

lending activities, pursuant to section 225.28(b)(1).

Board of Governors of the Federal Reserve System, May 29, 2013.

Michael J. Lewandowski,
Assistant Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-13-13TY]

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 D-74, 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

National Survey of Community-Based Supports for Healthy Eating and Active Living—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

According to the Dietary Guidelines for Americans and Physical Activity Guidelines for Americans, both published by the federal government, the consumption of a healthful diet and regular physical activity are important behaviors for the prevention of obesity and other chronic diseases.

Behavior change is made at the level of the individual. However, models such as the socioecological model suggest that health and behavior are determined by many factors or “levels of influence” that extend beyond the individual. There is growing consensus among experts that one of these factors is the environment that surrounds the individual. Characteristics of the environment can support or discourage the choices individuals make. Within communities, the establishment of policies by local governments is an initial step to changing the environments that support healthier behaviors for diets and physical activity.

Currently, little is known about the environmental and policy supports for healthful diets and regular physical activity within a community and how these supports are changing across time. As a result, CDC plans to conduct a survey to address this gap in knowledge. The survey will be administered to a nationally representative sample of 4,484 communities. Respondents will be city planners/managers in these

communities. Information will be collected about the following topics: community-wide planning efforts for healthy eating and active living, the built environment and policies that support physical activity, and policies and practices that support access to healthy food and healthy eating. Data will be collected using a secure, web-based survey data collection system, with telephone and mail follow-up for non-response.

The proposed survey content and data collection procedures incorporate lessons learned during an initial pilot study (OMB No. 0920-0934, “Pilot Study of Community-Based Surveillance and Supports for Healthy Eating/Active Living”, expiration 5-31-2013).

Assessment of policy and environmental supports for healthful eating and physical activity will serve multiple uses. First, the collected data will describe the characteristics of communities that have specific policy and practice supports favorable for healthy diets and regular physical activity. Second, the collected data will help identify the extent to which communities implement strategies consistent with current national recommendations. Third, local agencies may use the data collected to consider how they compare nationally or with other municipalities of a similar geography, population size, or urbanicity. Fourth, this information can help guide communities in their local decision-making efforts on feasible policy and environmental interventions or solutions for healthy behaviors or choices. Finally, information collected through this survey may serve as a baseline to track community-level policies and practices across time.

Participation is voluntary and there are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of esponses per respondent	Average burden per response (in hr)	Total Burden (in hrs)
City/Town Planner or Manager.	Survey of Community-Based Policy and Environmental Supports for Healthy Eating and Active Living.	4,484	1	30/60	2,242
City/Town Planner or Manager.	Telephone Non-response Follow-up Contact Script.	4,484	5	5/60	1,868
Total					4,110

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-13-13KZ]

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 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Salt Sources Study—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Stroke and heart disease are directly related to high blood pressure, a condition that affects about 67 million Americans (31 percent of U.S. adults). Sodium intake directly and progressively increases blood pressure and subsequently increases the risk of heart disease and stroke. It has been

estimated that an average reduction of as little as 400 mg of sodium daily, or about 11% of average U.S. sodium intake, would prevent more than 28,000 deaths and save 7 billion health care dollars annually. The U.S. Department of Health and Human Services (HHS) has designated reduction in sodium intake as one of CDC's Winnable Battles, as a component of the Million Hearts™ initiative, and as a Healthy People 2020 objective.

There is a critical need for current, accurate information about the sources of sodium intake among diverse groups of adults living in the United States. CDC plans to conduct a new Salt Sources Study to obtain information about the amount of sodium consumed from various sources (including sodium from processed and restaurant foods, sodium inherent in foods, and salt added at the table and during cooking) and to examine variability across population subgroups. Data collection will include an observational component as well as a sub-study designed to refine the accuracy of estimates of total sodium intake and discretionary sodium intake.

Information will be collected in three distinct geographic regions: (1) Minneapolis/St. Paul, Minnesota, (2) Birmingham, Alabama, and (3) Palo Alto, California. Over a two-year period, a study center in each location will recruit 150 participants (total N=450) with the aim of selecting an equal number of adults ages 18–74 years by approximately 10-year age groups in each sex-race group, including whites, blacks, Hispanics, and Asians. A sub-study will be conducted among a subgroup of 150 of these participants (50 per site). One study center will serve as a study coordinating center and will transmit de-identified information to CDC through a secure Web site. CDC is authorized to conduct this information collection under section 301 of the

Public Health Service Act (42 U.S.C. 241).

For the observational study component, CDC estimates that each study site will enroll 75 participants per year. After completing a screening process, each participant will complete a personal questionnaire, a tap water questionnaire, four 24-hour dietary recalls, and four qualitative food records. In addition, height and weight information on each participant will be collected, and each participant will collect duplicate portions of their cooking/table salt. Fifteen participants at each site will also provide water samples that will be analyzed to produce estimates of the amount of sodium in private sources of tap water.

The Salt Sources Study will include a sub-study to help determine the accuracy of estimates of total sodium intake and discretionary salt intake. CDC will ask about 25 participants at each site to use a Study Salt for 11 days instead of their own household salt, provide additional information based on four 24-hour urine collections, four follow-up urine collection questionnaires, and three follow-up questionnaires on Study Salt use. The Study Salt contains a very small amount of lithium, a metal found in trace amounts in all plants and animals.

Results from the Salt Sources Study will be used to inform public health strategies to reduce sodium intake, determine if substantial variability in sources of sodium intake exists by socio-demographic subgroups, and better inform estimates of salt added at the table used in Healthy People 2020 objectives related to sodium reduction.

OMB approval is requested for two years. Participation in the Salt Sources Study is voluntary and there are no costs to participants other than their time. The total estimated annualized burden hours are 1,372.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)
Adults aged 18–74 years	Telephone Recruitment and Screening	225	1	10/60
	Participant Questionnaire	225	1	10/60
	Discretionary Salt Use Questions from NHANES 2009.	225	1	5/60
	Height and Weight	225	1	10/60
	Study Orientation and Scheduling	225	1	20/60
	Tap Water Questionnaire	225	1	5/60
	24-Hour Dietary Recall	225	4	30/60
	Food Record	225	4	15/60
	Duplicate Salt Sample Collection	225	4	10/60
	Water Collection Form and Instructions	15	1	5/60
	24-hour Urine Collection	75	4	50/60
	Follow-up Urine Collection Questionnaire	75	4	10/60