

SUPPLEMENTARY INFORMATION:

Title: Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery.

Abstract: The information collection activity will gather qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

Feedback collected under this generic clearance will provide useful information, but it will not yield data that can be generalized to the overall population. This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: The target population to which generalizations will be made, the sampling frame, the sample design (including stratification and clustering), the precision requirements or power calculations that justify the proposed sample size, the expected response rate, methods for assessing potential non-response bias, the protocols for data collection, and any testing procedures that were or will be undertaken prior to fielding the study. Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission for other generic mechanisms that are designed to yield quantitative results.

Below we provide AHRQ's projected average annual estimates for the next three years:

Current Actions: New collection of information.

Type of Review: New Collection.

Affected Public: Individuals and Households, Businesses and

Organizations, State, Local or Tribal Government.

Average Expected Annual Number of Activities: 10.

Respondents: 10,900.

Annual Responses: 10,900.

Frequency of Response: Once per request.

Average Minutes per Response: 19.

Burden Hours: 3,383.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget control number.

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: March, 31 2011.

Carolyn M. Clancy,

Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[30 Day--11-11CC]

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) 639-5960 or send an e-mail 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

Development and Evaluation of Eagle Books and Youth Eagle Books for American Indians and Alaska Natives (AI/ANs)—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The development of effective diabetes prevention programs targeting AI/AN youth is a compelling priority in education and public health. AI/AN individuals develop type 2 diabetes at younger ages, experience more years of disease burden and have a high probability of developing diabetes-related complications. However, research shows that type 2 diabetes can be prevented or delayed with healthy foods and nutrition, moderate physical activity, and social support. A number of health communication products have been developed specifically for AI/AN youth. These include the Eagle Books, the Youth Books, and the Diabetes Education in Tribal Schools (DETS) curriculum.

The Eagle Books are a series of four books that have been incorporated into the lesson plans for the Kindergarten (K) through fourth grades of the DETS curriculum. The materials are a result of a project that engaged eight Tribal Colleges and Universities, NIH, CDC, and IHS to develop culturally-grounded, scientifically sound lessons to promote awareness about diabetes and lifestyle adaptations. CDC is currently developing additional books for Native American youth ages nine to thirteen (the "Youth Books").

CDC plans to conduct a descriptive evaluation of the Eagle Books and the DETS curriculum. Data collection will involve discussion groups and in-depth interviews conducted during site visits to 12 selected American Indian communities. Each site visit will consist of: (i) Interviews with up to 3 community health representatives; (ii) Interviews with up to 2 school administrators from a local elementary school and a middle school; (iii) One discussion (focus) group with teachers from a local elementary school and one discussion group with teachers from a

local middle school; (iv) Two discussion (focus) groups with children: One group with younger children (grades K–1) and one group with older children (grades 2–4); (v) Two discussion (focus) groups with parents: one group with parents of younger children and one group with parents of older children; and (vi) Observational tours of the community.

During the site visits, respondents will be asked to provide general feedback about the Eagle Books and how the Eagle Books have affected knowledge, attitudes, and behaviors;

how materials currently support or could be used to support other local diabetes prevention efforts; and how the planned Youth Books could support the DETS curriculum. De-identified information will be collected and analyzed by staff from CDC's Native Diabetes Wellness Program (NDWP), with the assistance of a data collection contractor.

Findings will be used to identify "best practices" with regard to implementation and use of the Eagle Books and DETS curriculum; to inform

the development of similar materials; and to enhance current and future community outreach and technical assistance efforts aimed at preventing or controlling diabetes in AI/AN youth.

Information will be collected in an average of four communities per year over three years. Participation is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden hours are 132.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Community Health Representatives.	Interview Guide for Community Health Representatives	12	1	1
Administrators	Interview Guide for Administrators Grades K–4	4	1	1
	Interview Guide for Administrators Grades 5–8	4	1	1
Teachers	Discussion Guide for Teachers Grades K–4	16	1	75/60
	Discussion Guide for Teachers Grades 5–8	16	1	75/60
Parents	Discussion Guide for Parents Grades K–4	48	1	1
Children	Discussion Guide for Children Grades K–1	16	1	45/60
	Discussion Guide for Children Grades 2–3–4	16	1	45/60

Daniel Holcomb,

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

Health Disparities Subcommittee (HDS), Advisory Committee to the Director, Centers for Disease Control and Prevention (ACD, CDC)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), CDC announces the following meeting of the aforementioned subcommittee:

Time and Date: 12 p.m.–1 p.m., April 27, 2011.

Place: Teleconference. To participate, please dial 1–866–816–2692 and enter passcode 9011361 for access.

Status: Open to the public; teleconference access limited only by the availability of telephone ports. The public is welcome to participate during the public comment period, which is tentatively scheduled from 12:55 p.m., until 1 p.m.

Purpose: The Subcommittee will provide advice to the CDC Director through the ACD on strategic and other health disparities and health equity issues and provide guidance on opportunities for CDC.

Matters To Be Discussed: The agenda will include the following: (1) A review of the charge and membership status of the Health Equity Workgroup; (2) an overall Health Equity activities update including the CDC Health Disparities and Inequalities Report, U.S. 2011; the National Prevention Strategy; Healthy People 2020; and Social Determinants of Health Strategy Brief.

The agenda is subject to change as priorities dictate.

Contact Person for More Information: Leandris Liburd, PhD, M.P.H., M.A., Designated Federal Officer, HDS, ACD, CDC, 1600 Clifton Road, NE., Mailstop E–67, Atlanta, Georgia 30333, **Telephone:** (404) 498–2320, **E-mail:** LEL1@cdc.gov.

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 Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: April 11, 2011.

Elaine L. Baker,

Director, Management Analysis and Services Office, 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): Initial Review

The meeting announced below concerns Conducting Public Health Research in Kenya, Request for Application (RFA) GH10–003, Panel B, initial review.

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting:

Time and Date: 12 p.m.–4 p.m., June 23, 2011 (Closed).

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters To Be Discussed: The meeting will include the initial review, discussion, and evaluation of applications received in response to "Conducting Public Health Research in Kenya, RFA GH10–003, Panel B, initial review."

Contact Person for More Information: Lata Kumar, M.B.A., M.P.H., Scientific Review Officer, Center of Global Health Science Office, Center for Global Health, CDC, 1600