Social Security Act, Title V, § 511 (42 U.S.C. 711) and administered by HRSA in partnership with the Administration for Children and Families, supports voluntary, evidence-based home visiting services during pregnancy and for parents with young children up to kindergarten entry. States, tribal entities, and certain nonprofit organizations are eligible to receive funding from the MIECHV program and have the flexibility to tailor the program to serve the specific needs of their communities. Funding recipients may subaward grant funds to local implementing agencies (LIAs) to provide home visiting services to eligible families in at-risk communities.

HRSA aims to explore how families that experience disparities in outcomes targeted by the MIECHV program experience home visiting services. This study is an initial step in understanding those experiences and will provide a better understanding of how MIECHV-funded home visiting programs currently address disparities and promote equity. Data collection activities include interviews, focus groups, online surveys, program observations, and review of documents and management information systems data.

A 60-day notice was published in the **Federal Register** on December 5, 2023, vol. 88, No. 84339; pp. 84341–42. HRSA received one response to the request for public comment from a home visiting model developer. The commentor expressed concerns about the estimated burden for focus groups and the request for information from programs and over surveying families, suggesting using previously collected data, and made suggestions for language changes including use of plain language, clarifying instructions, and providing questions in advance. In response to these comments, the burden hours were increased for focus groups, clarifying instructions were added to the LIA Leadership Interview Protocol and edits were made to plain language. The burden estimate was not increased for the information form for LIAs as it did not fall under the definition for public burden. The suggestion of using information already collected from families was not taken as there is not currently existing data of this nature. In addition, Family Focus Group Protocol and Family Case Study Focus Group Protocol have been combined to one form as the protocols were similar.

Need and Proposed Use of the Information: HRSA is seeking additional information about families' experiences within home visiting and strategies the MIECHV program has used to address disparities in their work with families. This information collection is part of the Home Visiting Assessment of Implementation Quality Study, which will examine specific components of the Home Visiting Implementation Quality Conceptual Framework, to inform strategies for implementing high quality home visiting programs. HRSA intends to use this information to identify actionable strategies that MIECHV awardees and LIAs could take to remove potential obstacles to family enrollment in home visiting services and to help address health disparities.

Likely Respondents: MIECHV awardees that are states, nonprofit organizations, and tribes; LIA staff (program directors, coordinators, supervisors, and home visitors); and families that experience greater disparities in maternal and newborn health (families participating in MIECHV-funded home visiting services).

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS[1]

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Request for Information about LIAs	56	1	56	0.25	14.0
LIA and Family Nomination Form	70	1	70	2.00	140.0
Family Online Survey	210	1	210	0.33	69.3
Family Focus Group Protocol	64	1	64	1.00	64.0
Home Visitor Group Interview Protocol	10	1	10	1.50	15.0
LIA Leadership Interview Protocol	6	1	6	1.50	9.0
Total	416		416		311.3

[1] There may be variation in the number of study participants (*e.g.,* some programs may have fewer home visitors). The total burden hours presented here provide information assuming the maximum number of respondents in each community.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2024–06991 Filed 4–2–24; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–0482]

Agency Information Collection Request 30-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 3, 2024.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: Sherrette Funn, *Sherrette.Funn@hhs.gov* or (202) 264–0041, or *PRA@hhs.gov.* When submitting comments or requesting information, please include the document identifier 0990–0482–30D and project title for reference.

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:

1. *Primary Data Collection.*

a. *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.

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

c. *CHW 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.

d. *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.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
CHW: Application	300	1	30/60	150
CHW: Assessment	300	1	1	300
CHW: Program Modules (Pre-test and Post-test)	300	14	10/60	700
CHCs: Use of Azara/Population Health Tool	40	1	1	40
CHCs: JumpStart Modules	350	1	1	350
CHCs: Uniti Health	350	1	1	350
Total				1,890.0

Sherrette A. Funn,

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

[FR Doc. 2024–07039 Filed 4–2–24; 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

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the Board of Scientific Counselors Chairs Meeting, Office of the Director, National Institutes of Health.

The meeting will be held as a virtual meeting and is open to the public as indicated below. Individuals who plan to view the virtual meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

Name of Committee: Board of Scientific Counselors Chairs Meeting, National Institutes of Health.

Date: May 10, 2024.

Time: 1:00 p.m. to 4:00 p.m., EST.

Agenda: The meeting will include a discussion of policies and procedures that apply to the regular review of NIH intramural scientists and their work.

Place: National Institutes of Health, 1 Center Drive, Building 1, Room 160, Bethesda, MD 20892 (Zoom Meeting).

This meeting is a virtual meeting via Zoom and can be accessed at: *https://nih.zoomgov.com/j/1609046129?pwd=SVo5djRrbTdicE5oMDcrTFBJejFOZz09*.

Meeting ID: 160 904 6129.

Passcode: 611826.

One tap mobile:

+16692545252,,1609046129#,,,,*611826# US (San Jose)
+16469641167,,1609046129#,,,,*611826# US (US Spanish Line)

Dial by your location:

+1 669 254 5252 US (San Jose)
+1 646 964 1167 US (US Spanish Line)
+1 646 828 7666 US (New York)
+1 551 285 1373 US (New Jersey)
+1 669 216 1590 US (San Jose)
+1 415 449 4000 US (US Spanish Line)

Meeting ID: 160 904 6129.

Passcode: 611826.

Find your local number: https://nih.zoomgov.com/u/aBCa9yw2p.

Contact Person: Margaret McBurney, Management Analyst, Office of the Deputy Director for Intramural Research, National Institutes of Health, 1 Center Drive, Room 160, Bethesda, MD 20892–0140, (301) 496–1921, *mmcburney@od.nih.gov*.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

Information is also available on the Office of Intramural Research home page: *http://sourcebook.od.nih.gov/*.

Dated: March 28, 2024.

Melanie J. Pantoja,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024–06978 Filed 4–2–24; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Aging; 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 open to the public as indicated below, with attendance 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 Contact Person listed below in advance of the meeting.

The meeting will be closed to the public as indicated below in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended for the review, discussion, and evaluation of individual grant applications conducted by the National Institute On Aging, including consideration of personnel qualifications and performance, and the competence of individual investigators, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Board of Scientific Counselors, NIA Board of Scientific Council, NIA.

Date: May 29–31, 2024.

Closed: May 29, 2024, 8:00 a.m. to 8:45 a.m.

Agenda: To review and evaluate executive Session; Opening Remarks, (Richard J. Hodes, M.D., NIA Director, and Luigi Ferrucci, M.D., Ph.D., Scientific Director, NIA); Board Business, (Andrea LaCroix, Ph.D., Chairperson, and Holly M. Brown-Borg, Ph.D., Incoming Chairperson).

Place: National Institute on Aging, Biomedical Research Center, 3C211/Virtual, 251 Bayview Blvd., Baltimore, MD 21224 (Hybrid).

Open: May 29, 2024, 8:45 a.m. to 9:45 a.m.

Agenda: Bias in the Review Process Presentation (Marie Bernard, M.D., Chief Officer for Scientific Workforce Diversity, NIH).

Place: National Institute on Aging, Biomedical Research Center, 251 Bayview Blvd., Baltimore, MD 21224 (Hybrid).

Open: May 29, 2024, 9:45 a.m. to 10:00 a.m.

Agenda: Break.

Place: National Institute on Aging, Biomedical Research Center, 251 Bayview Blvd., Baltimore, MD 21224 (Hybrid).

Open: May 29, 2024, 10:00 a.m. to 10:15 a.m.

Agenda: LBN Overview (Susan Resnick, Ph.D., Laboratory Chief, Senior Investigator, LBN).

Place: National Institute on Aging, Biomedical Research Center, 251 Bayview Blvd., Baltimore, MD 21224 (Hybrid).

Open: May 29, 2024, 10:15 a.m. to 10:30 a.m.

Agenda: Discussion.

Place: National Institute on Aging, Biomedical Research Center, 251 Bayview Blvd., Baltimore, MD 21224 (Hybrid).

Open: May 29, 2024, 10:30 a.m. to 11:00 a.m.

Agenda: A historical perspective on BABS brain and cognitive aging studies: Setting the stage for the future (Susan Resnick, Ph.D., Laboratory Chief, Senior Investigator, LBN).

Place: National Institute on Aging, Biomedical Research Center, 251 Bayview Blvd., Baltimore, MD 21224 (Hybrid).

Open: May 29, 2024, 11:00 a.m. to 11:30 a.m.

Agenda: Discussion.

Place: National Institute on Aging, Biomedical Research Center, 251 Bayview Blvd., Baltimore, MD 21224 (Hybrid).

Closed: May 29, 2024, 11:30 a.m. to 11:45 a.m.

Agenda: To review and evaluate Dr. Resnick meets individually and privately with BSC members.

Place: National Institute on Aging, Biomedical Research Center, 251 Bayview Blvd., Baltimore, MD 21224 (Hybrid).

Open: May 29, 2024, 11:45 a.m. to 12:00 p.m.

Agenda: Break.

Place: National Institute on Aging, Biomedical Research Center, 251 Bayview Blvd., Baltimore, MD 21224 (Hybrid).

Closed: May 29, 2024, 12:00 p.m. to 1:30 p.m.

Agenda: To review and evaluate executive Session Luncheon.

Place: National Institute on Aging, Biomedical Research Center, 3A519/Virtual, 251 Bayview Blvd., Baltimore, MD 21224 (Hybrid).

Open: May 29, 2024, 1:30 p.m. to 2:00 p.m.

Agenda: Integrating omics and neuroimaging to identify ADRD risk factors, biomarkers, and therapeutic targets (Keenan Walker, Ph.D., NIH Distinguished Scholar, Tenure-Track Investigator, LBN).

Place: National Institute on Aging, Biomedical Research Center, 251 Bayview Blvd., Baltimore, MD 21224 (Hybrid).

Open: May 29, 2024, 2:00 p.m. to 2:30 p.m.

Agenda: Discussion.

Place: National Institute on Aging, Biomedical Research Center, 251 Bayview Blvd., Baltimore, MD 21224 (Hybrid).