survey, (3) decrease the data collection burden for each PRC by decreasing the number of questions collected on an annual basis, and (4) revise some questions for clarity or to reflect the current needs and priorities of the program.

CDC will continue to use the information reported by PRCs to identify training and technical assistance needs, respond to requests for information from Congress and other sources, monitor grantees' compliance with cooperative agreement requirements, evaluate progress made in achieving goals and objectives, and describe the impact and effectiveness of the PRC Program.

There is no change in the number of respondents (37). Each PRC program will report the required information to CDC once per year. The estimated burden per response for the web-based survey will decrease from six hours to five hours, and the estimated burden per response for each telephone interview will decreased from one hour to 30 minutes. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
PRC Program	Survey	37	1	5	185
	Telephone Interview	37	1	30/60	19
Total					204

Dated: December 13, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director.

[FR Doc. 2012–30562 Filed 12–18–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–13–12PS]

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 (404) 639–7570 or send an email 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

Evaluation of the Get Yourself Tested (GYT) Campaign—New—National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this data collection is to evaluate the reach and impact of the *GYT: Get Yourself Tested* campaign. Evaluation of *GYT* will be based on data collected from 4000 young adults. The data will be collected through a 30-minute, web-based survey. Data from the survey will then be quantitatively evaluated to determine the reach and impact of the *GYT: Get Yourself Tested* campaign.

This information needs to be collected in order to evaluate whether the *GYT: Get Yourself Tested* campaign is reaching the appropriate target audience, identify messages the audience is taking away from *GYT;* determine whether individuals who saw the *GYT* campaign are more likely to engage in target behaviors and their mediators; and determine whether perceived norms around testing, treatment, and sexual health vary between people who have seen the campaign and those who have not. The information obtained from the proposed data collection will be used by CDC to improve, update and decide whether to continue the *GYT* campaign and to determine whether *GYT* is able or unable to impact norms and behaviors related to STD testing. It will also be used to inform future efforts to communicate with the public about STD/HIV testing.

Because the *GYT* campaign targets young adults and minority youth, populations with higher rates of STD/HIV than the general population, it is essential to examine the effectiveness of this communication to determine whether this campaign is addressing these high STD/HIV rates. If the campaign is not evaluated, there will be no evidence-based criteria which can be used to guide the future of the campaign. Additionally, future efforts to communicate with the public and providers about STD/HIV issues will be hampered by the lack of evidence of this campaign's effectiveness.

CDC, National Association of City and County Health Officials (NACCHO) and Knowledge Networks will disseminate the study results to the public through reports prepared for/by CDC, NACCHO and Knowledge Networks and through peer-reviewed journal articles and related presentations. All releases of information will be reviewed and approved by CDC and partner organizations involved with GYT.

This evaluation study will rely on a Web-based survey to be self-administered at home or at work on personal computers. Using the existing research panel as a population from which to draw a sample of participants has many advantages. First, because the panel is already recruited, consented, and familiar with the technology, there is no burden of recruitment and introduction to the survey method. This saves a great deal of burden on the public and on CDC, as we need not engage in random-digit dialing (RDD) or other sampling procedures to accrue participants, and we need not spend time explaining how to complete the survey. Second, Knowledge Networks has conducted the research to validate the sample and ensure its representativeness. This enhances the generalizability of the study, and thus the value of the results is greater than if we relied on a sample of phone-recruited volunteers. Third, Knowledge Networks has conducted surveys of sensitive and stigmatized topics in the past, including an in-depth and explicit sexual behavior survey. These surveys have been extremely successful. This allows us to proceed with confidence in the method, the contractor, and the survey design. The total annualized

response burden is estimated at 2000 hours for 4000 web-based surveys.

There are no costs to respondents other than their time.

ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hrs.)
Young adults	Web-based survey	4000	1	30/60

Dated: December 13, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–30563 Filed 12–18–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–13–13EP]

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 or send comments to Ron Otten, 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

Million Hearts™ Hypertension Control Challenge—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Cardiovascular disease is a leading cause of death for men and women in the United States, among the most costly health problems facing our nation today, and among the most preventable. Heart disease and stroke also contribute significantly to disability. High blood pressure, also known as hypertension, is one of the leading causes of heart disease and stroke. Currently, about 67 million American adults have high blood pressure but fewer than half (46%) have adequately controlled blood pressure. The costs of hypertension and its associated diseases are estimated at $156 billion annually, including the cost of medical care and the cost of lost productivity.

In September 2011, CDC launched the Million Hearts™ initiative with the goal of preventing one million heart attacks and strokes by 2017. In order to achieve this goal, at least 10 million more Americans must have their blood pressure under control. Toward this end, Million Hearts™ is promoting clinical practices that are effective in increasing blood pressure control among patient populations. There is scientific evidence that provides general guidance on the types of system-based changes to clinical practice that can improve patient blood pressure control, but more information is needed to fully understand implementation practices so that they can be shared and promoted.

In May 2013, CDC proposes to launch the Million Hearts™ Hypertension Control Challenge to identify clinical practices and health systems that have been successful in achieving high rates of hypertension control and to develop models for dissemination. The most successful clinical practices or health plans will be recognized as Million Hearts™ Hypertension Control Champions and will receive a cash award of $5,000–$15,000. Recognition will be provided to two groups of practices: Those that represent fewer than 50,000 covered lives, and those that represent 50,000 or more covered lives. Providers eligible to apply for recognition include single practice providers, group practice providers, and healthcare systems. The Challenge is authorized by Public Law 111–358, the America Creating Opportunities to Meaningfully Promote Excellence in Technology, Education and Science Reauthorization Act of 2010 (COMPETES Act).

CDC requests OMB approval to collect the information needed to identify, qualify, and rank applicants for recognition through the Million Hearts™ Hypertension Control Challenge. Interested providers or clinical programs may voluntarily self-nominate their practice or healthcare system by completing a web-based nomination form located on the Challenge.gov web portal. The nomination process will include submission of the minimum amount of data needed to provide evidence of clinical success in achieving hypertension control, including: (a) Two point-in-time measures of the clinical hypertension control rate for the patient population, (b) the size of the clinic population served, and (c) a description of the sustainable systems adopted to achieve hypertension control rates. The estimated burden for completing the nomination form is 30 minutes.

CDC scientists or contractors will assign a preliminary score to each submitted nomination form. Those with the highest preliminary scores will be further reviewed by a CDC-sponsored panel of three to five experts in hypertension control. The panel will provide CDC with a ranked list of nominees recommended for recognition through the Million Hearts™ Hypertension Control Challenge.

Finalists will be asked to participate in a data verification process so that CDC can verify the information submitted on the nomination form. The estimated burden to the respondent is one hour, which includes time to review