

curriculum; objectives) and the baseline instruments were tailored to take these

features into account. Emergency clearance of the site-specific baseline

package was approved August 17, 2011 (ICR Reference No: 201107-0970-003).

ESTIMATED ANNUALIZED BURDEN TABLE

Site/Program (and name of baseline instrument)	Annualized number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours (annual)
Chicago Public Schools/Health Teacher	1518	1	36/60	911
Children's Hospital of Los Angeles/Project AIM	467	1	42/60	327
Oklahoma Institute of Child Advocacy/Power Through Choices	360	1	36/60	216
Engender Health/Gender Matters	375	1	36/60	225
Ohio Health/T.O.P.P	200	1	42/60	140
Live the Life Ministries/WAIT Training	533	1	42/60	373
Princeton Center for Leadership Training (PCLT)/TeenPEP	533	1	36/60	320
Total	3986			2512

Keith Tucker,

Office of the Secretary, Paperwork Reduction Act Clearance Officer.

[FR Doc. 2011-25152 Filed 9-29-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Advisory Committee on Minority Health

AGENCY: Office of Minority Health, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice of meeting.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (DHHS) is hereby giving notice that the Advisory Committee on Minority Health (ACMH) will hold a meeting. This meeting is open to the public. Preregistration is required for both public attendance and comment. Any individual who wishes to attend the meeting and/or participate in the public comment session should e-mail acmh@osophs.dhhs.gov.

DATES: The meeting will be held on Thursday, October 27, 2011 from 9 a.m. to 5 p.m. and Friday, October 28, 2011 from 9 a.m. to 1 p.m.

ADDRESSES: The meeting will be held at the Doubletree Hotel, 8120 Wisconsin Avenue, Bethesda, Maryland 20814.

FOR FURTHER INFORMATION CONTACT: Ms. Monica A. Baltimore, Tower Building, 1101 Wootton Parkway, Suite 600, Rockville, Maryland 20852. *Phone:* 240-453-2882 *Fax:* 240-453-2883.

SUPPLEMENTARY INFORMATION: In accordance with Public Law 105-392, the ACMH was established to provide advice to the Deputy Assistant Secretary for Minority Health in improving the health of each racial and ethnic

minority group and on the development of goals and specific program activities of the Office of Minority Health.

Topics to be discussed during this meeting will include the state of health care reform implementation and the engagement of communities of color; the state of the health care safety net and priority strategies for assuring health equity, and new and enhanced opportunities to improve minority health resulting from the Affordable Care Act with national and local leaders. Also, updates on the National Partnership for Action to End Health Disparities and the National Stakeholders Strategy will be provided.

Public attendance at the meeting is limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person at least fourteen (14) business days prior to the meeting. Members of the public will have an opportunity to provide comments at the meeting. Public comments will be limited to three minutes per speaker. Individuals who would like to submit written statements should mail or fax their comments to the Office of Minority Health at least seven (7) business days prior to the meeting. Any members of the public who wish to have printed material distributed to ACMH committee members should submit their materials to the Executive Director, ACMH, Tower Building, 1101 Wootton Parkway, Suite 600, Rockville, Maryland 20852, prior to close of business October 21, 2011.

Monica A. Baltimore,

Executive Director, Advisory Committee on Minority Health, Office of Minority Health, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services.

[FR Doc. 2011-25294 Filed 9-29-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of Requirements and Registration for "Million Hearts Challenge"

AGENCY: Office of the National Coordinator for Health Information Technology, HHS.

ACTION: Notice.

Authority: 15 U.S.C. 3719.

SUMMARY: The "Million Hearts Challenge" is a multidisciplinary call to innovators and developers to create an application that activates and empowers patients to take charge of their cardiovascular disease. Winning entries have the potential to help patients combat the nation's leading cause of death through medication adherence, a healthier diet, and a more active lifestyle while promoting the goals of the Million Hearts campaign.

The statutory authority for this challenge competition is Section 105 of the America COMPETES Reauthorization Act of 2010 (Pub. L. No. 111-358).

DATES: Effective on September 26, 2011.

FOR FURTHER INFORMATION CONTACT:

Adam Wong, 202-720-2866.

Wil Yu, 202-690-5920.

SUPPLEMENTARY INFORMATION:

Subject of Challenge Competition: This challenge encourages multidisciplinary teams to develop a user-friendly application (optimized for mobile web access) that engages sufferers of cardiovascular disease in their own care using the Million Hearts' ABCs framework (Aspirin for people at high risk, Blood pressure control, Cholesterol management, and Smoking cessation). The application should allow patients to enter relevant information about their health including age, body mass index, blood pressure, cholesterol level, smoking status, pertinent medical

history, aspirin and cholesterol-lowering agent use; use the patient-reported data and ABCs framework to generate targeted recommendations, based on information from the American Heart Association and CDC Million Hearts websites; be able to send patient information to electronic health records; and provide information about the Million Hearts campaign.

Eligibility Rules for Participating in the Competition: To be eligible to win a prize under this challenge, an individual or entity:

(1) Shall have registered to participate in the competition under the rules promulgated by Office of the National Coordinator for Health Information Technology;

(2) Shall have complied with all the requirements under this section;

(3) In the case of a private entity, shall be incorporated in and maintain a primary place of business in the United States, and in the case of an individual, whether participating singly or in a group, shall be a citizen or permanent resident of the United States; and

(4) May not be a Federal entity or Federal employee acting within the scope of their employment.

An individual or entity shall not be deemed ineligible because the individual or entity used Federal facilities or consulted with Federal employees during a competition if the facilities and employees are made available to all individuals and entities participating in the competition on an equitable basis.

Registered participants shall be required to agree to assume any and all risks and waive claims against the Federal Government and its related entities, except in the case of willful misconduct, for any injury, death, damage, or loss of property, revenue, or profits, whether direct, indirect, or consequential, arising from their participation in a competition, whether the injury, death, damage, or loss arises through negligence or otherwise.

Participants shall be required to obtain liability insurance or demonstrate financial responsibility, in amounts determined by the head of the Office of the National Coordinator for Health Information Technology, for claims by—

(1) A third party for death, bodily injury, or property damage, or loss resulting from an activity carried out in connection with participation in a competition, with the Federal Government named as an additional insured under the registered participant's insurance policy and registered participants agreeing to indemnify the Federal Government

against third party claims for damages arising from or related to competition activities; and

(2) The Federal Government for damage or loss to Government property resulting from such an activity.

Participants must be teams of at least two people.

All participants are required to provide written consent to the rules upon or before submitting an entry.

DATES:

- Submission Period Begins: 12:01 a.m., E.D.T., September 26, 2011.

- Submission Period Ends: 11:59 p.m., E.D.T., December 31, 2011.

Registration Process for Participants: To register for this challenge participants should:

- Access the <http://www.challenge.gov> Web site and search for the "Million Hearts Challenge".

- Access the ONC Investing in Innovation (i2) Challenge Web site at:

- <http://www.health2challenge.org/category/onc/>.

- A registration link for the challenge can be found on the landing page under the challenge description.

Amount of the Prize:

- **First Prize:** \$50,000.

- **Second Prize:** \$20,000.

- **Third Prize:** \$5,000.

Awards may be subject to Federal income taxes and HHS will comply with IRS withholding and reporting requirements, where applicable.

Basis Upon Which Winner Will Be Selected:

The judging panel will make selections based upon the following criteria:

1. Patient engagement.
2. Actionable and accessible information.
3. Links to online communities.
4. Innovativeness and usability.

Additional Information:

Ownership of intellectual property is determined by the following:

- Each entrant retains title and full ownership in and to their submission. Entrants expressly reserve all intellectual property rights not expressly granted under the challenge agreement.

- By participating in the challenge, each entrant hereby irrevocably grants to Sponsor and Administrator a limited, non-exclusive, royalty free, worldwide, license and right to reproduce, publically perform, publically display, and use the Submission to the extent necessary to administer the challenge, and to publically perform and publically display the Submission, including, without limitation, for advertising and promotional purposes relating to the challenge.

Dated: September 26, 2011.

Farzad Mostashari,

National Coordinator for Health Information Technology.

[FR Doc. 2011-25296 Filed 9-29-11; 8:45 am]

BILLING CODE 4150-45-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of Requirements and Registration for "popHealth Tools Development Challenge"

AGENCY: Office of the National Coordinator for Health Information Technology, HHS.

ACTION: Notice.

Authority: 15 U.S.C. 3719.

SUMMARY: The "popHealth Tools Development Challenge" tasks developers with creating applications that leverage the popHealth open source framework, existing functionality, standards, and sample datasets to improve patient care and provide greater insight into patient populations. Winning entries will extend the capabilities of popHealth, increasing its value to healthcare providers and EHR vendors.

The statutory authority for this challenge competition is Section 105 of the America COMPETES Reauthorization Act of 2010 (Pub. L. 111-358).

DATES: Effective on September 26, 2011.

FOR FURTHER INFORMATION CONTACT:

Adam Wong, 202-720-2866.

Wil Yu, 202-690-5920.

SUPPLEMENTARY INFORMATION:

Subject of Challenge Competition: popHealth is a valuable platform for reporting Meaningful Use quality measures, as well as being a powerful tool for providers to analyze their patient populations. With additional functionality, popHealth can become even more essential, driving adoption among healthcare providers and EHR vendors. Developers have the leeway to create popHealth applications and extensions based on any or all of the following concepts: Help providers improve patient safety; help providers use the quality measure calculations to better engage with patients; help providers address disparities in the care they provide to their patient populations; help providers engage patients and families; aggregate data from across multiple sites to allow public health entities to develop a more clearly defined picture of the health status and risk factors within their communities; visualize information in