

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 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Application Form and Related Forms for the Operation of the National Death Index, (OMB No. 0920-0215, Expiration 12/31/2010)—Extension—National Center for Health Statistics (NCHS),

Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C.), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States.

The National Death Index (NDI) is a national data base containing identifying death record information submitted annually to NCHS by all the state vital statistics offices, beginning with deaths in 1979. Searches against the NDI file provide the states and dates of death, and the death certificate numbers of deceased study subjects.

Using the NDI Plus service, researchers have the option of also receiving cause of death information for deceased subjects, thus reducing the need to request copies of death certificates from the states. The NDI Plus option currently provides the International Classification of Disease (ICD) codes for the underlying and multiple causes of death for the years 1979-2007. Health researchers must complete administrative forms in order to apply for NDI services, and submit records of study subjects for computer matching against the NDI file. A three-year clearance is requested. There is no cost to respondents except for their time. The total estimated annual burden hours are 182.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Health Researchers in Government, Universities, and Private Industry.	Application Form	50	1	2.5
Health Researchers in Government, Universities, and Private Industry.	Repeat Request Form	70	1	18/60
Health Researchers in Government, Universities, and Private Industry.	Data Transmittal Form	120	1	18/60

Dated: September 20, 2010.

Maryam I. Daneshvar,

Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-10-0743]

Agency Forms Undergoing Paperwork Reduction Act Review

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Proposed Project

Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories (OMB Control No. 0920-0743, Exp. 10/31/2010)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Substantial evidence demonstrates the health benefits of breastfeeding. Breastfeeding mothers have lower risks of breast and ovarian cancers and type 2 diabetes, and breastfeeding better protects infants against infections, chronic diseases like diabetes and obesity, and even childhood leukemia and sudden infant death syndrome (SIDS). However, the groups that are at higher risk for diabetes, obesity, and poor health overall persistently have the lowest breastfeeding rates. Public health priorities for the U.S. include increasing the overall rate of breastfeeding, and reducing variation in breastfeeding rates across population subgroups.

The health care system is one of the most important and effective settings to improve breastfeeding. In 2007, CDC

conducted the first national survey of Maternity Practices in Infant Nutrition and Care (known as the mPINC Survey) in health care facilities (hospitals and free-standing childbirth centers) to provide baseline information. The survey was designed to provide baseline information and to be repeated again every two years. The second iteration of the survey was conducted in 2009. The survey inquired about patient education and support for breastfeeding throughout the maternity stay as well as staff training and maternity care policies. Each responding organization received a customized Benchmark Report as well as other feedback to use in self-assessment and quality improvement activities.

CDC proposes to repeat the mPINC in 2011 using previously fielded questions and methodology. In addition to all facilities that participated in 2007 or 2009, the 2011 survey will include those that were invited but did not participate in 2007 or 2009 and any that are new since then. All birth centers and hospitals with ≥1 registered maternity bed will be screened via a brief phone call to assess their eligibility, identify additional locations, and identify the appropriate point of contact.

A major goal of the 2011 survey is to be fully responsive to respondents' needs for information and technical assistance. CDC will again provide customized benchmark reports to respondents and document progress since 2009 on their quality

improvement efforts. National and state reports will use de-identified data to describe incremental changes in practices and care processes over time at the facility, state, and national levels.

Participation in the survey is voluntary, and responses may be

submitted by mail or through a web-based system. There are no costs to respondents other than their time. The total estimated annualized burden hours are 1,686.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Hospitals	Telephone Screening Interview for Hospitals.	3,897	1	5/60
	2011 mPINC Survey for Hospitals	2,568	1	30/60
Birth Centers	Telephone Screening Interview for Birth Centers.	192	1	5/60
	2011 mPINC Survey for Birth Centers	122	1	30/60

Dated: September 17, 2010.

Maryam I. Daneshvar,

Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or

to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call the HRSA Reports Clearance Officer at (301) 443-1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the Agency; (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.

Proposed Project: Health Center Controlled Networks Progress Reports (OMB No. 0915-0315)—Revision

The Health Resources and Services Administration (HRSA) collects network outcome measures, conducts evaluation of those measures, and has an electronic reporting system for the following types of grantees: Health Information Technology Planning Grants, Electronic Health Record Implementation Health

Center Controlled Networks, Health Information Technology Innovations for Health Center Controlled Networks, and High Impact Electronic Health Records Implementation for Health Center Controlled Networks and Large Multi Site Health Centers. In order to help carry out its mission, HRSA created a set of performance measures that grantees use to evaluate the effectiveness of their service programs and monitor their progress through the use of performance reporting data.

Grantees report to HRSA on their grants to accomplish the following goals: increase access to needed data and services; improve quality, efficiency and effectiveness of network services; and enhance ability to track and monitor patient outcomes. Grantees submit their Progress Reports in a mid-year report and an accumulative annual progress report each fiscal year of the grant. These grants are on three year project periods. For HRSA grantees, there is no increase in burden. The hours per response has not changed. The number of grantees increased from 40 to 109.

The annual estimate of burden is as follows:

Application	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Planning	5	2	10	10	100
Electronic Health Records Implementation	54	2	108	18	1,944
Innovations Category 1	0	2	0	0	0
Innovations Category 2	29	2	58	18	1,044
High Impact	21	2	42	18	7,208
Total	109	-	80	-	3,808