Background and Brief Description

Cardiovascular disease is a leading cause of death and disability for men and women in the United States, among the most costly health problems facing our nation today, and among the most preventable. Risk factors for cardiovascular disease include high blood pressure and high cholesterol. Because over 50% of diabetics have high blood pressure, high cholesterol, or both conditions, the optimal systems to treat people with hypertension, high cholesterol, or diabetes are interrelated.

In 2005, CDC's Division for Heart Disease and Stroke Prevention (DHDSP) began developing evaluation indicators that reflect evidence-based outcomes from policy, systems, and environmental changes related to heart disease and stroke prevention. However, many of the indicators for short-term policy and systems changes do not have readily available data sources. This is particularly true for outcomes related to health care systems changes.

In 2011, CDC proposes to conduct a new information collection, the National Survey of Primary Care Policies for Managing Patients with High Blood Pressure, High Cholesterol, or Diabetes (NSPCP). The survey will be targeted to practice managers of non-federally run primary care physician practices that include at least one family practitioner or at least one physician specializing in internal medicine. Respondents will be drawn from a nationally representative sample of physician practices. The NSPCP survey instrument will undergo cognitive testing before dissemination.

The Web-based NSPCP will collect information about physician practices' use of evidence-based systems, including multidisciplinary team approaches for chronic disease treatment, electronic health records (EHR) with features appropriate for treating patients with chronic disease (*e.g.,* clinical decision supports, patient registries), and patient follow-up mechanisms. A follow-up survey will be conducted two years after completion of the baseline NSPCP. Approximately 900 physicians will participate in each cycle of data collection (baseline and follow-up). On an annualized basis, approximately 600 physicians will participate in the NSPCP per year, and 1,333 practices will be screened for participation.

Information from both cycles of data collection will be compared to monitor changes in health systems and dissemination of health systems technology. Results will be used by primary care practices to inform their systems for managing patients with chronic conditions and to improve the quality of care delivered. Results will be used by CDC to improve technical assistance to public health partners.

OMB approval is requested for three years. Participation in the NSPCP is voluntary, and all responses will be de-identified. There are no costs to respondents other than their time. The total estimated annualized burden hours are 317.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hr)
Physician	Cognitive Testing Interview Guide	5	1	75/60
Medical Secretary	NSPCP Screener	1,333	1	5/60
Physician	NSPCP	600	1	20/60

Dated: July 22, 2011.

Daniel Holcomb,

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–11–11CD]

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

Tourette Syndrome National Education and Outreach Program—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This program will collect program evaluation data from participants of educational workshops and recipients of educational resources on Tourette Syndrome (TS) conducted by the Tourette Syndrome Association in a cooperative agreement with the CDC.

TS is an inherited, neurobiological movement disorder characterized by involuntary motor and vocal tics that typically manifest during childhood. The exact number of people with TS is unknown. Data from the National Survey of Children's Health 2007 resulted in an estimate that 3 out of every 1,000 U.S. children (about 148,000) 6 through 17 years of age had been diagnosed with TS. Higher prevalence estimates obtained from community studies likely mean that there are a significant number of individuals who have TS, but who have not been diagnosed. TS is three to four times more common among males than females.

It is estimated that tens of thousands or Americans with TS either go undiagnosed or the clinical care they do receive is inadequate. There is no known cure. The disorder may express itself with mild symptoms for some, and severe symptoms for others. Depending on the severity and duration, tic symptoms may also be diagnosed as chronic motor or vocal tic disorder, transient tic disorder, and tic disorder not otherwise specified. TS is associated with a high rate of co-morbid conditions.

There is a lack of accurate treatment information among the medical community as well as the general public, and a limited number of expert physicians—all resulting in significant under-diagnosis, misdiagnosis, and inadequate treatment with scant follow-up care. Children also meet with stigma

and inadequate responses in educational settings, limiting their educational and social success.

To address these issues, the Tourette Syndrome Association has developed educational workshops and materials to improve the recognition and awareness of TS diagnosis, treatment, co-occurring conditions, and quality of life for those impacted by TS. Health education programs have been developed for 3 groups of audiences: Health professionals, education professionals, and people with TS and their families. The format includes general education programs for the 3 groups, as well as two more in-depth medical training programs for physicians on TS and on the Comprehensive Behavioral Intervention for Tics (CBIT) treatment. In addition, a range of professional health education materials in various formats have been developed as educational resources and will be disseminated.

CDC requests OMB approval to collect program evaluation information from workshop participants and recipients of educational materials over a three-year period. Participants of the workshops and recipients of educational resources will be completing program evaluation forms to provide information on whether the workshop or resource met the educational goals. The information will be used to improve future workshops.

There are no costs to respondents other than their time. The total estimated annual burden hours are 277.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)	Response burden (in hours)
Health professionals	Medical Program Evaluation	1,200	1	2/60	40
Health professionals	Physician Training Retreat Pre-test	50	1	3/60	3
	Physician Training Retreat Post-test	50	1	3/60	3
	Physician Training Retreat 3-Month Follow-up.	30	1	2/60	1
Health professionals	CBIT Program Evaluation	500	1	2/60	17
	CBIT Pre-test	500	1	3/60	25
	CBIT Post-test	500	1	3/60	25
	CBIT Online Program Evaluation	50	1	1/60	1
	CBIT Program 3-Month Follow-up	300	1	1/60	5
Health professionals	Medical Resource Dissemination	210	1	2/60	7
Teachers/Educators	Education Program Evaluation	1,200	1	2/60	40
	Education Program Pre-test	800	1	3/60	40
	Education Program Post-test	800	1	3/60	40
	Education Resource Dissemination	210	1	2/60	7
Public	Family/Public Education Program Evaluation.	250	1	2/60	8
	Family/Public Medical Program Evaluation.	250	1	2/60	8
	Family Resource Dissemination	200	1	2/60	7

Dated: July 22, 2011.

Daniel L. Holcomb,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: ACF–535 LIHEAP Quarterly Allocation Estimates.

OMB No.: 0970–0037.

Description: The LIHEAP Quarterly Allocation Estimates, ACF Form-535 is a one-page form that is sent to 50 State grantees and to the District of Columbia. It is also sent to Tribal Government grantees that receive over $1 million annually for the Low Income Home Energy Assistance Program (LIHEAP). Grantees are asked to complete and submit the form in the 4th quarter of each year. The data collected on the form are grantees estimates of obligations they expect to make each quarter for the upcoming fiscal year for the LIHEAP program. This is the only method used to request anticipated distributions of the grantees LIHEAP funds. The information is used to develop apportionment requests to OMB and to make grant awards based on grantees anticipated needs. Information collected on this form is not available through any other Federal source. Submission of the form is voluntary.

Respondents: State Governments.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
LIHEAP Quarterly Allocation Estimate, ACF–535	55	1	0.25	13.75