

DGMQ staff will search the literature and available data sources to ensure that the information of interest has not already been collected or is in the process of being collected. DGMQ will make all reasonable efforts to ensure that the information collection does not overlap with other data collection on immigrant health, such as those authorized under OMB control numbers 1405–0113, 0920–0006, 1615–0029, and 1615–0033.

DGMQ staff proposes that data collection methods for this package will

include but are not limited to: Interviews, focus groups, group discussions, and surveys. Depending on the specific purpose, data collection methods may be conducted either in-person, by telephone, on paper, or online. Data may be collected in quantitative and/or qualitative forms. Each proposed information collection will submit the tools used for data collection, including screenshots of web-based surveys, in the statement provided to OMB.

DGMQ estimates that 18,720 respondents will be screened in order for 9485 respondents to be involved in information collection activities each year. We anticipate that the information collections undertaken within this generic will use some combination of 15 surveys, 35 focus groups, and 125 interviews, with some information collections making use of more than one method per collection. It is estimated that information collection activities will total 10,598 burden hours per year.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Foreign-born, migrant, refugee and other mobile populations.	Screeners for Surveys, Focus Groups, Interviews.	18,720	1	10/60
Foreign-born, migrant, refugee and other mobile populations.	Surveys (Approximately 15 surveys/year)	9,000	1	45/60
Foreign-born, migrant, refugee and other mobile populations.	Focus Groups (Approximately 35 focus groups/year).	360	1	1.5
Foreign-born, migrant, refugee and other mobile populations.	Interviews (Approximately 125 interviews/year).	125	1	1.5

Dated: October 30, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–26898 Filed 11–2–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Breast and Cervical Cancer Early Detection and Control Advisory Committee (BCCEDCAC)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting of the aforementioned committee:

Name: Breast and Cervical Cancer Early Detection and Control Advisory Committee.

Times and Dates: 9:00 a.m.–5:00 p.m., December 6, 2012; 9:00 a.m.–12:30 p.m., December 7, 2012.

Place: University Office Park, Columbia Building, 2900 Woodcock Boulevard, Atlanta, Georgia 30341.

Status: Open to the public, limited only by the space available.

Purpose: The committee is charged with advising the Secretary, Department of Health and Human Services, and the Director, CDC, regarding the early detection and control of

breast and cervical cancer. The committee makes recommendations regarding national program goals and objectives; implementation strategies; and program priorities including surveillance, epidemiologic investigations, education and training, information dissemination, professional interactions and collaborations, and policy.

Matters To Be Discussed: The agenda will include discussion on the impact of implementation of the Affordable Care Act on the National Breast and Cervical Cancer Early Detection Program; presentations on outcomes of Care Coordination and Waiver projects; and discussions on how to expand services to impact women beyond our eligible screening population.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Jameka R. Blackmon, Executive Secretary, BCCEDCAC, Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, CDC, 4770 Buford Highway, Mailstop K–52, Chamblee, Georgia 30314, Telephone: 770–488–4880. The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: October 26, 2012.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2012–26893 Filed 11–2–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) announce the following meeting of the aforementioned committee:

Times and Dates:

8:00 a.m.–5:45 p.m., December 11, 2012
8:00 a.m.–2:30 p.m., December 12, 2012

Place: The Hilton Rockville, 1750 Rockville Pike, Rockville, Maryland 20852, Telephone: (301) 468–1100.

Status: Open to the public, limited only by the space available. The meeting room will accommodate approximately 100 people.

Purpose: This Committee is charged with advising the Director, CDC and the