

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC has previously examined the role that schools play in addressing the health risk behaviors through the School Health Policies and Programs Study (SHPPS, OMB No. 0920-0445), a series of data collections conducted at the state, district, school, and classroom levels in 1994 (OMB No. 0920-0340, exp. 1/31/1995), in 2000 (OMB No. 0920-0445, exp. 10/31/2002), and in 2006 (OMB No. 0920-0445, exp. 11/30/2008).

Clearance is being requested for one year for CDC to conduct SHPPS 2012.

The purpose of the study is to collect updated information to assess the characteristics of eight components of school health programs at the elementary, middle, and high school levels. The components are: Health education, physical education, health services, mental health and social services, nutrition services, healthy and safe school environment, faculty and staff health promotion, and family and community involvement. Twenty-two questionnaires will be used: Six at the state level, seven at the district level, seven at the school level, and two at the classroom level. Data collection at the state and district levels will be self-administered via the Internet. Data collection at the school and classroom

levels will be conducted via computer-assisted personal interviews. SHPPS 2012 also will include vending machine observations in the schools.

SHPPS 2012 data will have significant implications for policy and program development for school health programs nationwide. The data will also be used to provide the only national source of data to measure 14 Healthy People 2020 national health objectives, and will provide the only nationally representative dataset of snack and beverage offerings available to students through school vending machines.

There are no costs to respondents other than their time. The total estimated burden hours are 13,262.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)
State Officials	State Health Education	51	1	30/60
	State Physical Education and Activity	51	1	30/60
	State Health Services	51	1	30/60
	State Nutrition Services	51	1	30/60
	State Healthy and Safe School Environment	51	1	30/60
	State Mental Health and Social Services	51	1	30/60
	State Recruitment Script	51	1	1
District Officials	District Health Education	685	1	30/60
	District Physical Education and Activity	685	1	40/60
	District Health Services	685	1	40/60
	District Nutrition Services	685	1	30/60
	District Healthy and Safe School Environment	685	1	1
	District Mental Health and Social Services	685	1	30/60
	District Faculty and Staff Health Promotion	685	1	20/60
School Officials	District Recruitment Script	1006	1	1
	School Recruitment Script	1409	1	1
	School Health Education	1043	1	20/60
	School Physical Education and Activity	1043	1	40/60
	School Health Services	1043	1	50/60
	School Nutrition Services	1043	1	40/60
	Healthy and Safe School Environment	1043	1	75/60
Classroom Teachers	School Mental Health and Social Services	1043	1	30/60
	School Faculty and Staff Health Promotion	1043	1	20/60
	Classroom Health Education	2002	1	50/60
	Classroom Physical Education and Activity	2002	1	40/60

Dated: April 25, 2011.

Carol Walker,

Acting 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

[60 Day-11-11EM]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 or send comments to Carol Walker, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS D-74, 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

National Survey of Primary Care Policies for Managing Patients with High Blood Pressure, High Cholesterol, or Diabetes—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Cardiovascular disease is a leading cause of death for men and women in the United States, among the most costly health problems facing our nation today, and among the most preventable. Heart disease and stroke also contribute significantly to disability, with nearly three million American people reporting disability from these causes. Additionally, over 50% of diabetics have high blood pressure, high cholesterol, or both conditions. To reduce the burden of cardiovascular disease, the federal Centers for Disease Control and Prevention (CDC) works with a broad array of public- and private-sector stakeholders, including

state and local health departments, community-based organizations, professional organizations, and health care practitioners.

In 2005, CDC's Division for Heart Disease and Stroke Prevention (DHDSP) began developing evaluation indicators that reflect evidence-based outcomes from policy, systems, and environmental changes for heart disease and stroke prevention. These indicators are needed to provide common measures that CDC, CDC-funded state Heart Disease and Stroke Prevention programs, and other partners can use to show progress toward achieving outcomes in heart disease and stroke prevention and control efforts. Many of the indicators that reflect outcomes of short-term policy and systems changes do not have readily available data sources. This is particularly true for outcomes related to health care systems changes.

In 2011, CDC proposes to conduct the first cycle of data collection for the National Survey of Primary Care Policies for Managing Patients with High Blood Pressure, High Cholesterol, or Diabetes (NSPCP). The web-based survey will collect information on physician practices' use of evidence-based systems, including multidisciplinary team approaches for chronic disease treatment, electronic health records (EHR) with features appropriate for treating patients with chronic disease (e.g., clinical decision supports, patient registries), and patient follow-up mechanisms. A follow-up questionnaire will be distributed two

years after completion of the baseline survey. Information from both cycles of data collection will be compared to monitor changes in health systems uptake and dissemination of health systems technology. The survey will be pretested with approximately 16 respondents before dissemination.

The target population for the NSPCP is practice managers of non-federally run primary care physician practices that include at least one Family Practitioner or at least one physician specializing in internal medicine. Respondents will be drawn from a nationally representative sample of physician practices. OMB approval is requested for three years. Approximately 900 physicians will participate in the first cycle of web-based data collection, and 900 physicians will participate in the two-year follow-up survey. An average of 600 respondents per year will participate in the NSPCP.

Results will be used by CDC to improve services to partners through development of translation pieces or technical assistance aids that address gaps in the use of evidence-based interventions. Most importantly, the study will provide primary care practices with information that can be used to inform their systems for managing patients with chronic conditions and to improve the quality of care delivered.

Participation is voluntary, and all responses will be de-identified. 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	Avg. burden per response (in hr)	Total burden (in hr)
Physician	Cognitive Testing Protocol ...	5	1	75/60	6
Medical Secretary	NSPCP Screener	1,333	1	5/60	111
Physician	NSPCP	600	1	20/60	200
Total					317

Dated: April 25, 2011.

Carol Walker,

Acting 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

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Funding Opportunity Announcement GH11-002, Initial Review

Correction: This notice was published in the **Federal Register** on April 12, 2011, Volume 76, Number 70, Page

20355. The contact person for the aforementioned meeting has been changed to the following:

Contact Person for More Information: Diana Bartlett, M.P.H., Scientific Review Officer, CDC, 1600 Clifton Road, NE., Mailstop D-72, Atlanta, Georgia 30333, Telephone: (404) 639-4938.

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