Estimated Annual Costs to the Federal Government

Exhibit 3 shows the total and annualized cost of this information collection. The cost associated with the design and data collection of the MEPS–HC and MEPS–MPC is estimated to be $51,401,596 in each of the three years covered by this information collection request.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

Cost component	Total cost	Annualized cost
Sampling Activities	$3,002,731	$1,000,910
Interviewer Recruitment and Training	9,190,168	3,063,389
Data Collection Activities	93,611,428	31,203,809
Data Processing	23,087,605	7,695,868
Production of Public Use Data Files	21,079,118	7,026,373
Project Management	4,233,739	1,411,246
Total	154,204,789	51,401,596

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: June 1, 2012.

Carolyn M. Clancy,

Director.

[FR Doc. 2012–14204 Filed 6–12–12; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day-12–12NF]

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 404–639–7570 and send comments to Kimberly S. Lane, CDC 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email 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

School Environment Study: Evaluating the Effects of CTG-supported School-based Nutrition and Physical Activity Policies on Students' Diet, Physical Activity, and Weight Status—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Prevention and Public Health Fund (PPHF) of the Patient Protection and Affordable Care Act of 2010 (ACA) provides an important opportunity for states, counties, territories, and tribes to advance public health across the lifespan and to reduce health disparities. The PPHF authorizes Community Transformation Grants (CTG) for the implementation, evaluation, and dissemination of evidence-based community preventive health activities. The CTG program emphasizes five strategic directions: (1) Tobacco-free living; (2) active lifestyles and healthy eating; (3) high impact, evidence-based clinical and other preventive services; (4) social and emotional well-being; and (5) healthy and safe physical environments.

The CTG program is administered by the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). As required by Section 4201 of the ACA, CDC is responsible for conducting a comprehensive evaluation of the CTG program which includes assessment over time of measures relating to each of the five strategic directions. CDC is requesting OMB approval to collect information needed for these assessments. This information collection will enable a multi-method evaluation of the school nutrition and physical activity environments and on related health indictors among students. The School Environment Study involves a quasi-experimental design that will assess nutrition-, physical activity-, and obesity-related outcomes and impacts, and compare differential changes in these outcomes and impacts between students sampled in middle schools supported by the CTG program and students sampled in middle schools not supported by the CTG program.

Four CTG program awardees (Broward County, Florida; Travis County, Texas; eight counties in Massachusetts (excludes the city of Boston and surrounding area); and Los Angeles County, California) were selected to participate in the School

Environment Study based on planned support for activities to encourage nutrition and physical activity environment changes in middle schools. Across the four awardees, 40 middle schools will be selected for study participation. Twenty of the 40 selected middle schools will be among those targeted by the awardees to receive CTG-supported programs and the remaining 20 schools are among those not targeted to receive CTG program support.

The study design includes a five year data collection plan with three waves of data collection. Wave one (baseline data collection) will occur during the spring semester of the 2012–2013 school year; wave two (interim data collection) will occur during the spring semester of the 2014–2015 school year; and wave three (final data collection) will occur during the spring semester of the 2016–2017 school year. CDC plans to collect data from students, school staff (teachers and key stakeholders), and to conduct an observation of the school food environment.

Students. A sample of non-ability-tracked 7th- and 8th-grade classrooms will be randomly selected for data collection. All students in selected classrooms will be invited to participate in the Student Nutrition and Physical Activity Survey (SNAPAS) and measurement of height and weight. The SNAPAS in-classroom, paper-and-pencil questionnaire will collect information about students' dietary and physical activity behaviors and their attitudes and awareness toward healthful eating and physical activity. To collect supplemental information on diet and physical activity, a subset of students will complete a 24-hour dietary recall interview and another subset of students will have information collected about their physical activity through the use of an accelerometer (an electronic activity meter worn on the body).

School staff. Two data collections will assess reported implementation and enforcement of school policies on nutrition and physical activity. First, a random sample of 7th- and 8th-grade teachers will be invited to participate in a survey either by completing a paper-and-pencil questionnaire or web-based survey. Second, the principal, school cafeteria manager, lead physical education teacher, and a representative from the district wellness council will be invited to participate in a semi-structured telephone interview regarding policy and system changes to the school nutrition and physical activity environments.

School food environment. An observational data collection will provide detailed information about competitive foods available for sale to students through vending machines, cafeteria à la carte lines, and other on-premises venues (e.g., concession stands, school stores). This data collection will permit an evaluation of school food policy implementation and will contribute to an understanding of where and to what extent the school food environment is a facilitator or a barrier to healthful eating.

The SNAPAS, teacher survey, and school food observation will occur during waves one, two, and three. The measurement of student height and weight, student supplemental data collections (i.e., dietary recalls and physical activity), and interviews with key stakeholders will be conducted during waves one and three only. A different sample of respondents will be selected at each wave of data collection.

The information to be collected will allow CDC to estimate the effectiveness of evidence- and practice-based policies and practices to improve healthy school environments and, in turn, the health of middle school students in U.S. public schools. The information will permit CDC to expand the existing evidence base on the capacity for policy- and systems-level changes to impact individual health.

OMB approval is requested for the first three years of the five-year CTG project period, i.e., waves one and two of planned data collection. OMB approval for wave three data collection will be requested in a future submission.

Participation is voluntary and 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	Average burden per response (in hr)	Total burden (in hr)
Students	Student Nutrition and Physical Activity Survey (SNAPAS).	2,000	1	30/60	1,000
	Body mass index (BMI) data collection.	1,000	1	20/60	333
	Wear log for physical activity measurement.	200	1	15/60	50
	24-hour dietary recall interview (initial recall).	334	1	30/60	167
	24-hour dietary recall interview (second recall).	34	1	30/60	17
Teachers	Teacher survey	400	1	10/60	67
School Officials	Semi-structured interview	54	1	1	54
Total					1,688

Kimberly S. Lane,

Deputy Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-12–12EG]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of 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) 639–7570 or send an email to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Use of Smartphones to Collect Information about Health Behaviors: Feasibility Study—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Despite the high level of public knowledge about the adverse effects of smoking, tobacco use remains the leading preventable cause of disease and death in the U.S., resulting in approximately 443,000 deaths annually. During 2005–2010, the overall proportion of U.S. adults who were current smokers declined from 20.9% to 19.3%. Despite this decrease, smoking rates are still well above Healthy People 2010 targets for reducing adult smoking prevalence to 12%, and the decline in prevalence was not uniform across the population. Timely information on tobacco usage is needed for the design, implementation, and evaluation of public health programs.

The evolution of completely new, completely mobile communications technologies provides a unique opportunity for innovation in public health. Text messaging and smartphone web access are immediate, accessible, and anonymous, a combination of features that could make smartphones ideal for the ongoing research, surveillance, and evaluation of risk behaviors and health conditions, as well as targeted dissemination of information.

CDC proposes to conduct a feasibility study to identify and evaluate the process of conducting surveys by text message and smartphone, the outcomes of the surveys, and the value of the surveys. The universe for this study is English-speaking U.S. residents aged 18–65. The sample frame will consist of a national random digit dial sample of telephone numbers from a frame of known cell phone exchanges. Respondents reached on their cell phones will be asked to complete an initial CATI survey consisting of a short series of simple demographic questions, general health questions, and questions about tobacco and alcohol use. At the conclusion of this brief survey, respondents who have smartphones will be asked to participate in the feasibility study, which consists of a first follow-up survey and, a week later, a second follow-up survey. Those who agree will receive invitations to participate by text message, which will include a link to the survey. A sample of respondents who do not have smartphones will be asked to participate in a text message pilot, which also consists of a first follow-up survey and a second follow-up survey. Text message respondents will receive a text message inviting them to participate; respondents opting in will be texted survey questions one at a time. Before initiating the feasibility study, CDC will conduct a brief pre-test of information collection forms and procedures.

This study will evaluate: (1) Response bias of a smartphone health survey by comparing data collected via CATI to data collected via smartphones/text messages, and data collected via smartphones to data collected via text messages, (2) relative cost-effectiveness of data collected via CATI to data collected via smartphones/text messages; (3) coverage bias associated with restricting the sample to smartphone users; and (4) the utility of smartphones for completing frequent, short interviews (e.g., diary studies to track activities or events).

OMB approval is requested for one year. Participation is voluntary and respondents can choose not to participate at any time. There are no costs to respondents other than their time. The total estimated annualized burden hours are 236.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	No. of respondents	No. of responses per respondent	Avg. burden per response (in hr)
Adults Aged 18 to 65, All cell phone users	Pre-test (CATI Screener/CATI Recruitment ...	20	1	8/60
	CATI Screener	1,990	1	1/60
	CATI Recruitment	995	1	7/60
Adults Aged 18 to 65, Smartphone Users	First Web Survey Follow-up for Smartphone Users.	697	1	3/60
	Second Web Survey Follow-up for non-Smartphone Users.	592	1	3/60
Adults Aged 18 to 65, Non-smartphone Users	First Text Message Survey Follow-up for non-Smartphone Users.	200	1	3/60
	Second Text Message Survey Follow-up for non-Smartphone Users.	170	1	3/60