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.

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. 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.

ADDRESS: 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.


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
categories 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.
[FR Doc. 2012–25259 Filed 10–12–12; 8:45 am]
BILLING CODE 4150–32–P
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.
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,
and 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.