DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration on Aging

Supplemental Funding for the Senior Medicare Patrol (SMP) Program

ACTION: Notice of intent to provide supplemental funding to the existing cooperative agreement (90NP0001) with the Administration on Aging.

SUMMARY: The Administration on Aging is announcing the intent to provide supplemental grant funds for the support of the Senior Medicare Patrol (SMP) program. The goal of this supplemental grant funding is to address the increased need of SMP project grantees for technical assistance and support from the National Consumer Protection Technical Resource Center (the Center). This need has been generated by CMS program expansion grants which have recently doubled the size of the SMP program.

Funding Opportunity Title/Program Name: National Consumer Protection Technical Resource Center

Catalog of Federal Domestic Assistance (CFDA) Number: 93.048 Discretionary Projects.

I. Award Information

A. Intended Recipient: Hawkeye Valley Area Agency on Aging, Inc.

B. Purpose of the Award: Supplemental funding to provide expanded support for the SMP program network.

C. Amount of the Award: $178,000.


II. Justification for the Exception to Competition

AoA has awarded the National Consumer Protection Technical Resource Center (the Center) a cooperative agreement through the competitive awards process to provide technical assistance, training, and support to the 54 SMP program grantees on a nationwide basis. Through this cooperative agreement, the Center develops the tools, materials, website, expertise, resources and training activities to assist SMP projects in fulfilling their mission of educating seniors to prevent healthcare fraud. Starting in September 2010, the Centers for Medicare and Medicaid Services (CMS) provided additional funding to double the size of the SMP program. The SMP program expansion has resulted in unanticipated additional requirements and needs for technical assistance and support for SMP projects from the Center. In particular the need for enhanced and improved collection of SMP outcomes, including new data elements within the SMART FACTS system, has been generated by SMP expansion. Additional requirements for Center support of the SMP volunteer program have also been generated by the program expansion and capacity building initiative. Expanded funding is expected to greatly increase the SMP projects’ requests for technical assistance and support from the Center. Supplemental funding is necessary to ensure the Center can continue to fulfill its technical assistance and support role in a timely and effective manner to meet the increased needs of the expanded SMP program.

III. Agency Contact

Direct inquiries regarding programmatic issues to U.S. Department of Health and Human Services, Administration on Aging, Office of Elder Rights, Washington, DC 20201; telephone: Barbara Dieker (202) 357–0139; e-mail Barbara.Dieker@aoa.hhs.gov.

Dated: July 7, 2011.

Kathy Greenlee, Assistant Secretary for Aging.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

[30-Day–11–09AL]

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 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

The Green Housing Study—New—National Center for Environmental Health (NCEH) and Agency for Toxic Substances and Disease Registry (ATSDR)/Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This study directly supports the Healthy People 2020 Healthy Homes’ health protection goal of the Centers for Disease Control and Prevention (CDC). This investigation is also consistent with CDC’s Health Protection Research Agenda, which calls for research to identify the major environmental causes of disease and disability and related risk factors.

The efficacy of green building design features in reducing allergens and toxic substances within the home has been assumed based on conventional wisdom. A better understanding is needed of the extent to which green-built, low-income housing actually reduces exposures to these compounds when compared to standard-built, low-income housing. In addition, this study may provide insight into how specific green building practices (e.g., use of low chemical-emitting paints and carpets) may influence levels of substances in the home such as volatile organic compounds (VOCs). A study investigating these topics would provide a solid foundation upon which to explore green affordable housing’s potential to promote healthy homes principles.

The title of this study has changed since publication of the initial 60-day Federal Register Notice (FRN) (formally...
stated as The Green Housing Study: Environmental Health Impacts on Women and Children in Low-income Multifamily Housing); however, the goals remain the same. These goals will be accomplished in ongoing building renovation programs sponsored by the Department of Housing and Urban Development (HUD). In partnership with HUD, the CDC will leverage opportunities to collect survey and biomarker data from residents and to collect environmental measurements in homes in order to evaluate associations between green housing and health.

Participants will include children with asthma and their mothers/primary caregiver living in HUD-subsidized housing that has either received a green renovation or is a comparison home (i.e., no renovation) from thirteen study sites across the United States. The following are eligible for the study: 1) 832 children (age 7–12 years with asthma) and 2) 832 mothers/primary caregivers. Children with asthma (ages 7–12 years) will donate blood samples (for assessment of allergy) and urine samples (for assessment of pesticide and VOC exposures). The children with asthma (ages 7–12 years) will be also tested for lung function and lung inflammatory markers, and nasal and throat swabs samples will be collected to assess for acute respiratory infections. The length of follow-up is one year. Questionnaires regarding home characteristics and respiratory symptoms of the children will be administered at 1- to 6-month intervals.

Environmental sampling of the air and dust in the participants’ homes will be conducted over a 1-year period (once in the home before rehabilitation (baseline I), and then at three time points after rehabilitation has been completed: Baseline II, 6 months, and 12 months). Environmental sampling includes measurements of air exchange rate, pesticides, VOCs, indoor allergens, fungi, temperature, humidity, and particulate matter.

To obtain sufficient statistical power, approximately 1000 adults (mothers/primary caregivers) will complete the screening forms. We assume after screening, some will not be eligible (an estimate of roughly 17%). Therefore, we will recruit 832 asthmatic children (age 7–12 years) and their mothers/primary caregivers. In summary, expected overall response rate could range from 69%–86% for the eligible participants in the study from screening through the end of data collection. The number and type of respondents that will complete the questionnaires are 832 mothers/primary caregivers of enrolled children with asthma (ages 7–12 years). All health and environmental exposure information about children will be provided by their mothers/primary caregivers (i.e., no children will fill out questionnaires).

There is no cost to the respondents other than their time to participate in the study. The total estimated annual burden hours equals 2356.

### ESTIMATED ANNUALIZED BURDEN HOURS

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<th>Forms</th>
<th>Respondents</th>
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<th>Number of responses per respondent</th>
<th>Average burden per response (in hours)</th>
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Catina Conner,  
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.  
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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
Notice of Intent To Award Affordable Care Act (ACA) Funding, EH10–1003  
Notice of Intent to award Affordable Care Act (ACA) funding to National Association for Health Data Organizations (NAHDO) to continue with the existing partnership and conduct projects for facilitating linkages between health outcome and environmental data. The NAHDO–Tracking collaboration has proven to be an important step in establishing access to existing hospital and emergency department data. This award was proposed in the grantee’s Fiscal Year (FY) 2011 non-Competing Continuation application under funding opportunity EH10–1003, “National Environmental Public Health Tracking Program.”