

agency mortgage-backed securities. The Desk is also directed to begin purchasing agency mortgage-backed securities at a pace of about \$40 billion per month. The Committee directs the Desk to engage in dollar roll and coupon swap transactions as necessary to facilitate settlement of the Federal Reserve's agency MBS transactions. The System Open Market Account Manager and the Secretary will keep the Committee informed of ongoing developments regarding the System's balance sheet that could affect the attainment over time of the Committee's objectives of maximum employment and price stability."

October 5, 2012.

By order of the Federal Open Market Committee.

**William B. English,**

*Secretary, Federal Open Market Committee.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Announcement of Solicitation of Written Comments on Modifications of Healthy People 2020 Objectives

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of the Assistant Secretary for Health, Office of Disease Prevention and Health Promotion.

**ACTION:** Notice.

**SUMMARY:** The U.S. Department of Health and Human Services (HHS) solicits written comments regarding new objectives proposed to be added to Healthy People 2020 since its launch in December 2010 and written comments proposing new objectives to be included within existing Healthy People 2020 Topic Areas. Public participation helps shape Healthy People 2020, its framework, objectives, organization, and targets. Healthy People 2020 will provide opportunities for public input periodically throughout the decade to ensure Healthy People 2020 reflects current public health priorities and public input. The updated set of Healthy People 2020 objectives will be incorporated on [www.healthypeople.gov](http://www.healthypeople.gov). This set will reflect further review and deliberation by the Topic Area workgroups, Federal Interagency Workgroup on Healthy People 2020, and other Healthy People 2020 stakeholders.

**DATES:** Written comments will be accepted until 5:00 p.m. ET on November 5, 2012.

**ADDRESSES:** Written comments will be accepted via an online public comment database at <http://healthypeople.gov/2020/about/publicComment.aspx>; by mail at Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Attn: Public Comment 1101 Wootton Parkway, Room LL-100, Rockville, MD 20852; fax—240-453-8281; or email—[HP2020@hhs.gov](mailto:HP2020@hhs.gov).

**FOR FURTHER INFORMATION CONTACT:**

Theresa Devine, MPH, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, 1101 Wootton Parkway, Room LL-100, Rockville, MD 20852, *Theresa.Devine@hhs.gov* (email), 240-453-6112 (telephone), 240-453-8281 (fax).

**SUPPLEMENTARY INFORMATION:** For three decades, Healthy People has provided a comprehensive set of national 10-year health promotion and disease prevention objectives aimed at improving the health of all Americans. Healthy People 2020 objectives provide a framework by presenting a comprehensive picture of the nation's health at the beginning of the decade, establishing national goals and targets to be achieved by the year 2020, and monitoring progress over time. The U.S. Department of Health and Human Services (HHS) is soliciting the submission of written comments regarding new objectives proposed to be added to Healthy People 2020 since its launch in December 2010.

Healthy People 2020 is the product of an extensive collaborative process that relies on input from a diverse array of individuals and organizations, both within and outside the federal government, with a common interest in improving the nation's health. Public comments were a cornerstone of Healthy People 2020's development. During the first phase of planning for Healthy People 2020, HHS asked for the public's comments on the vision, mission, and implementation of Healthy People 2020. Those comments helped set the framework for Healthy People 2020. The public was also invited to submit comments on proposed Healthy People 2020 objectives, which helped shape the final set of Healthy People 2020 objectives.

The public is now invited to comment on new objectives proposed to be added to Healthy People 2020. These new objectives were developed by Topic Area workgroups led by various agencies within the federal government. They have been reviewed by a Federal Interagency Workgroup on Healthy People 2020 and are presented now for the public's review and comment. The

public is also invited to suggest additional objectives for consideration that address critical public health issues within existing Healthy People 2020 Topic Areas. All proposed new objectives must meet all of the objective selection criteria (see below).

Written comments will be accepted at <http://healthypeople.gov/2020/about/publicComment.aspx> during a three-week public comment period beginning in October 2012. The public will also be able to submit written comments via mail, fax, and email (see contact information above). Comments received in response to this notice will be reviewed and considered by the Topic Area workgroups, Federal Interagency Workgroup on Healthy People 2020, and other Healthy People 2020 stakeholders.

### Objective Selection Criteria

The following nine criteria should be taken into consideration when commenting on the proposed or suggesting additional objectives.

1. The result to be achieved should be important and understandable to a broad audience and support the Healthy People 2020 goals.

2. Objectives should be prevention oriented and/or should address health improvements that can be achieved through population-based and individual actions, and systems-based, environmental, health-service, or policy interventions.

3. Objectives should drive actions that will work toward the achievement of the proposed targets (defined as quantitative values to be achieved by the year 2020).

4. Objectives should be useful and reflect issues of national importance. Federal agencies, states, localities, non-governmental organizations, and the public and private sectors should be able to use objectives to target efforts in schools, communities, work sites, health practices, and other environments.

5. Objectives should be measurable and should address a range of issues, such as: Behavior and health outcomes; availability of, access to, and content of behavioral and health service interventions; socio-environmental conditions; and community capacity—directed toward improving health outcomes and quality of life across the life span. (Community capacity is defined as the ability of a community to plan, implement, and evaluate health strategies.)

6. Continuity and comparability of measured phenomena from year to year are important, thus, when appropriate, retention of objectives from previous Healthy People iterations is encouraged. However, in instances where objectives and/or measures have proven ill-suited

to the purpose or are inadequate, new improved objectives and/or new measures should be developed. Whether or not an objective has met its target in a previous Healthy People iteration should not be the sole basis for retaining or deleting an objective.

7. The objectives should be supported by the best available scientific evidence. The objective selection and review processes should be flexible enough to allow revisions to objectives in order to reflect major updates or new knowledge.

8. Objectives should address population disparities. These include populations categorized by race/ethnicity, socioeconomic status, gender, disability status, sexual orientation, and geographic location. For particular health issues, additional special populations should be addressed, based on an examination of the available evidence on vulnerability, health status, and disparate care.

9. Healthy People 2020, like past versions, will be heavily data driven. Valid, reliable, nationally representative data and data systems should be used for Healthy People 2020 objectives. Each objective will have (1) a data source, or potential data source, identified, (2) baseline data and (3) assurance of at least one additional data point throughout the decade.

Dated: October 1, 2012.

**Don Wright,**

*Deputy Assistant Secretary for Health, Office of Disease Prevention and Health Promotion.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-13-0612]

**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 404-639-7570 and

send comments to Ronald Otten, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to [omb@cdc.gov](mailto: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**

Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Reporting System (OMB #0920-0612, exp. 3/31/2013)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Cardiovascular disease (CVD), which includes heart disease, myocardial infarction, and stroke, is the leading cause of death for women in the United States, and is largely preventable. The WISEWOMAN program (Well-Integrated Screening and Evaluation for Women Across the Nation), administered by the Centers for Disease Control and Prevention (CDC), was established to examine ways to improve the delivery of services for women who have limited access to health care and elevated risk factors for CVD. The program focuses on reducing CVD risk factors and provides screening services for select risk factors such as elevated blood cholesterol, hypertension and abnormal blood glucose levels. The program also provides lifestyle interventions and medical referrals. On an annual basis, 21 grantees funded through the WISEWOMAN program have provided services to approximately 30,000 women who are already participating in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), also administered by CDC.

CDC currently collects information from WISEWOMAN grantees to support continuous program monitoring and

improvement activities. CDC seeks to extend OMB approval for one additional year. There are no changes to the number of respondents, the data items reported to CDC, the estimated burden per response, or the total estimated annualized burden. All information will continue to be collected twice per year.

Information reported to CDC includes baseline and follow-up data (12 months post enrollment) for all women served through the WISEWOMAN program. These data, called the minimum data elements (MDE), include data elements that describe risk factors for the women served in each program and data elements that describe the number and type of intervention sessions attended. Funded grantees compile the data from their existing databases and report the MDE to CDC on April 15th and October 15th of each year.

The MDE data provide an assessment of how effective the WISEWOMAN program is at reducing the burden of cardiovascular disease risk factors among women who utilize program services. The information collected from grantees is also used to assess the cost-effectiveness and impact of the program. Because certain demographic information has already been collected as part of NBCCEDP, the additional burden of WISEWOMAN program reporting is modest.

The overall program evaluation is designed to demonstrate how WISEWOMAN can obtain more complete health data on vulnerable populations, promote public education about disease incidence and risk-factors, improve the availability of screening and diagnostic services for under-served women, ensure the quality of services provided to under-served women, and develop strategies for improved interventions. The information reported to CDC also includes programmatic information related to grantee management, public education and outreach, professional education, service delivery, cost, and progress toward meeting stated programmatic objectives.

All MDE information will be submitted to CDC electronically. The estimated burden per response for Screening and Assessment MDE is 16 hours. The estimated burden per response for Lifestyle Intervention MDE is 8 hours. Progress reports will be submitted in hardcopy format. The estimated burden per response for each progress report is 16 hours.