Biomarker Based Validation Study.

*Type of Information Collection Request:* New.

*Need and Use of Information Collection:* The AARP-based study is one component of a multi-center biomarker validation study project involving two other large cohorts in the United States. The iDATA study involves large cohorts and provides the necessary sample size to evaluate the measurement error structure of the diet and physical activity assessment instruments and the heterogeneity of the measurement error structure across multiple and diverse study populations. The iDATA study will include 1,500 participants from the NIH-AARP Diet and Health Study and current AARP membership. The data collection instruments adhere to The Public Health

Service Act, which provides authority to the Risk Factor Monitoring and Methods Branch in the Division of Cancer Control and Population Sciences and the Division of Cancer Epidemiology and Genetics. Both divisions work to reduce cancer in the U.S. population by establishing and supporting programs for the detection, diagnosis, prevention and treatment of cancer; and by collecting, identifying, analyzing and disseminating information on cancer research, diagnosis, prevention and treatment. Dietary and physical activity data will be gathered using the instruments as detailed below. In addition, biospecimen and clinic data will be also gathered.

*Frequency of Response:* Monthly.

*Affected Public:* Individuals.

*Type of Respondents:* U.S. adults (persons aged 50–74).

The annual reporting burden is provided for each study component as shown in the table below. There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

**TABLE 1 ESTIMATES OF ANNUAL BURDEN HOURS**  
[Type of respondents for all instruments: Adult participants, 50–74 years of age]

Study component	Instrument	Number of respondents	Frequency of response	Average time per response (minutes/hour)	Annual burden hours	
Screening .....	Pre-Screening Telephone Interview (Attachment 1) ...	1,334	1	15/60 (.25)	334	
	Clinic Eligibility Screening Interview (Attachment 3) ...	742	1	10/60 (.167)	124	
Clinical Components .....	NHANES III Anthropometry (Attachment 13) .....	742	3	10/60 (.167)	371	
	Resting Metabolic Rate—Main (Attachment 7) .....	742	1	30/60 (.50)	371	
	Resting Metabolic Rate—Subsample (Attachment 7)	34	1	30/60 (.50)	17	
	Fasting Blood Protocol and Form (Attachment 5) .....	742	2	10/60 (.167)	247	
	Fitness test Protocol and Form (Attachment 10) .....	742	1	15/60 (.25)	186	
	Physical Activity Readiness Questionnaires—PAR—Q or PARmed-X (Attachments 11A–11B).	742	1	5/60 (.083)	62	
	Doubly Labelled Water—Main (Attachment 6) .....	742	1	40/60 (.667)	495	
	Doubly Labelled Water—Subsample (Attachment 6)	34	1	40/60 (.667)	23	
	Dietary Questionnaires .....	Automated Self-Administered 24-hour Dietary Recall (ASA24) (Attachment 32).	742	6	30/60 (.50)	2,227
		4-Day Food Record (Attachment 17) .....	742	2	60/60 (1.0)	1,485
Diet History Questionnaire (DHQ*Web-II) (Attachment 33).		742	2	45/60 (.75)	1,114	
Physical Activity Questionnaires.	7-Day Food Checklist (Attachment 16) .....	742	2	60/60 (1.0)	1,485	
	Activities Completed over Time in 24 Hours (ACT24) (Attachment 34).	742	6	30/60 (.50)	2,227	
	Community Healthy Activities Model Program for Seniors (CHAMPS) (Attachment 19).	742	2	15/60 (.25)	371	
	Harvard Lifestyle Validation Study Physical Activity Questionnaire (Attachment 18).	742	2	10/60 (.167)	247	
	Sedentary Behaviors Questionnaire (Attachment 21)	742	2	20/60 (.33)	495	
	Stanford physical activity Survey (Attachment 22) .....	742	2	8/60 (.133)	198	
	NIH-AARP physical activity questions (Attachment 20).	742	2	10/60 (.167)	247	
Home Collections .....	24 Hour Urine Collection Log (Attachment 14) .....	742	2	60/60 (1.0)	1,485	
	Saliva Protocol and Form (Attachment 15) .....	742	3	10/60 (.167)	371	
	Heart Rate Monitor Log (Attachment 8) .....	34	1	35/60 (.583)	20	
	Physical Activity Monitor Log (Accelerometer/Inclinometer) (Attachment 12).	742	2	35/60 (.583)	866	
Total .....	.....	.....	.....	.....	15,060	

*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) Evaluate 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) Evaluate 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) Enhance the quality, utility, and clarity of the information to be collected; and (4) 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 the data collection plans and instruments, contact Heather Bowles, Risk Factor Monitoring and Methods Branch, Division of Cancer Control and Population Sciences, National Cancer Institute, 6130 Executive Blvd MSC 7344, Bethesda, MD 20892-7335 or call non-toll-free number 301-496-7344 or e-mail your request, including your address to: [bowleshr@mail.nih.gov](mailto:bowleshr@mail.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: March 8, 2011.

**Vivian Horovitch-Kelley,**

*NCI Project Clearance Liaison, National Institutes of Health.*

[FR Doc. 2011-5800 Filed 3-11-11; 8:45 am]

**BILLING CODE 4140-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Proposed Collection; Comment Request; Process Evaluation of the NIH Roadmap Epigenomics Program**

*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 Institute of Drug Abuse (NIDA), 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:* Process Evaluation of the NIH Roadmap Epigenomics Program.

*Type of Information Collection Request:* New.

*Need and Use of Information Collection:* The proposed information collection is essential to the process evaluation of the NIH Roadmap Epigenomics Program. The process evaluation is a requirement of each awardee funded under the NIH Roadmap Epigenomics Program. This participation requirement is stated in the program's Requests for Applications.

This evaluation study, a mixed-methods study which uses secondary source documentation and information from tracking and monitoring systems along with primary data to assess program process and progress, is non-experimental. The assessment is based on secondary source information, with primary source information collection added to augment the reliability and internal validity. The primary data collection uses information categories

that genuinely tap added distinctions and opinions that relate to it to build the weight of evidence from first-hand sources and substantiate the initial hypotheses about the program phenomenon and its differences from a typical research portfolio of individual and insular projects.

The synthesized results across primary and secondary data sources will provide critical insights on transformativeness of high-impact, trans-NIH programs and contribute important information about the synergies and collaborations in multi-component scientific research. It will also identify areas for program improvement and lessons learned that might be useful to other research programs of the Agency.

To reduce response bias and to make the survey as accessible as possible to busy principal investigators, the survey will be Web-based.

*Frequency of Response:* Once.

*Affected Public:* Principal Investigators of the program at not-for-profit institutions.

*Type of Respondents:* Principal Investigators.

The annual reporting burden is as follows:

*Estimated number of Respondents:* 53.

*Estimated Number of Responses per Respondent:* 1.

*Average Burden Hours Per Response:* 0.33.

*Estimated Total Annual Burden Hours Requested:* 17.49.

*The annualized cost to respondents is estimated at:* \$891.99.

There are no Capital Costs, Operating Costs and/or Maintenance Costs to report.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Number of respondents	Frequency of responses per respondent	Average burden hours per response	Annual burden hours requested
Principal Investigators .....	53	1	0.33 (20 minutes) .....	17.49

*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 the data collection plans and instruments, contact Genevieve deAlmeida-Morris, PhD, M.P.H., Project Officer, Office of Science Policy and Communications, NIH/NIDA, NSC—Neuroscience Center, 5229, 6001