

Dated: November 22, 2011

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30-Day-12-11IR]

#### 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 email to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

#### Proposed Project

Evaluation of Core Violence and Injury Prevention Program (Core VIPP)—New—National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Injuries and their consequences, including unintentional and violence-related injuries, are the leading cause of death for the first four decades of life, regardless of gender, race, or socioeconomic status. More than 179,000 individuals in the United States die each year as a result of unintentional injuries and violence, more than 29 million others suffer non-fatal injuries and over one-third of all emergency

department (ED) visits each year are due to injuries. In 2000, injuries and violence ultimately cost the United States \$406 billion, with over \$80 billion in medical costs and the remainder lost in productivity.<sup>1</sup> Most events that result in injury and/or death from injury could be prevented if evidence-based public health strategies, practices, and policies were used throughout the nation.

CDC's National Center for Injury Prevention and Control (NCIPC) is committed to working with their partners to promote action that reduces injuries, violence, and disabilities by providing leadership in identifying priorities, promoting tools, and monitoring effectiveness of injury and violence prevention and to promote effective strategies for the prevention of injury and violence, and their consequences. One tool NCIPC will use to accomplish this is the Core Violence and Injury Prevention Program (VIPP). This program funds state health departments to build effective delivery systems for dissemination, implementation and evaluation of evidence based/best practice programs and policies.

Core VIPP also focuses on the integration of unintentional injury and violence prevention. Unintentional injury and violence prevention have many common risk and protective factors for children. In an endeavor to promote efforts to prevent child maltreatment, a NCIPC priority, CDC is collaborating with the Health Resources and Services Administration (HRSA) regarding the new Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program. The state health departments funded by the Core VIPP will be required to partner with the state agency responsible for administration of the State Home Visiting program.

CDC requests OMB approval to collect program evaluation data for Core VIPP over a three-year period. Specifically, CDC will use the Safe States Alliance

State of the States (SOTS) survey as the template for annual evaluation surveys and an annual follow-up telephone interview. Both the SOTS and the telephone interviews will be conducted with state Violence and Injury Prevention programs directors and staff. This approach provides a means to collect standardized, systematic data from the Core VIPP grantees for program evaluation and improvement. Topics for data collection include: Program evaluation, state injury and violence prevention program (IVP) infrastructure, IVP strategies and partners, policy strategies, injury surveillance, quality of surveillance, and regional network leaders. Part of the requirement for receiving Core VIPP funding is for State Injury and Violence Programs (SIVPs) to develop and maintain their own evaluation capacity and data systems; thus, this data collection is not expected to entail significant burdens to respondents.

Estimates of burden for the survey are based on previous experience with evaluation data collections conducted by the evaluation staff. The State of the States (SOTS) web-based survey assessment will be completed by 28 Core Funded State Health Departments (SHDs) and 22 Non-Funded SHDs, taking 3 hours to complete. The SOTS Financial Module will also be completed by the 28 Core Funded and 22 Non-Funded SHD, taking 1 hour to complete. The telephone interviews will take 1.5 hours to conclude and will be completed by the 28 Core Funded States. We expect that each of the 28 Core Funded states will complete three web-based surveys and three telephone interviews during the first three years of Core funding. It is anticipated that up to 22 unfunded states will complete three web-based surveys during the first three years of Core funding.

There are no costs to respondents other than their time.

The total estimated annual burden hours are 242.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Core VIPP funded SVIP directors and staff ...	State of the States Survey (SOTS) .....	28	1	3
Core VIPP funded SVIP directors and staff ...	SOTS Financial Module .....	28	1	1
Core VIPP funded VIP directors and staff .....	Telephone interview .....	28	1	1.5
Non-funded SHD Injury Program management and staff.	SOTS .....	22	1	3
Non-funded SHD Injury Program management and staff.	SOTS Financial Module .....	22	1	1

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30-Day-12-11Y]

#### Agency Forms Undergoing Paperwork Reduction Act Review

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#### Proposed Project

Formative Research to Support the Development of Sickle Cell Disease

Educational Messages and Materials for the Division of Blood Disorders—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

CDC seeks to improve the quality of life of people living with sickle cell disease (SCD). To accomplish this goal, CDC aims to address the need for educational messages and materials for adolescents, young adults, adults, and older adults living with SCD. CDC is interested in understanding the informational needs of these audiences related to the adoption of healthy behaviors and the prevention of complications associated with sickle cell disease. To develop valuable messages and materials, CDC will conduct formative focus groups with people with SCD across the country. Participants will stem from four urban centers as well as more remote, rural areas. Based on the findings from the formative focus groups, CDC will develop and test draft messages.

A total of 10 focus groups will be conducted. Eight focus groups with people with SCD would be held in four cities: Atlanta, GA; Detroit, MI; Oakland, CA; and Philadelphia, PA. Two in-person focus groups—one with males and one with females—will be

conducted in each city with each target audience: adolescents aged 15–17, young adults aged 18–25, adults aged 26–35, and older adults 36 and over. To reach more rural participants, two telephone focus groups will be conducted: one with female adolescents aged 15–17 and a second with male older adults aged 36 and older.

The focus groups will be conducted with eight to nine participants in each and will last 2 hours. As part of the focus group, participants will complete an informed consent or adolescent assent form before discussion begins. The parents of the expected 27 adolescent participants (three groups of 9 each) will fill out a permission form to provide their consent in advance of the groups. The use of trained moderators and a structured moderator's guide will ensure that consistent data are collected across the groups. In total, up to 90 people with SCD will participate in the focus group data collection. It is estimated that 120 potential participants will need to be screened to reach the target of 90 participants. The estimated time per response for screening and recruitment is 12 minutes.

CDC requests OMB approval to obtain clearance for one year. There is no cost to respondents other than their time. The estimated annualized burden hours for this data collection activity are 204.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Parents of adolescents (aged 15–17) living with SCD .....	Participant Screener and Recruitment Script.	120	1	12/60
Young adults (aged 18–25) living with SCD. Adults (aged 26–35) living with SCD. Older adults (aged 36+) living with SCD. Adolescents (aged 15–17) living with SCD .....	Focus Group Moderator's Guide.	90	1	2
Young adults (aged 18–25) living with SCD. Adults (aged 26–35) living with SCD. Older adults (aged 36+) living with SCD.				

Dated: November 21, 2011.

**Daniel L. Holcomb,**

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-5505-N2]

#### Medicare Program; Announcement of a New Application Deadline for the Advance Payment Model

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces a new application deadline for participation in the Advance Payment Model for certain accountable care organizations participating in the Medicare Shared Savings Program scheduled to begin in 2012.

**DATES:** *Application Submission Deadlines for the Advance Payment Model:* Applications for the performance period beginning on April