healthcare is delivered. The public health model's population-based perspective can be deployed to enhance healthcare-associated infection prevention, particularly given the shifts in healthcare delivery from the acute care (Tier 1) to ambulatory (Tier 2) and other settings.

Also, influenza transmission to patients by healthcare personnel is well documented. Healthcare personnel can acquire and transmit influenza from patients or transmit influenza to patients and other staff. Higher vaccination coverage among healthcare personnel has been associated with a lower incidence of healthcare-associated influenza cases. In addition, the proportion of healthcare-associated cases among hospitalized patients decreases as well, suggesting that increased staff vaccination can contribute to the decline in the number of healthcare-associated influenza cases.

The Steering Committee has drafted two strategies or modules that address healthcare-associated infection prevention in ambulatory surgical centers and end-stage renal disease facilities. An additional module addresses influenza vaccination of healthcare personnel. Similar to its Tier 1 efforts, Tier 2 healthcare-associated infection reduction strategies expect to be executed through research and guideline development, implementation of national quality improvement initiatives at the provider level, and creation of payment policies that promote infection control and reduction in healthcare facilities.

To assist the Steering Committee in obtaining broad input in the development of the three draft modules, HHS, through this request for information (RFI), is seeking comments from stakeholders and the general public on the draft Tier 2 modules. The modules can be found at *http://www.hhs.gov/ophs/initiatives/hai/actionplan/index.html#tier2.*

II. Information Request

The Office of Healthcare Quality, on behalf of the HHS Steering Committee for the Prevention of Healthcare-Associated Infections, requests input on three drafts: "Section A: Ambulatory Surgical Centers," "Section B: End-Stage Renal Disease Facilities," and "Section C: Influenza Vaccination of Healthcare Personnel." In addition to general comments, the Steering Committee is seeking input on any additional gaps not addressed in the draft strategies.

III. Potential Responders

HHS invites input from a broad range of individuals and organizations that have interests in preventing and reducing healthcare-associated infections. Some examples of these organizations include, but are not limited to the following:

—General public
—Healthcare, professional, and educational organizations/societies
—Caregivers or health system providers (e.g., physicians, physician assistants, nurses, infection preventionists)
—State and local public health agencies
—Public health organizations
—Foundations
—Medicaid- and Medicare-related organizations
—Insurers and business groups
—Collaboratives and consortia

When responding, please self-identify with any of the above or other categories (include all that apply) and your name. Anonymous submissions will not be considered. The submission of written materials in response to the RFI should not exceed 10 pages, not including appendices and supplemental documents. Responders may submit other forms of electronic materials to demonstrate or exhibit concepts of their written responses. All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment.

Dated: September 16, 2010.

Don Wright,

Deputy Assistant Secretary for Healthcare Quality.

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BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–10–10CW]

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

Translation and Dissemination of Promising Community Interventions for Preventing Obesity—New—Division of Nutrition, Physical Activity and Obesity (DNPAO), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The need for prevention and reduction of overweight and obesity is compelling. In the U.S., 65% of adults are overweight or obese. Obesity contributes to chronic conditions such as hypertension, Type 2 diabetes, stroke, coronary heart disease, and osteoarthritis. Beyond the human costs, economic costs are extreme and are climbing. A report on prevention of childhood obesity, prepared by the Institute of Medicine in 2007, concluded that there are insufficient studies to generate recommendations for best practices in obesity prevention. Instead, the report compiles promising practices, including those set in communities.

CDC plans to apply methodology recommended by the CDC Task Force on Community Preventive Services to improve the translation and dissemination of promising practices into community-based obesity prevention programs. Information necessary to this purpose will be collected from the general public. Information will be collected concerning respondents' knowledge, attitudes, and beliefs about obesity and physical activity; the need for community leaders to encourage healthier diets and more physical activity; and opportunities for leveraging current community efforts.

Two hundred fifty respondents will be recruited to participate in a series of four, small-group discussions using Voice over Internet Protocol. In preparation for the initial discussion, respondents will be asked to review a set of briefing materials and a guide to on-line discussion groups. In addition, these respondents will complete an on-line questionnaire on two occasions. The questionnaire is designed to measure the relative importance of various proposals for policy and environmental change, and whether change has occurred in perceptions of roles and responsibilities for obesity prevention. The baseline or "pre-test" questionnaire will be administered before the initial discussion group, and the "post-test" questionnaire will be administered after all discussion groups have been completed.

Information will also be collected from a comparison group of 700 respondents who will complete pre- and post-intervention questionnaires, but will not participate in the discussion groups or review the briefing materials.

The goal is to identify key issues for community obesity prevention programs, to refine promising obesity prevention practices for targeted communities, and to facilitate the dissemination of promising practices for obesity prevention. OMB approval is requested for one year. There are no costs to respondents other than their time. The total estimated annualized burden hours are 2,034.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
General Public	Discussion Group Moderator's Guide	250	4	1
	Discussion Group Confirmation and Instructions.	250	1	10/60
	Briefing Materials	250	1	10/60
	On-Line Questionnaire: Deliberative Poll on Obesity Prevention and Control.	950	2	30/60

Dated: September 15, 2010.

Carol Walker,

Acting 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

[30-Day–10–0783]

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

Evaluation of Safe Dates Project—(OMB No. 0920–0783 exp. 6/30/2011)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Safe Dates, a dating violence prevention curriculum for 8th and 9th grade students, has been shown to be effective at preventing victimization and perpetration of teen dating violence in one rural North Carolina school district, but appropriateness of the program with urban, high-risk adolescents is unknown. CDC has learned additional information about violence and risk factors for adolescents in urban, high-risk communities since the original OMB clearance package was submitted. Recent research also has shown that adolescents who live in urban, disadvantaged communities report significantly higher prevalence of some risky behaviors, including violence, than nationally representative U.S. adolescents (Swahn & Bossarte, 2009). To assess whether Safe Dates should be modified for urban, high-risk adolescents, CDC requests OMB approval to conduct focus groups with students and interviews with teachers at urban schools in the 2010–2011 school year. Data collection staff will use new interview guides designed for this purpose. The data collection will require participation from teachers at eight schools who delivered the Safe Dates program and students at one school who received the program. Qualitative data will be collected through student focus groups and teacher interviews. Students will complete a participant profile form to capture basic demographic information. Approximately 40 students at one school will participate in focus groups. Two focus groups will consist of 8–10 boys, and two focus groups will include 8–10 girls. Informed written consent from parents for each student's participation and informed written assent from tenth graders for their own participation will be obtained. Twenty teachers will participate in interviews. Students and teachers will be asked about their experiences with the Safe Dates program and ideas they may have about adapting the program for urban schools.

There is no cost to respondents other than their time. The total estimated annual burden hours are 14,193.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Student	Student Effectiveness Baseline Survey	10,158	1	35/60
	1st Student mid-implementation survey	3,612	1	25/60
	2nd Student mid-implementation survey	3,612	1	25/60
	Student Effectiveness Follow-up Survey	8,126	1	35/60
Principal	Baseline principal survey	49	1	15/60
	Mid-implementation principal survey	32	1	15/60
	End-of-school-year principal survey	49	1	15/60