

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention****[30 Day–11–10BU]****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 e-mail 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

Case Studies of Communities and States Funded under Community Activities under the Communities Putting Prevention to Work Initiative—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Chronic diseases such as cancer, heart disease, and diabetes are among the leading causes of death and disability in the United States, but are among the most preventable health problems. Adopting healthy behaviors such as eating nutritious foods, being physically active and avoiding tobacco use can prevent or control the devastating effects of these diseases.

The American Recovery and Reinvestment Act of 2009 (ARRA) allotted \$650 million to the Department of Health and Human Services (HHS) to support evidence-based prevention and wellness strategies. The cornerstone of the initiative is the Communities Putting Prevention to Work (CPPW) Community Program, administered by the Centers for Disease Control and

Prevention (CDC). Through this program, all States and territories, and 44 communities, have received cooperative agreement funding to implement evidence-based community approaches to chronic disease prevention over a 24-month period. In September 2010, the initiative was expanded to include additional communities funded through a \$34 million allotment from the Affordable Care Act. The long-term goals of the CPPW are to modify the environmental determinants of risk factors for chronic diseases, prevent or delay chronic diseases, promote wellness in children and adults, and provide positive, sustainable health change in communities.

Grantees are working with partners such as local and State health departments and agencies, health centers, schools, businesses, community and faith-based organizations, academic institutions, health care and mental health organizations, and others to create policies, systems, and environments that promote improvements in physical activity and nutrition, and decrease the prevalence of obesity and tobacco use. Each grantee has selected strategies for implementing change from five categories involving media, access, price, point of purchase decision, and support services (MAPPS). These approaches were selected from a reference set of evidence-based strategies provided by CDC.

CDC proposes to collect information from a subset of CPPW States and communities to gain insight into the factors that facilitate or hinder implementation of the MAPPS strategies and effective creation of the desired policy, system, and environmental changes. Intensive case studies will be conducted with 24 sites: Six ARRA-funded CPPW States, 15 ARRA-funded CPPW communities, and three communities funded by the Affordable Care Act. The case study sites will be selected to include a mix of State or community characteristics related to population density, geographic region, and targeted population.

Information will be collected during personal interviews with an average of 20 respondents at each case study site. On average, each site's respondents will consist of the program director and one additional member of the site management team; four additional CPPW staff members; a mix of seven Community Partners, Leadership Team Members and implementers; and a mix of seven policy- and decision-makers. To obtain a variety of perspectives, respondents will include representatives of the private sector as well as representatives from the State and local government sector. The length of the interview and the questions asked will vary according to the type of respondent being interviewed. Three Interview Guide instruments have been developed to facilitate the case study interviews.

The interview scheduling process is also estimated to entail six hours of burden per site. Each site's program director will take about one hour to complete an Interview Planning Tool, and a CPPW staff member will devote approximately five hours to coordinating interviews and completing the final Worksheet for Scheduling Site Visit Interviews.

Participation is required for each case study site, however, participation in the interviews will be voluntary for individual respondents.

The case study information to be collected will assist the Federal government, State and local governments, and communities in planning future strategies designed to promote sustainable policy, systems and environmental changes that improve public health. As a result of the CPPW program, powerful models of success are expected to emerge that can be replicated in other States and communities.

OMB approval is requested for two years. Information will be collected at the beginning of the CPPW funding period and again approximately 18 months post-award. The total estimated annualized burden to respondents is 678 hours. 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	Average burden per response (in hrs)
CPPW Project Management	Interview Planning Tool	24	1	1
	Interview Guide for Project Management and Staff.	48	1	2
CPPW Project Staff	Worksheet for Scheduling Site Visit Interviews.	24	1	5

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)
Community Partners, Leadership Team and Implementers (State and local govt.). Community Partnership, Leadership Team and Implementers (private sector). Policy/Decision Makers (State and local govt.). Policy/Decision Makers (private sector)	Interview Guide for Project Management and Staff.	96	1	1.5
	Interview Guide for Community Partners, Leadership Team and Implementers.	72	1	1
	Interview Guide for Community Partners, Leadership Team and Implementers.	96	1	1
	Interview Guide for Policy/Decision Makers ..	48	1	45/60
	Interview Guide for Policy/Decision Makers ..	120	1	45/60

Dated: October 18, 2010.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-11-0768]

Proposed Agency Information Collection Act

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 404-639-5960 and send comments to Maryam I. Daneshvar, Ph.D., CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail 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

The Outcomes Data Collection of the National Prevention Information Network, (OMB No. 0920-0768 Exp: 3/31/2011)—Extension with change—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NCHHSTP has the primary responsibility within the CDC and the U.S. Public Health Service for the prevention and control of HIV infection, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB), as well as for community-based HIV prevention activities, syphilis, and TB elimination programs. NPIN serves as the U.S. reference, referral, and distribution service for information on HIV/AIDS, viral hepatitis, STDs, and TB, supporting NCHHSTP's mission to link Americans to prevention, education, and care services. NPIN is a critical member of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that educate the American public about the grave threat to public health posed by HIV/AIDS, viral hepatitis, STDs, and TB. NPIN provides the most comprehensive listing of HIV/AIDS, viral hepatitis, STD, and TB resources and services for prevention partners and the American public throughout the country and makes it available on the NPIN Web site. More than 29 million hits to the Web site are recorded annually.

To accomplish CDC's goal of consistently improving NPIN's Web site, and NPIN's other products and services, and meet the ever-growing needs of the the prevention professionals, prevention partners, and the general public, it is necessary to collect feedback from

visitors to the NPIN Web site and the users of NPIN's products and services on an on-going basis. Every effort has been made to minimize the burden on prevention professionals and the general public.

This request is for 3-years. The evaluation will be accomplished by survey data collection from two groups—users of the NPIN Web site and users of NPIN products and services. Respondents for each survey will include representatives from government agencies, community-based organizations, advocacy organizations, various other organizations involved in the prevention and/or treatment of HIV/AIDS, STDs, TB, and/or viral hepatitis, and the general public. The NPIN Web site user survey will be conducted on an ongoing basis via the Web site and a blast e-mail reminder will be sent out annually. The NPIN products and services user survey will be conducted on a bi-annual basis with a blast e-mail sent out every 6 months. When appropriate, NPIN will distribute the surveys at conferences and via social networks. Some of the NPIN Web site user surveys and the NPIN products and services surveys will be conducted over the phone as needed, which will be kept to an absolute minimum.

The information collected from the surveys is not intended to provide statistical data for publication. The purpose of this activity is solely to obtain user feedback that will help identify opportunities to improve the services and products provided to the public by NPIN and to ultimately allow NPIN to fulfill its mission. Approval of this information collection request will allow PIN to acquire accurate, up-to-date information from users of the NPIN Web site, and other products and services on a regular basis and in a timely manner. This data collection will also help the NPIN team to identify the service needs of NPIN users and implement new features to meet those needs. The data collected will help to