

century, yet despite the historically high burden of STH infections in these endemic areas of the United States, few resources have been devoted to surveillance, prevention, and treatment of STH infections in recent years and they are missed by routine information collection systems. As a result, the current prevalence of STH infections in previously endemic areas is unknown, but socioeconomic and environmental conditions favorable to ongoing transmission persist in areas of the south, including Alabama and Mississippi. Collecting this data, along with biological specimens to document infection, is critical to determine the prevalence of STH infections, their distribution, and risk factors associated

with infection. This data will be used to inform the development and implementation of effective and sustainable prevention and control measures in affected areas.

The core data elements were developed with input from community advocates, and local, state, and federal public health and environmental health partners in both Alabama and Mississippi. The questionnaires have been designed for self-completion by respondents. The data that are collected will be pooled and analyzed by university partners and CDC, to generate hypotheses about potential risk factors for infection.

CDC requests OMB approval to collect critical information, not available otherwise, on the prevalence and

distribution of disease and on risk factors, knowledge, attitudes and/or practices related to STH infections among residents in at-risk areas in Alabama and Mississippi. This information is critical for planning and implementation of disease prevention and control strategies targeting STH infections in the southeastern United States.

This data collection is not expected to entail substantial burden for respondents. The estimated total annualized burden associated with this data collection is 220 hours (approximately 958 individuals interviewed × 10 minutes/response). There will be no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Individuals	Questionnaire—Alabama	600	1	10/60	100
Individuals	Questionnaire—Mississippi	358	1	10/60	60
Individuals	Anthropometric data—Mississippi	358	1	10/60	60
Total .....	.....	.....	.....	.....	220

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-19-19TG; Docket No. CDC-2019-0010]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites

comment on the Million Hearts® Hospital/Health System Recognition Program that recognizes institutions working systematically to improve the cardiovascular health of the population and communities they serve.

DATES: CDC must receive written comments on or before June 3, 2019.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2019-0010 by any of the following methods:

- Federal eRulemaking Portal: Regulations.gov. Follow the instructions for submitting comments.

- Mail: Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to Regulations.gov.

Please note: Submit all comments through the Federal eRulemaking portal (regulations.gov) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger,

Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-D74, Atlanta, Georgia 30329; phone: 404-639-7570; Email: omb@cdc.gov.

SUPPLEMENTARY INFORMATION:

Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the Federal Register concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

2. Evaluate the accuracy of the agency’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected; and

4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

5. Assess information collection costs.

Proposed Project

Million Hearts® Hospital/Health System Recognition Program—New ICR—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Heart disease, stroke and other cardiovascular diseases (CVDs) kill over 800,000 Americans each year, accounting for one in every three deaths. CVD is the nation’s number one killer among both men and women and the leading cause of health disparities. Million Hearts®, a national, public-private initiative co-led by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS), was established to address this issue.

Whether migrating towards value-based reimbursement or simply striving for a significant impact in reducing the devastation of heart attacks and strokes, clinical organizations are positioned to improve the health of the population they serve by implementing high-impact, evidence-based strategies. Achieving a Million Hearts® Hospital/Health System designation signals a

commitment to not only clinical quality, but population health overall.

The Program will recognize institutions that are working to systematically improve the cardiovascular health of the population and communities that they serve by implementing strategies under the Million Hearts® priority areas of keeping people healthy, optimizing care, improving outcomes for priority populations, and innovating for health. CDC anticipates that applicants will range from health systems with multiple hospitals, hospitals with and without ambulatory medical practices, and medical practices not affiliated with hospitals. Any clinical entity whose leaders consider it eligible may apply. Recognition can be achieved by a robust commitment to implement specific strategies, by implementing specific strategies, and most importantly by achieving specific outcomes. Applicants will complete the Million Hearts® Hospital/Health System Recognition Program application, indicating the areas in which they are committing to implement Million Hearts® strategies; areas in which they have implemented key strategies; and those strategies for which they have achieved outcomes/ results.

Applicants must address a minimum of one strategy in at least three of the four priority areas (Keeping People Healthy, Optimizing Care, Improving Outcomes for Priority Populations and Innovating for Health) that are outlined in the application. However, they are encouraged to target as many strategies as is appropriate for their institution. Applicants will be subject to a background check.

The Million Hearts® Hospitals/Health System designation is intended to convey that the institution is committed to preventing heart attacks and strokes by a combination of efforts that are about Keeping People Healthy,

Optimizing Care, Improving Outcomes for Priority Populations and Innovating for Health. All applicants with reported outcomes and a select number of those who are committing to implement or are implementing Million Hearts® strategies, will be asked to participate in a semi-structured, qualitative interview. The purpose of the interview is to obtain in-depth contextual information about the Million Hearts® strategies and facilitators used to achieve improved cardiovascular outcomes among the applicant’s patient population. Applicants with reported outcomes will receive increased recognition from Million Hearts® by having their success stories highlighted on the Million Hearts® website, e-newsletter, etc.

After the Million Hearts® Hospital/Health System Recognition Program launches, the web-based application will be open throughout the year and applications will be reviewed on a quarterly basis and recognized within six months of acceptable review. CDC estimates that information will be collected from up to 100 applicants per year. The overall goal of the Million Hearts® initiative is to prevent one million heart attacks and strokes. Promoting evidence-based strategies that prevent CVD is one focus of the initiative.

CDC will use the information collected through the Million Hearts® Hospital/Health System Recognition Program to increase widespread attention on successful and sustainable implementation strategies, improve understanding of these strategies at the practice level, bring visibility to organizations that commit, implement, or have implemented Million Hearts® strategies and motivate other hospitals and health systems to strengthen their efforts to address CVD. OMB approval is requested for three years. Participation is voluntarily and there are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Medical & Health Service Service Manager.	Recognition Program Application	100	1	160/60	267
Medical & Health Service Manager ..	Interview Guide	60	1	30/60	30
Total .....	.....	.....	.....	.....	297

Jeffrey M. Zirger,

Lead, Information Collection Review Office,
Office of Scientific Integrity, Office of Science,
Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-19-19VJ; Docket No. CDC-2019-
0013]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and
Prevention (CDC), Department of Health
and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease
Control and Prevention (CDC), as part of
its continuing effort to reduce public
burden and maximize the utility of
government information, invites the
general public and other Federal
agencies the opportunity to comment on
a proposed and/or continuing
information collection, as required by
the Paperwork Reduction Act of 1995.
This notice invites comment on a
proposed information collection project
titled The Childcare Survey of Activity
and Wellness (C-SAW) Pilot Study. The
pilot study will determine the current
practices and policies of early care and
education (ECE) providers in four states
around nutrition, physical activity, and
wellness and will inform the
development of a potential national
surveillance system.

DATES: CDC must receive written
comments on or before June 3, 2019.

ADDRESSES: You may submit comments,
identified by Docket No. CDC-2019-
0013 by any of the following methods:

- *Federal eRulemaking Portal:*
Regulations.gov. Follow the instructions
for submitting comments.

- *Mail:* Jeffrey M. Zirger, Information
Collection Review Office, Centers for
Disease Control and Prevention, 1600
Clifton Road NE, MS-D74, Atlanta,
Georgia 30329.

Instructions: All submissions received
must include the agency name and
Docket Number. CDC will post, without
change, all relevant comments to
Regulations.gov.

Please note: Submit all comments through
the Federal eRulemaking portal
(*regulations.gov*) or by U.S. mail to the
address listed above.

FOR FURTHER INFORMATION CONTACT: To
request more information on the
proposed project or to obtain a copy of
the information collection plan and
instruments, contact Jeffrey M. Zirger,
Information Collection Review Office,
Centers for Disease Control and
Prevention, 1600 Clifton Road NE, MS-
D74, Atlanta, Georgia 30329; phone:
404-639-7570; Email: *omb@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Under the Paperwork Reduction Act
of 1995 (PRA) (44 U.S.C. 3501-3520),
Federal agencies must obtain approval
from the Office of Management and
Budget (OMB) for each collection of
information they conduct or sponsor. In
addition, the PRA also requires Federal
agencies to provide a 60-day notice in
the **Federal Register** concerning each
proposed collection of information,
including each new proposed
collection, each proposed extension of
existing collection of information, and
each reinstatement of previously
approved information collection before
submitting the collection to the OMB for
approval. To comply with this
requirement, we are publishing this
notice of a proposed data collection as
described below.

The OMB is particularly interested in
comments that will help:

1. Evaluate whether the proposed
collection of information is necessary
for the proper performance of the
functions of the agency, including
whether the information will have
practical utility;
2. Evaluate the accuracy of the
agency's estimate of the burden of the
proposed collection of information,
including the validity of the
methodology and assumptions used;
3. Enhance the quality, utility, and
clarity of the information to be
collected; and
4. Minimize the burden of the
collection of information on those who
are to respond, including through the
use of appropriate automated,
electronic, mechanical, or other
technological collection techniques or
other forms of information technology,
e.g., permitting electronic submissions
of responses.
5. Assess information collection costs.

Proposed Project

The Childcare Survey of Activity and
Wellness (C-SAW) Pilot Study—New—
National Center for Chronic Disease
Prevention and Health Promotion
(NCCDPHP), Centers for Disease Control
and Prevention (CDC)

Background and Brief Description

The Centers for Disease Control and
Prevention (CDC) works to promote

optimal nutrition, physical activity, and
wellness in early care and education
(ECE) facilities for children 0-5 years of
age. Consistent with this mission, and
with clear evidence that ECE facilities
can impact the habits and preferences of
young children, this survey is necessary
to better understand ECE center
practices related to nutrition, physical
activity, and wellness. These critical
data are used to effectively inform state
and national programs.

Data collected from this pilot survey
will be used to understand the current
practices of ECE centers in a
representative sample in four states.
This initial C-SAW will establish
baseline measures of the prevalence of
specific practices related to nutrition,
physical activity, and wellness in a
standard way across states. This
baseline will also allow CDC and state
partners to better understand ECE center
needs and provide opportunities for
collaboration and areas for improvement
at the state and national levels. Second,
the survey will be used to inform the
development of a potential national
surveillance system enabling states and
CDC to track changes over time and
obtain data to guide the planning,
implementation, and evaluation of
national and state obesity prevention
efforts.

A sample of approximately 1,266 ECE
centers across four states will be
selected to participate in this one-time
data collection effort. However, it is
estimated that approximately 10% of
the original sample will be out of
business or otherwise ineligible yielding
an actual sample of 1,140 ECEs to be
recruited. Each center will receive a
recruitment letter introducing the
survey, explaining its objectives and the
importance of their participation, and
instructions for completing the survey.
It is anticipated that most responses will
be submitted through the web. However,
paper surveys will be available upon
request. Approximately two weeks after
the initial recruitment letter is mailed,
all sampled centers will receive a
reminder postcard. Approximately four
weeks after the initial recruitment letter
is mailed, nonrespondents will be sent
another letter along with a hardcopy of
the questionnaire. It is also anticipated
that the response rate will be
approximately 55% based on a review
of recent surveys of child care centers
conducted by the Federal government.
Thus, we anticipate the number of
completed surveys to be 627. CDC
requests approval for an estimated 409
Burden Hours. Participation in this
study is completely voluntary and there
are no costs to the respondent other
than their time.