

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)
Physicians (Single or Group Practices or Health System).	Million Hearts® Hypertension Control Champion Nomination Form.	1,735	1	.5
Finalists	Million Hearts® Hypertension Control Champion Data Verification Form.	30	1	1
Selected Champion	Interview Guide: Million Hearts® Hypertension Control Champion.	30	1	2

Ron A. Otten,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-13-0915]

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 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

Formative Research to Support the Development of Sickle Cell Disease

Educational Messages and Materials for the Division of Blood Disorders (0920-0915, Expired 01/31/2013)—Reinstatement—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC seeks to improve the quality of life of people living with sickle cell disease (SCD). To accomplish this goal, CDC aims to address the need for educational messages and materials for adolescents, young adults, adults, and older adults living with SCD. CDC is interested in understanding the informational needs of these audiences related to the adoption of healthy behaviors and the prevention of complications associated with sickle cell disease. To develop valuable messages and materials, CDC will conduct formative focus groups with people with SCD across the country. Participants will stem from four urban centers as well as more remote, rural areas. Based on the findings from the formative focus groups, CDC will develop and test draft messages.

A total of 10 focus groups will be conducted. Eight focus groups with people with SCD would be held in four cities: Atlanta, GA; Detroit, MI; Oakland, CA; and Philadelphia, PA. Two in-person focus groups—one with males and one with females—will be

conducted in each city with each target audience: adolescents aged 15-17, young adults aged 18-25, adults aged 26-35, and older adults 36 and over. To reach more rural participants, two telephone focus groups will be conducted: one with female adolescents aged 15-17 and a second with male older adults aged 36 and older.

The focus groups will be conducted with eight to nine participants in each and will last 2 hours. As part of the focus group, participants will complete an informed consent or adolescent assent form before discussion begins. The parents of the expected 27 adolescent participants (three groups of 9 each) will fill out a permission form to provide their consent in advance of the groups. The use of trained moderators and a structured moderator's guide will ensure that consistent data are collected across the groups. In total, up to 90 people with SCD will participate in the focus group data collection. It is estimated that 120 potential participants will need to be screened to reach the target of 90 participants. The estimated time per response for screening and recruitment is 12 minutes.

CDC requests OMB approval to extend clearance for one year. There is no cost to respondents other than their time. The estimated annualized burden hours for this data collection activity are 204.

ESTIMATED ANNUALIZED BURDEN HOURS

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Parents of adolescents (aged 15-17) living with SCD. Young adults (aged 18-25) living with SCD. Adults (aged 26-35) living with SCD. Older adults (aged 36+) living with SCD.	Participant Screener and Recruitment Script	120	1	12/60
Adolescents (aged 15-17) living with SCD Young adults (aged 18-25) living with SCD. Adults (aged 26-35) living with SCD. Older adults (aged 36+) living with SCD.	Focus Group Moderator's Guide	90	1	2

Ron A. Otten,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Immunization Practices (ACIP)

In accordance with section 10(a) (2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announce the following meeting of the aforementioned committee:

Times and Dates: 8:00 a.m.–5:00 p.m., June 19, 2013; 8:00 a.m.–4:00 p.m., June 20, 2013.

Place: CDC, Tom Harkin Global Communications Center, 1600 Clifton Road, NE., Building 19, Kent “Oz” Nelson Auditorium, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available.

Purpose: The committee is charged with advising the Director, CDC, on the appropriate uses of immunizing agents. In addition, under 42 U.S.C. 1396s, the committee is mandated to establish and periodically review and, as appropriate, revise the list of vaccines for administration to vaccine-eligible children through the Vaccines for Children (VFC) program, along with schedules regarding the appropriate periodicity, dosage, and contraindications applicable to the vaccines. Further, under provisions of the Affordable Care Act, at section 2713 of the Public Health Service Act, immunization recommendations of the ACIP that have been adopted by the Director of the Centers for Disease Control and Prevention must be covered by applicable health plans.

Matters To Be Discussed: The agenda will include discussions on: General recommendations, influenza, Japanese encephalitis vaccine, pertussis vaccine, Herpes zoster vaccine, rotavirus vaccines, human papillomavirus vaccines, and vaccine supply. Recommendation votes are scheduled for influenza and Japanese encephalitis vaccine. Time will be available for public comment. Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Felicia Betancourt, National Center for Immunization and Respiratory Diseases, CDC, 1600 Clifton Road NE., MS-A27, Atlanta, Georgia 30333, Telephone: (404) 639-8836, Email: ACIP@CDC.GOV

The meeting is webcast live via the World Wide Web; for instructions and more information on ACIP please visit the ACIP Web site: <http://www.cdc.gov/vaccines/acip/index.html>.

The Director, Management Analysis and Services Office, has been delegated the

authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 78 FR 25743-25746, dated May 2, 2013) is amended to establish the Office of Safety, Security, and Asset Management, Office of the Chief Operating Officer, Office of the Director, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the titles and functional statements for the Buildings and Facilities Office (CAJC); the Logistics Management Branch (CAJHW); Procurement and Grants Office (CAJH); the Office of Security and Emergency Preparedness (CAJJ); Office of Safety, Health and Environment (CAJP); insert the following:

Office of Safety, Security and Asset Management (CAJS). The Office of Safety, Security and Asset Management (OSSAM) serves as the lead organizational entity for providing a safe, secure, functional, and healthy workplace environment for Centers for Disease Control and Prevention (CDC) staff while ensuring environmental stewardship and appropriate management of agency assets.

Office of the Director (CAJS1). (1) Directs, manages, coordinates and evaluates the programs and activities of OSSAM service offices; (2) develops goals and objectives and provides leadership, policy formulation and guidance in program planning and development; and (3) provides advice and counsel to the CDC Director, the

Chief Operating Officer, and other senior Office of the Director (OD) and Centers/Institute/Offices (CIO) officials on all OSSAM programs and activities.

Office of Financial, Administrative, and Information Services (CJAS12). (1) Provides administrative guidance, advice, and support to OSSAM employees; (2) manages OSSAM information technology support, including system development, maintenance, design and implementation; (3) provides direction, strategy, analysis, and operational support in all aspects of OSSAM's human resources operations; (4) develops and implements internal policies and procedures, including developing related communications; (5) serves as the performance ombudsman for OS SAM; (6) provides office space allocation for all OSSAM programs; (7) serves as the point of contact between OSSAM OD and the Office of the Chief Financial Officer; (8) provides funding ceiling information to each OSSAM office; (9) manages all OSSAM salary and budget spending; (10) provides oversight, guidance and approval for the procurement process OS SAM-wide; (11) provides oversight of property accountability, including appointing an OSSAM property accountability officer; (12) provides guidance and oversight related to the records management requirements and process; and (13) establishes and enforces OSSAM-related travel policies.

Office of Operations (CAJS13). (1) Implements, maintains, and updates CDC's Integrated Emergency Management Program, Emergency Response Plans (ERPs) and CDC Continuity Of Operations (COOP) communications vehicles; (2) conducts and evaluates annual tabletop, functional, and full-scale exercises for all CDC facilities with ERPs; (3) recommends future emergency management and emergency response-related programs, policies, and/or procedures; (4) oversees technical programs to ensure a safe, secure and healthy workplace while ensuring all worksite issues are properly addressed and brought to closure; (5) oversees the Quarterly Performance Review process; and (6) provides oversight and guidance to OSSAM liaison officers who support programs as the key contact for matters related to safety, security, facilities, logistics and sustainability.

Public Health and Intelligence Office (CAJS14). (1) Provides leadership and operational and technical support for development and implementation of intelligence activities; (2) analyzes and disseminates intelligence related to public health, medical and scientific