DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Administration for Children and Families

Advisory Committee on the Maternal, Infant and Early Childhood Home Visiting Program Evaluation; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463, 5 U.S.C. Appendix 2), notice is hereby given of the following meeting:

Name: Advisory Committee on the Maternal, Infant and Early Childhood Home Visiting Program Evaluation.

Date and Time: March 23, 2011, 9 a.m.–3 p.m. EST.

Place: Webinar.

The Advisory Committee on the Maternal, Infant and Early Childhood Home Visiting Program Evaluation will meet for its first session on Wednesday, March 23, 2011, from 9 a.m. to 3 p.m. EST. The general public can join the meeting via webinar by logging onto *http://www.mchcom.com/LiveWebcastDetail.asp?leid=469*, clicking on the "Register now" button, and then following the instructions. Participants should launch the webinar no later than 8:40 a.m. EST in order for the logistics to be established for participation in the call. If there are technical problems gaining access to the call, please click on the "Report a technical problem/request help" link associated with the registration page: *http://www.mchcom.com/LiveWebcastDetail.asp?leid=469*.

Meeting Registration: General public participants are asked to register for the conference by going to the registration Web site at *http://www.mchcom.com/LiveWebcastDetail.asp?leid=469*.

Special Accommodations: Attendees requiring special accommodations such as large print materials or additional special accommodations may make comments when registering at the online Web site by clicking on the "Report a technical problem/request help" link associated with the registration page: *http://www.mchcom.com/LiveWebcastDetail.asp?leid=469*.

Agenda: The meeting will include: (1) Welcoming remarks and presentation of the charge for the Committee, (2) introduction of Committee members, (3) a presentation of the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, and (4) a presentation and discussion of the goals, challenges, and options for the design of the national evaluation of the MIECHV program. Agenda items are subject to change as priorities dictate.

Public Comments: Members of the public may submit written comments that will be distributed to Committee members prior to the conference call. Written comments must be received by Monday, March 21, 2011, for consideration. Comments can be submitted using the email link on the registration page: *http://www.mchcom.com/LiveWebcastDetail.asp?leid=469*.

FOR FURTHER INFORMATION CONTACT: Any person interested in obtaining other relevant information can contact Ms. Billie Butler, Maternal and Child Health Bureau, Health Resources and Services Administration; e-mail: *bbutler@hrsa.gov;* telephone: (301) 443–1149.

SUPPLEMENTARY INFORMATION: The Advisory Committee on the Maternal, Infant and Early Childhood Home Visiting Program Evaluation is authorized by subsection 511(g)(1) of Title V of the Social Security Act (42 U.S.C. 701 *et seq.*) as amended by section 2951 of the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111–148) (Affordable Care Act). The purpose of the Committee is to advise the Secretary of Health and Human Services on the design, plan, progress, and findings of the evaluation required for the home visiting program under the Affordable Care Act. More specifically, the Committee is to review, and make recommendations on, the design and plan for this evaluation; maintain and advise the Secretary regarding the progress of the evaluation; and comment, if the Committee so desires, on the report submitted to Congress under subsection 511(g)(3) of Title V.

The study design options for this national evaluation will be formally presented to the Committee for review. The Administration for Children and Families (ACF) has contracted with MDRC, formerly known as Manpower Demonstration Research Corporation, a nonprofit, nonpartisan education and social policy research organization, to develop the design options for the evaluation of the home visiting program.

As specified in the legislation, the evaluation will provide a state-by-state analysis of the needs assessments and the States' actions in response to the assessments. Additionally, as specified in the legislation, the evaluation will provide an assessment of: (a) The effect of early childhood home visiting programs on outcomes for parents, children, and communities with respect to domains specified in the Affordable Care Act (such as maternal and child health status, school readiness, and domestic violence, among others); (b) the effectiveness of such programs on different populations, including the extent to which the ability to improve participant outcomes varies across programs and populations; and (c) the potential for the activities conducted under such programs, if scaled broadly, to enhance health care practices, eliminate health disparities, improve health care system quality, and reduce costs.

Dated: March 4, 2011.

Mary K. Wakefield,

Administrator, Health Resources and Services Administration.

Dated: March 4, 2011.

Mark Greenberg,

Deputy Assistant Secretary for Policy, Administration for Children and Families.

[FR Doc. 2011–5508 Filed 3–7–11; 4:15 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Delegation of Authority

Notice is hereby given that I have delegated to the Administrator, Health Resources and Services Administration (HRSA), and the Director, Centers for Disease Control and Prevention (CDC), with authority to redelegate, the authority vested in the Secretary under Title XI, Part A, Section 1114, titled "Interagency Coordinating Committee on Newborn and Child Screening (Committee)," of the Public Health Service Act as amended, which was added by the Newborn Screening Saves Lives Act of 2008, Public Law 110–237, as amended, to serve as co-chairs of the Committee, and to select additional nonvoting Federal liaisons, as appropriate.

I hereby delegate to Administrator, HRSA, and Director, CDC, the authority vested in the Secretary under Title XI, Part A, Section 1110, titled "Evaluating the Effectiveness of Newborn and Child Screening Programs," of the Public Health Service Act, as amended. This authority may be redelegated.

This delegation excludes the authority to issue regulations, to submit reports to Congress, to establish advisory committees and councils, and appoint their members, and shall be exercised in accordance with the Department's

applicable policies, procedures, and guidelines.

I hereby affirm and ratify any actions taken by the Administrator, HRSA, the Director, CDC, or other HRSA and CDC officials, which involve the exercise of these authorities prior to the effective date of this delegation.

This delegation is effective upon date of signature.

Dated: March 2, 2011.

Kathleen Sebelius,

Secretary.

[FR Doc. 2011–5334 Filed 3–8–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review: Comment Request; Questionnaire Cognitive Interviewing and Pretesting (NCI)

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Cancer Institute (NCI), the National Institutes of Health (NIH), has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on December 17, 2010 (75 FR 79009) and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: Title: Questionnaire Cognitive Interview and Pretesting. *Type of Information Collection Request:* Extension. *Need and Use of Information Collection:* The purpose of the data collection is to conduct cognitive interviews, focus groups, Pilot household interviews, and experimental research in laboratory and field settings, both for applied questionnaire evaluation and more basic research on response errors in surveys. The most common evaluation method is the cognitive interview, in which a questionnaire design specialist interviews a volunteer participant. The interviewer administers the draft survey questions as written, but also probes the participant in depth about interpretations of questions, recall processes used to answer them, and adequacy of response categories to express answers, while noting points of confusion and errors in responding. Interviews are generally conducted in small rounds of 10–15 interviews. When possible, cognitive interviews are conducted in the survey's intended mode of administration. Cognitive interviewing provides useful information on questionnaire performance at minimal cost and respondent burden. Similar methodology has been adopted by other federal agencies, as well as by academic and commercial survey organizations. There are no costs to respondents other than their time. *Frequency of Response:* Once. *Affected Public:* Individuals and households, Private Sector (business or other for-profits, not-for-profit institutions) and possibly, State, Local or Tribal Governments. The table below represents the burden over a three-year data collection period, which is a typical request for a generic submission. The estimated total burden hours requested is 3,600 for the three-year clearance period. There are no annualized costs to respondents. The annualized costs to the Federal Government are estimated at $244,000 and include cost of NCI staff to plan, conduct, and analyze outcomes of questionnaire development, contracting for pretesting activities and research, travel costs, and additional materials needed to conduct and recruit participants for the research. There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Type of respondents	Number of respondents	Frequency of responses/ participant	Average hours per response	Burden hours
Physicians, Scientists, and similar Respondents	1,200	1	75/60 (1.25)	1,500.0
Experts in their Field	600	1	75/60 (1.25)	750.0
Administrators/Managers	600	1	75/60 (1.25)	750.0
General Public	1,200	1	30/60 (0.5)	600.0
Total	3,600			3,600.0

Request for Comments: Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Gordon Willis, PhD., Cognitive Psychologist, Applied Research Program, DCCPS, NCI/NIH, 6130 Executive Blvd, MSC 7344, EPN 4005, Bethesda, MD 20892 or call non-toll-free number 301–594–6652 or e-mail your request, including your address to: *willis@mail.nih.gov*.