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Information Collection Request Title: Workforce Recruitment in Health Resources and Services Administration (HRSA)—Funded Health Centers (OMB No. 0915-0353)—[Extension]

This semi-annual survey is designed to collect information from HRSA-funded health centers regarding their current workforce and recent hiring efforts. The purpose of this data collection instrument is to provide data on health center workforce recruitment and identify areas for additional training or technical assistance that might be needed to support health centers in their hiring efforts. As authorized by statute, HRSA provides technical assistance to health centers to assist them in meeting the Health Center Program requirements and in providing

required primary health services, the provisions of which are dependent on maintaining a high quality and effective workforce.

Ensuring that the primary care workforce is able to meet the demands of increasing patient volume is critical to the future success of health centers in serving the nation's underserved and vulnerable populations. As health centers seek to fill open positions, one growing pool of qualified candidates increasingly being recruited is returning veterans, many of whom have trained as health care providers and/or administrators during their time in the service. The information collected in this survey will help assess how health centers have filled vacancies, whether the availability of veterans to join the health center workforce is impacting their hiring efforts, and what additional efforts might improve health center recruitment.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions, to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information; processing and maintaining information; and disclosing and providing information, to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information, and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

The annual estimate of burden is as follows:

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response*	Total burden hours
Health Center Work Force Survey	1,200	2	2,400	1.0	2,400
Total	1,200	2	2,400	1.0	2,400

* **Note:** This estimate includes the time for the grantee to read the survey instructions, collect the data and information requested, and to complete the online survey.

ADDRESSES: Submit your comments to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to 202-395-5806. Please direct all correspondence to the "attention of the desk officer for HRSA."

Deadline: Comments on this ICR should be received within 30 days of this notice.

Dated: November 26, 2012.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2012-29009 Filed 11-29-12; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Commission on Childhood Vaccines; Notice of Meeting

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Correction.

SUMMARY: The Health Resources and Services Administration published a notice in the **Federal Register**, FR 1212-

28377 (77 FR 70169, November 23, 2012), announcing the meeting of the Advisory Commission on Childhood Vaccines, December 6, 2012, in the Parklawn Building (and via audio conference call), Conference Rooms 10-65, 5600 Fishers Lane, Rockville, MD 20857.

Correction

In the **Federal Register**, FR 1212-28377 (77 FR 70169, November 23, 2012), please make the following corrections:

In the Date and Time section, correct to read December 6, 2012, 1:00 p.m. to 5:00 p.m., EDT.

In the Place section, correct to read via audio conference only.

The ACCV will meet on Thursday, December 6, from 1:00 p.m. to 5:00 p.m. (EDT). The public can join the meeting via audio conference call by dialing 1-800-369-3104 on December 6 and providing the following information: Leader's Name: Dr. Vito Caserta. Password: ACCV.

Dated: November 26, 2012.

Bahar Niakan,

Director, Division of Policy and Information Coordination.

[FR Doc. 2012-29008 Filed 11-29-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request: Healthy Communities Study: How Communities Shape Children's Health (HCS)

SUMMARY: 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 National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: Title: Healthy Communities Study: How Communities Shape Children's Health (HCS). **Type of Information Collection Request:** Revision—OMB# 0925-0649. **Need and Use of Information Collection:** The HCS will address the need for a cross-cutting national study of community programs and policies and their relationship to childhood obesity. The HCS is an observational study of communities that aims to (1) determine the associations

between community programs/policies and Body Mass Index (BMI), diet, and physical activity in children; and (2) identify the community, family, and child factors that modify or mediate the associations between community programs/policies and BMI, diet, and physical activity in children. A total of 264 communities and over 21,000 elementary and middle school children and their parents will be part of the HCS. A HCS community is defined as a high school catchment area. The study examines quantitative and qualitative information obtained from community-based initiatives; community characteristics (e.g., school

environment); measurements of children's physical activity levels and dietary practices; and children's and parents' BMIs. Results from the Healthy Communities Study may influence the future development and funding of policies and programs to reduce childhood obesity. Furthermore, HCS results will be published in scientific journals and will be used for the development of future research initiatives targeting childhood obesity. *Frequency of Response:* One time. *Affected Public:* Families or households; businesses, other for-profit, and non-profit. *Type of Respondents:* Parents, children, community key informants

(who have knowledge about community programs/policies related to healthy nutrition, physical activity, and healthy weight of children), food service personnel, physical education instructors, school liaisons, and physicians or medical secretaries. The annual reporting burden is as follows: *Estimated number of respondents:* 207,029; *Estimated Number of Responses per Respondent:* 1; and *Estimated Total Burden Hours Requested:* 35,588. The annualized cost to respondents is estimated at \$458,189. There are no capital, operating, or maintenance costs to report.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden per response (in hours)	Estimated total annual burden hours requested
Parents (screening)	118,800	1	0.17	8,078
Parents/Caregivers	21,384	1	1.56	13,344
Second Parents	10,692	1	0.12	513
Parents who refuse to participate	2,640	1	0.17	180
Children	21,384	1	1.04	8,896
Key Informants (screening)	10,560	1	0.08	338
Key Informants	3,168	1	2.25	2,851
Food Service Personnel	1,056	1	0.08	34
District Food Service Administrator/Manager	264	1	0.50	53
Physical Education Instructors	1,056	1	0.25	106
School Liaisons	1,056	1	0.42	177
Physicians/medical secretaries	14,969	1	0.17	1,018
Total				35,588

Request for Comments: Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function 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 the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments contact: Dr. Sonia Arteaga, NIH, NHLBI, 6701 Rockledge Drive, MSC 7936, Bethesda, MD 20892-7936,

or call non-toll free number (301) 435-0377 or Email your request, including your address to: hcs@nhlbi.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: November 20, 2012.

Lynn Susulske,
NHLBI Project Clearance Liaison, National Institutes of Health.

Michael S. Lauer,
Director, DCVS, National Institutes of Health.
[FR Doc. 2012-28998 Filed 11-29-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Mental Health; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a conference call

meeting of the Interagency Autism Coordinating Committee (IACC).

The purpose of the IACC conference call meeting is to discuss and vote on the final IACC Strategic Plan for Autism Spectrum Disorder Research 2012 Update. These updates will describe recent progress that has been made in the autism field as well as any new gap areas in research that have emerged since the previously released 2011 Strategic Plan. The committee will be meeting via conference call, but oral public comments may be made in person at the location specified below and will be webcast live so that the committee members and members of the public can view the session. The other portions of the meeting will be conducted via conference call only.

Name of Committee: Interagency Autism Coordinating Committee (IACC).

Type of meeting: Open Meeting.

Date: December 18, 2012.

Time: 10:00 a.m. to 5:00 p.m. Eastern Time.

Agenda: The IACC will review and approve the final 2012 update of the IACC Strategic Plan for Autism Spectrum Disorder Research.

Place: The National Institute of Mental Health, The Neuroscience Center, 6001