

Application	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Waiver Request	10	1	10	6.5	65
Total	10	1	10	6.5	65

E-mail comments to paperwork@hrsa.gov or mail the HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 30 days of this notice.

Dated: November 23, 2010.

Robert Hendricks,

Director, Division of Policy and Information Coordination.

[FR Doc. 2010–30170 Filed 11–29–10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Officer at (301) 443–1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the agency; (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.

Proposed Project: Healthy Weight Collaborative (OMB No. 0915–NEW)—[NEW].

Background: The mission of the Healthy Weight Collaborative (HWC) is to discover, identify, develop, and disseminate both evidence-based and promising clinical and community-based interventions to prevent and treat obesity. The HWC was funded by the Health Resources and Services Administration under Title V, Section 501(a)(2) of the Social Security Act (42 U.S.C. 701(a)(2)) and Section 4002 of the Patient Protection and Affordable Care Act (Pub. L. 111–148).

The goal of the HWC is to value and leverage each community team’s strengths, networks, grantees, and expertise towards the common goal of promoting healthy weight for all populations, especially those at high risk for overweight and obesity.

The HWC is modeled after the Institute for Healthcare Improvement Collaborative Model for achieving breakthrough improvement. Also known as the Breakthrough Series, this model was developed in 1996 to help healthcare organizations make breakthrough improvements in quality

while reducing costs. This model is designed to close the gap between science and practice by creating a structure in which organizations can easily learn from each other and from recognized experts in topic areas in which they want to make quality improvements.

Approximately 50 community teams will be recruited to participate in the HWC. The intended beneficiaries of this program are children and their families, and teams in the HWC can include health departments, community-based organizations, HRSA and the Department of Health and Human Services (HHS) grantees; especially safety net providers and other stakeholders in the HRSA and HHS program network. Teams will be asked to report on non-personally identifiable aggregate information from clinical and public health or community interventions related to four domains, including clinical and public health:

- Body Mass Index (BMI), collected from an electronic health record.
- Nutrition, which includes measures related to change in knowledge, attitudes, behavior, and consumption.
- Physical Activity, which includes measures related to change in knowledge, attitudes, behavior, and levels of activity.

• Partnerships and Process Improvement, which includes measures related to linkages made between clinical and community-based or public health programs, increased efficiencies related to these linkages, and the number of people served by these linkages.

The annual estimate of burden is as follows:

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
BMI	50	30	1,500	.10	150
Nutrition	50	30	1,500	.20	300
Physical Activity	50	30	1,500	.20	300
Partnerships and Process Improvement	50	50	2,500	.20	500
Total	50	7,000	1,250

E-mail comments to paperwork@hrsa.gov or mail the HRSA Reports Clearance Officer, Room 10–33,

Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments

should be received within 60 days of this notice.

Dated: November 24, 2010.

Robert Hendricks,
 Director, Division of Policy and Information
 Coordination.

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**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Health Resources and Services
 Administration**

**Agency Information Collection
 Activities: Proposed Collection:
 Comment Request**

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the agency; (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.

**Proposed Project Title: Evaluation of
 the text4baby Program—(OMB No.
 0915-NEW)—NEW**

Background: Text4baby is a free mobile health education service that provides pregnant women and mothers with an infant under one year of age with free, evidence-based, brief health messages. An educational program led by the National Healthy Mothers, Healthy Babies coalition (HMHB), text4baby is intended to help women in having safe and healthy pregnancies by empowering them with information they need to give their babies the best possible start in life. The text4baby service was launched nationally in February 2010. Text4baby is made possible through a broad, public-private partnership that includes government and tribal agencies, corporations, academic institutions, professional associations, and non-profit organizations.

The goal of this program evaluation is to examine the characteristics of women who utilize the text4baby mobile phone-based program, assess their experience with the program, and determine whether text4baby is associated with timely access to prenatal care and

healthy behaviors during pregnancy and through the first year of the infant's life. This information will help the Department of Health and Human Services to understand the usefulness of using mobile technology and the potential for expanding and/or adapting mobile phone messaging to additional health topics or conditions. The study may also offer insight into planning and implementing similar projects.

Purpose: The purpose of the evaluation is to assess behavior change and the usefulness of the text4baby messages on current subscribers to the program. There are four components to the evaluation:

- Mobile survey of current subscribers to the text4baby program.
- Consumer Safety Net Survey of subscribers and non-subscribers to the text4baby program in safety net settings.
- Focus Groups of current subscribers to ensure more in-depth qualitative data are collected regarding the usefulness of the messages and the program.
- Key Informant Interviews of a diverse mix of providers in safety net settings to examine any utility from the provider perspective. Providers could include case managers, outreach workers, and health educators.
- Key Stakeholder Interviews of community stakeholders that have built partnerships and coalitions around text4baby at a local, State, regional or national level to examine factors related to coalition building, sustainability and partnership.

The estimated response burden is as follows:

Instrument	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Mobile Survey	10,000	4	40,000	.16	6,667
Consumer Safety Net Survey	2,000	2	4,000	1	4,000
Focus Groups	80	1	80	1.5	120
Key Informant Interviews	20	1	20	.75	15
Stakeholder Interviews	30	1	30	.75	22.5
Total	12,130	44,130	10,824.50

E-mail comments to paperwork@hrsa.gov or mail the HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: November 23, 2010.

Robert Hendricks,
 Director, Division of Policy and Information
 Coordination.

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**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Health Resources and Services
 Administration**

**Agency Information Collection
 Activities: Submission for OMB
 Review; Comment Request**

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget

(OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35). To request a copy of the clearance requests submitted to OMB for review, e-mail paperwork@hrsa.gov or call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995: