

## ANNUAL BURDEN ESTIMATES—Continued

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Avg. burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
<b>(4) Performance reporting data entry form: subrecipients</b>					
GDSRAE subrecipients .....	252	6	13	19,656	6,552
SSRAE subrecipients .....	426	6	13	33,228	11,076
CSRAE subrecipients .....	63	6	13	4,914	1,638

*Estimated Total Annual Burden Hours:* 149,113.

*Authority:* 42 U.S.C 1310.

**Mary B. Jones,**

*ACF/OPRE Certifying Officer.*

[FR Doc. 2023–26791 Filed 12–5–23; 8:45 am]

**BILLING CODE 4184–83–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–0482]

### Agency Information Collection Request; 60-Day Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

**DATES:** Comments on the ICR must be received on or before February 5, 2024.

**ADDRESSES:** Submit your comments to [Sherrette.Funn@hhs.gov](mailto:Sherrette.Funn@hhs.gov) or by calling (202) 264–0041 and [PRA@HHS.GOV](mailto:PRA@HHS.GOV).

**FOR FURTHER INFORMATION CONTACT:**

When submitting comments or requesting information, please include the document identifier 0990–0482–60D and project title for reference, to Sherrette A. Funn, email: [Sherrette.Funn@hhs.gov](mailto:Sherrette.Funn@hhs.gov), [PRA@HHS.GOV](mailto:PRA@HHS.GOV) or call (202) 264–0041 the Reports Clearance Officer.

**SUPPLEMENTARY INFORMATION:** Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and

(4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

*Title of the Collection:* Continued Evaluation of the National Hypertension Control Initiative.

*Type of Collection:* Revision.

*OMB No.:* 0990–0482–OS/Office of Assistant Secretary for Health (OASH)/Office of Minority Health (OMH).

*Abstract:* As part of the federal response to COVID–19, the U.S. Department of Health and Human Services (HHS)/Office of Secretary (OS)/Office of Assistant Secretary for Health (OASH)/Office of Minority Health (OMH) has funded a new initiative involving two cooperative agreements with the American Heart Association (AHA) to improve COVID–19-related health outcomes by addressing hypertension (high blood pressure) among racial and ethnic minority populations.

The \$32 million project from the HHS Office of Minority Health (OMH) and the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care will support the implementation of the National Hypertension Control Initiative (NHCI), a national initiative to improve blood pressure control among the most at-risk populations, including racial and ethnic minorities.

The NHCI will support 350 participating HRSA-funded health centers by providing patient and provider education and training for effective hypertension control and integration of remote blood pressure monitoring technology into treating hypertension for patients served by participating health centers. The project will also utilize the American Heart Association's targeted media campaigns and existing partnerships with community-based organizations (CBOs) to help reach Black, Latino, and other impacted communities with (i) culturally and linguistically appropriate messages, (ii) access to blood pressure screenings, and (iii) connection to

health centers to encourage proper treatment and management of hypertension of screened individuals. This initiative serves to increase the number of adult patients with controlled hypertension and reduce the potential risk of COVID-related health outcomes.

AHA aims to conduct an evaluation to assess the feasibility of the implementation of each of the three NHCI strategies. The findings of this evaluation will inform the improvement and tailoring of AHA's communication approaches about the importance of and techniques for improving blood pressure control, including the benefits of accurately measuring, rapidly acting, and having a patient-focused approach to blood pressure control.

### Methodology

The current proposed evaluation of the NHCI project will use a mixed methods design, integrating both quantitative and qualitative data collection and analyses. Three main goals of data collection will be to: (1) track and monitor Community Health Workers' (CHW) progress on activities related to knowledge and practices for blood pressure control and general health quarterly, (2) assess the reach and success of NHCI project strategies implemented by CHC partners.

Specifically, the AHA will engage in:

#### Primary Data Collection

*CHW Application.* Collecting information on participating Community Health Workers (CHWs) at a single point in time to assist with placement in workforce activities related to blood pressure control.

*CHW Assessment Form.* Monitoring the placement and community-based goals of CHWs participating in the NHCI at a single point in time.

*CHW Empowered To Serve (ETS) Program Modules.* Administering health lessons and quizzes to Community Health Workers (CHWs) working with Community-based Organizations and Community Health Centers to assess

knowledge, skills, and practices both before (pre) and after (post) completion of the modules.

*CHC Surveys.* Conducting online data collection on participation and use of NHCI services and supports with CHC

staff, with a single collection for each survey.

#### ANNUALIZED BURDEN HOUR TABLE

Forms (if necessary)	Respondents (if necessary)	Number of respondents	Number of responses per respondents	Average burden per response	Total burden hours
CHW: Application .....	CHW .....	300	1	30/60	150
CHW: Assessment .....	CHW .....	300	1	1	300
CHW: Empowered to Serve (ETS) Program Modules: Pre-test.	CHW .....	300	9	10/60	450
CHW: Empowered to Serve (ETS) Program Modules: Pre-test.	CHW .....	300	9	10/60	450
CHCs: Use of Azara/Population Health Tool .....	CHC .....	40	1	1	40
CHCs: JumpStart Modules .....	CHC .....	350	1	1	350
CHCs: Uniti Health .....	CHC .....	350	1	1	350
Total .....	.....	.....	.....	.....	2,090.0

**Sherrette A. Funn,**

*Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.*

[FR Doc. 2023–26739 Filed 12–5–23; 8:45 am]

**BILLING CODE 4150–29–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Office of the Director, National Institutes of Health; Notice of Meeting

Notice is hereby given of a change to the meeting of the Advisory Committee to the Director, National Institutes of Health, that is being held on December 14, 2023, from 9:00 a.m. to 4:45 p.m., and December 15, 2023, from 9:00 a.m. to 2:45 p.m., National Institutes of Health, 9000 Rockville Pike, Building 1, Wilson Hall, One Center Drive, Bethesda, MD 20892, which was published in the **Federal Register** on November 17, 2023, FR Doc 2023–25376, 88 FR 80320. This notice is being amended to inform the public that access to this meeting will be provided exclusively through live videocast. Individuals who plan to attend must do so virtually. The meeting can be accessed from the NIH Videocast at the following link: <https://videocast.nih.gov/>. The meeting date and time will remain the same.

Dated: December 1, 2023.

**David W. Freeman,**

*Supervisory Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2023–26776 Filed 12–5–23; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Center for Scientific Review; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Center for Scientific Review Special Emphasis Panel; Small Business for Endocrine, Metabolic Systems and Reproduction.

*Date:* December 15, 2023.

*Time:* 3:30 p.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

*Contact Person:* Dianne Hardy, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6175, MSC 7892, Bethesda, MD 20892, 301–435–1154, [dianne.hardy@nih.gov](mailto:dianne.hardy@nih.gov).

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333,

93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: December 1, 2023.

**Miguelina Perez,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2023–26790 Filed 12–5–23; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Government Owned Inventions

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** The invention listed below is directed to a device to measure placental oxygen saturation in pregnant women from 20 weeks of pregnancy to delivery. The device monitors maternal tissue oxygen saturation, blood oxygen saturation, breathing rate, heart rate, and heart rate variability from signal, fetal movement activity and potentially fetal heart rate and heart rate variability. This technology was discovered and is being developed by the National Institute on Child Health and Human Development (NICHD). The NICHD is currently seeking a licensee and/or collaborator to further develop this technology.

**FOR FURTHER INFORMATION CONTACT:** Inquiries related to this licensing and collaboration opportunity should be directed to: Zarpheen Jinnah, Technology Transfer Manager, NCI Technology Transfer Center, 9609 Medical Center Drive, RM 1E530, MSC 9702, Bethesda, MD 20892–9702 (for business mail), Rockville, MD 20850–9702. Telephone: (240)–276–5530;