

Respondent/data collection activity	Number of respondents	Responses per respondent	Hours per response	Annual burden hours
	40 data entry staff .....	Once per program × 872 programs.	.50	436
Local organization staff and local database entry staff; Host Organization Data Form.	436 staff .....	1 .....	.05	22
Program participants; Participant Information Form ...	10,455 .....	1 .....	.10	1046
Program Participants; Post Program Survey .....	6,273 .....	1 .....	.10	628
Total Burden Hours .....	.....	.....	.....	2888

Dated: March 5, 2021.

**Alison Barkoff,**

*Acting Administrator and Assistant Secretary for Aging.*

[FR Doc. 2021-05042 Filed 3-10-21; 8:45 am]

**BILLING CODE 4154-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier OMB No. 0990-0476]

### 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 May 10, 2021.

**ADDRESSES:** Submit your comments to [Sherrette.Funn@hhs.gov](mailto:Sherrette.Funn@hhs.gov) or by calling (202) 795-7714.

#### FOR FURTHER INFORMATION CONTACT:

When submitting comments or requesting information, please include the document identifier 0990-0476, and project title for reference, to Sherrette Funn, the Reports Clearance Officer, [Sherrette.funn@hhs.gov](mailto:Sherrette.funn@hhs.gov), or call 202-795-7714.

**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:** ASPA COVID-19 Public Education Campaign Market Research.

**Type of Collection:** OMB #0990-0476.

The Office of the Assistant Secretary for Public Affairs (ASPA), U.S. Department of Health and Human Services (HHS), is requesting an extension on a currently approved collection that includes three components: 1. COVID-19 Current Events Tracker; 2. Foundational Focus Groups; and 3. Copy Testing Surveys. Together, these efforts support the development and execution of the COVID-19 Public Education Campaign. The broad purpose of each effort is as follows:

#### Current Events Tracker

The primary purpose of the COVID-19 Current Events Tracker (CET) survey is to continuously track key metrics of importance to the Campaign, including vaccine confidence, familiarity with and trust in HHS, and the impact of external events on key attitudes and behaviors. Tracking Americans' attitudes about, perceptions of, and behavior toward the COVID-19 pandemic will inform the Campaign of key metrics around vaccine confidence and uptake, as well as towards vaccine messengers such as HHS and key public health officials. It will also inform changes in messaging strategies necessary to effectively reach the entire U.S. population or specific subgroups.

The weekly tracking of this information will be critical for the Campaign's ability to respond to shifting events and attitudes in real-time, helping guide the American public with accurate information about the vaccine rollout as well as on how to take protective actions.

#### Foundational Focus Groups

ASPA is collecting information through the COVID-19 Public Education

Campaign Foundational Focus Groups to inform the Campaign about audience risk knowledge, perceptions, current behaviors, and barriers and motivators to healthy behaviors (including COVID-19 vaccination). Ultimately these focus groups will provide in-depth insights regarding information needed by Campaign audiences as well as their attitudes and behaviors related to COVID-19 and the COVID-19 vaccines. These will be used to inform the development of Campaign messages and strategy.

#### Copy Testing Surveys

Prior to placing Campaign advertisements in market, ASPA will conduct copy testing surveys to ensure the final Campaign messages have the intended effect on target attitudes and behaviors. Copy testing surveys will be conducted with sample members who comprise the target audiences; these surveys will assess perceived effectiveness of the advertisements as well as the effect of exposure to an ad on key attitudes and behavioral intentions. The results from these surveys will be used internally by ASPA to inform decisions on Campaign messages and materials; for example, to identify revisions to the materials or determine which advertisement to move to market.

**Need and Proposed Use:** In light of the current COVID-19 crisis, this information is needed given the impact of the pandemic on the nation. The Secretary of the U.S. Department of Health and Human Services (HHS) has declared a public health emergency effective January 27, 2020, under section 319 of the Public Health Service Act (42 U.S.C. 247d [1]) and renewed it continually since its issuance (see links to the determination here and here). Additionally, in accordance with 5 CFR 1320.13, HHS previously requested emergency submissions (sections 1320 (a)(2)(ii) and (2)(iii) of the federal regulations.

## ESTIMATED BURDEN HOUR TABLE

	CET	Foundational focus groups	Copy testing survey
Hours to screen .....	N/A	.09	0.03
Screening completes (per wave) .....	N/A	2,500	6,700
Screening participants (total/screened out) .....	N/A	20,000/19,136	53,600/45,600
Hours to complete survey/group .....	0.12	1.5	0.33
Participants (per wave/round) .....	1,000	108	1,000
Number of waves/rounds .....	92	8	8
Burden per wave/round .....	120	387	330
Total participants .....	92,000	864	8,000
Total respondents * .....	92,000	20,000	53,600
Total burden hours .....	11,040	3,096	4,248

\* Total respondents = total participants for each effort + total people screened out.

**Sum of All Studies**

Total Respondents: 165,600.

Total Burden Hours: 18,384.

**Sherrette A. Funn,**

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

[FR Doc. 2021-05040 Filed 3-10-21; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier OS-0955-New]

**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 May 10, 2021.

**ADDRESSES:** Submit your comments to [Sherrette.Funn@hhs.gov](mailto:Sherrette.Funn@hhs.gov) or by calling (202) 795-7714.

**FOR FURTHER INFORMATION CONTACT:** When submitting comments or requesting information, please include the document identifier 0955-New-60D, and project title for reference, to

Sherrette Funn, the Reports Clearance Officer, [Sherrette.funn@hhs.gov](mailto:Sherrette.funn@hhs.gov), or call 202-795-7714.

**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:* Access, Exchange and Use of Social Determinants of Health Data in Clinical Notes.

*Type of Collection:* New.  
*OMB No.:* 0955-NEW—Office of the National Coordinator for Health Information Technology.

*Abstract:* The Department of Health and Human Services, Office of the Secretary, Office of the National Coordinator for Health Information Technology, have the access, exchange, and use of electronic health information; which is essential for clinicians, and patients to better manage their health care needs and share information with other providers, and with caregivers. Many hospitals and physicians possess capabilities that

enable patients to view and download their health information. Yet, additional steps are needed to make health information more accessible and useful to both clinicians and patients.

The 21st Century Cures Act (Cures Act) requires the Department of Health and Human Services (HHS) and ONC to improve the interoperability of health information. ONC's Cures Act final rule also identifies important data elements that should be made electronically available and exchanged through the use of health information technology (IT). The United States Core Data for Interoperability (USCDI) is a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange. ONC will follow a predictable, transparent, and collaborative process to expand the USCDI. Data reflecting social determinants of health (SDOH)—the conditions in which people live, learn, work, and play—remains much more limited across healthcare. There is a growing recognition that by capturing and accessing SDOH data during the course of care, providers can more easily address non-clinical factors, such as food, housing, and transportation insecurities, which can have a profound impact on a person's overall health. Therefore, it is important to identify SDOH data elements for potential inclusion in the USCDI in the future.

## ANNUALIZED BURDEN HOUR TABLE

Form number and name	Respondents	Number of respondents	Number of responses per respondents	Average burden per response (x/60)	Total burden hours
1a: Prescreening Questionnaire .....	Patients and Caregivers .....	750	1	5/60	62.5
1b: Prescreening Questionnaire .....	Clinicians and Healthcare Professionals.	750	1	5/60	62.5