

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Stakeholder Listening Session in Preparation for the 65th World Health Assembly

Time and Date: April 30, 2012, 3 p.m.–4:30 p.m. EST.

Place: Great Hall of the Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington DC 20201.

Status: Open, but requiring RSVP to OGA.RSVP@hhs.gov.

Purpose

The U.S. Department of Health and Human Services (HHS)—charged with leading the U.S. delegation to the 65th World Health Assembly—will hold an informal Stakeholder Listening Session on *Monday April 30, 3–4:30 p.m.*, in the Great Hall of the HHS Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC, 20201.

The Stakeholder Listening Session will help the HHS's Office of Global Affairs prepare for the World Health Assembly by taking full advantage of the knowledge, ideas, feedback, and suggestions from all communities interested in and affected by agenda items to be discussed at the 65th World Health Assembly. Your input will contribute to US positions as we negotiate these important health topics with our international colleagues.

The listening session will be organized around the interests and perspectives of stakeholder communities, including, but not limited to:

- Public health and advocacy groups;
- State, local, and Tribal groups;
- Private industry;
- Minority health organizations; and
- Academic and scientific organizations.

It will allow public comment on all agenda items to be discussed at the 65th World Health Assembly http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_1-en.pdf.

RSVP

Due to security restrictions for entry into the HHS Hubert H. Humphrey Building, we will need to receive RSVPs for this event. Please include your first and last name as well as organization and send it to OGA.RSVP@hhs.gov. If you are *not* a US citizen please note this in the subject line of your RSVP, and our office will contact you to gain additional biographical information for your clearance. Please RSVP no later than Friday April 20th.

Written comments are welcome and encouraged, even if you are planning on

attending in person. Please send these to the same email address OGA.RSVP@hhs.gov.

We look forward to hearing your comments relative to the 65th World Health Assembly agenda items.

Dated: March 26, 2012.

Nils Daulaire,

Director, Office of Global Affairs.

[FR Doc. 2012–7738 Filed 3–30–12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Financial Resources; Statement of Organization, Functions, and Delegations of Authority

Part A, Office of the Secretary, Statement of Organization, Functions and Delegations of Authority for the Department of Health and Human Services (HHS) is being amended as Chapter AM, Office of Financial Resources, as last amended at 76 FR 69741–42, dated November 9, 2011, 74 FR 57679–82, dated November 9, 2009, and 74 FR 18238–39, dated April 21, 2009. This reorganization will eliminate the Office of Recovery Act Coordination (AMV) within the Office of Financial Resources (ASFR) and establish a new Office of Executive Program Information in ASFR to analyze HHS data on the status of HHS programs and their operations and present it to HHS executives to inform program and policy decisions. This reorganization will make the following changes under Chapter AM, Office of Financial Resources:

A. Under Section AM.10 Organization, delete in its entirety and replace with the following:

Section AM.10 Organization: The Office of Financial Resources is headed by the Assistant Secretary for Financial Resources (ASFR). The Assistant Secretary for Financial Resources is the Departmental Chief Financial Officer (CFO), Chief Acquisition Officer (CAO) and Performance Improvement Officer (PIO), and reports to the Secretary. The office consists of the following components:

- Immediate Office of the Assistant Secretary (AM).
- Office of Budget (AML).
- Office of Finance (AMS).
- Office of Grants and Acquisition Policy and Accountability (AMT).
- Office of Executive Program Information (AMW).

B. Under Section AM.20 Functions, delete in its entirety Chapter AMV and

add the following new Chapter AMW, Office of Executive Program Information

Section AMW.00 Mission

The Office of Executive Program Information (OEPI) is responsible for analyzing HHS data on the status of HHS programs and their operations and presenting it to HHS executives to inform program and policy decisions. The primary audience for these analyses is HHS executives including HHS senior leadership, both in the Office of the Secretary and the agencies. The information requirements of ASFR executives are a priority focus because of their policy role in resource allocation and decisions affecting financial, grants and procurement processes.

OEPI collaborates with ASFR offices and HHS agencies to obtain the data elements needed to meet HHS leadership's management information expectations and the business requirements of ASFR Offices and their customers in HHS OPDIVS. OEPI convenes ASFR Offices and HHS OPDIVS to develop procedures for obtaining quality data needed to assess HHS operations, and the business requirements of ASFR Offices and their customers in HHS OPDIVS.

Section AMW.10 Organization

The Office of Executive Program Information is headed by a Deputy Assistant Secretary for Executive Program Information, who reports to the Assistant Secretary for Financial Resources. OEPI includes the following components:

- Immediate Office of Executive Program Information (AMW).
- Division of Health Insurance, Regulation, and Science Programs (AMW1).
- Division of Health and Social Service Programs (AMW2).

Section AMW.20 Function

1. Immediate Office of Executive Program Information (AMW)

The Immediate Office of Executive Program Information (OEPI) is responsible for support and coordination of the Office of Executive Program Information components in the management of their responsibilities.

2. Division of Health Insurance, Regulation, and Science Programs (AMW1)

The Division of Health Insurance, Regulation, and Science Programs is responsible for establishing systems and procedures for analyzing data on the status of HHS health insurance, regulation, and science programs and

their operations, conducting analysis, and presenting that analysis to HHS executives to inform program and policy decisions.

3. Division of Health and Social Service Programs (AMW2)

The Division of Health and Social Service Programs is responsible for establishing systems and procedures for analyzing data on the status of HHS health and social services programs and their operations, conducting analysis, and presenting that analysis to HHS executives to inform program and policy decisions.

Dated: March 22, 2012.

E.J. Holland, Jr.,

Assistant Secretary for Administration.

[FR Doc. 2012-7807 Filed 3-30-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: "Development of a Health Information Rating System (HIRS)." In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3521, AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by June 1, 2012.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at doris.lefkowitz@AHRQ.hhs.gov.

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by email at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

Development of a Health Information Rating System (HIRS)

Over the past several years, limited health literacy has been identified as an important health care quality issue. Healthy People 2010 defined health literacy as 'the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions'. In 2003, the Institute of Medicine identified health literacy as a cross-cutting area for health care quality improvement. According to the 2003 National Assessment of Adult Literacy, only 12 percent of adults have proficient health literacy.

Persons with limited health literacy face numerous health care challenges. They often have a poor understanding of basic medical vocabulary and health care concepts. A study of patients in a large public hospital showed that 26 percent did not understand when their next appointment was scheduled and 42 percent did not understand instructions to "take medication on an empty stomach." In addition, limited health literacy leads to more medication errors, more and longer hospital stays, and a generally higher level of illness.

Health care providers can improve their patients' health outcomes by delivering the right information at the right time in the right way to help patients prevent or manage chronic conditions such as diabetes, cardiovascular disease, hypertension, and asthma. Electronic health records (EHRs) can help providers offer patients the right information at the right time during office visits, by directly connecting patients to helpful resources on treatment and self-management. EHRs can also facilitate clinicians' use of patient health education materials in the clinical encounter. However, health education materials delivered by EHRs, when available, are rarely written in a way that is understandable and actionable for patients with basic or below basic health literacy—an estimated 77 million people in the United States.

In order to fulfill the promise of EHRs for all patients, especially for persons with limited health literacy, clinicians should have a method to determine how easy a health education material is for patients to understand and act on, have access to a library of easy-to-understand and actionable materials, understand the relevant capabilities and features of EHRs to provide effective patient education, and be made aware of these resources and information. Therefore,

AHRQ developed a task order that resulted in contract

#HHS290200900012I to complete the following four major tasks: (1) Develop a valid and reliable Health Information Rating System (HIRS), (2) create a library of patient health education materials, (3) review EHR's patient education capabilities and features, and (4) educate EHR vendors and users. This information collection project relates to the first task only.

The goal of this information collection project is to develop a valid and reliable Health Information Rating System (HIRS). The HIRS will offer a systematic method to evaluate and compare the understandability and actionability of health education materials. Health education materials are understandable when consumers of diverse backgrounds and varying degrees of health literacy can process and explain key messages. Health education materials are actionable when consumers of diverse backgrounds and varying levels of health literacy can identify what they can do based on the information presented.

A Draft HIRS has been developed through a rigorous multi-stage approach and draws upon existing rating systems, the evidence base in the literature, and the real-world expertise and experience of a Technical Expert Panel (TEP). The final stage of developing a reliable and valid rating system to assess the understandability and actionability of patient health education materials is testing with consumers. AHRQ is following a 5-step process to develop a valid and reliable HIRS:

(1) Gather and synthesize evidence on existing rating systems and literature on consumers' understanding of health information. Seek TEP review of the summary of existing health information rating systems. Develop item pool for each domain (i.e., understandability and actionability).

(2) Assess the face and content validity of the domains (i.e., understandability and actionability) with the TEP.

(3) Assess the inter-rater reliability of the HIRS on 16 different health education materials (8 English-language materials and 8 Spanish-language materials) using a total of 8 raters—4 raters per material. Seek TEP review of results and provide guidance on how to address discrepancies.

(4) Assess the construct validity of the HIRS by conducting testing with 48 consumers—24 English-speaking and 24 Spanish-speaking consumers. Consumers will review materials and be asked questions to test whether they