

express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than February 14, 2012.

A. Federal Reserve Bank of New York (Ivan Hurwitz, Vice President) 33 Liberty Street, New York, New York 10045-0001:

1. *Bank of China Limited*, Beijing, China; to engage *de novo* through its newly formed subsidiary BOCI Commodities & Futures (USA) LLC, New York, New York, in acting as a futures commission merchant pursuant to section 225.28(b)(7)(iv) of Regulation Y.

Board of Governors of the Federal Reserve System, January 25, 012.

Jennifer J. Johnson,
Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-0335]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department

of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, email your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above email address within 60 days.

Proposed Project: Trends in U.S. Public Awareness of Racial and Ethnic Health Disparities (1999-2015)—Extension-OMB# 0990-0335—Office of Minority Health (OMH).

Abstract: The proposed survey seeks to collect data for one of OMH's annual performance measures, approved by the Office of Management and Budget

(OMB) in February 2007, following OMB's examination of OMH using the Program Assessment Rating Tool (PART). This measure is to "increase awareness of racial/ethnic health status and health care disparities in the general population." Findings from this data collection will enable OMH to track progress on this measure over time as necessitated by current OMB-approved program assessment requirements.

The lack of general awareness and understanding about the nature and extent of racial and ethnic health disparities in the U.S. and the impact that such disparities are having on the overall health of the Nation have been cited as a major barrier to the provision of programmatic, budgetary, and policy attention to these issues. Therefore, one of the long-term, annual measures agreed upon was to "increase awareness of racial/ethnic health status and health care disparities in the general population."

Additionally, OMH can use the findings about progress made in *raising awareness* to identify collaborative partners in the federal government, at the state and local levels, among businesses and non-profits, and among the faith community, in order to reach a wider audience. Further, these results can be used by program decision-makers and policy-makers, within and outside of HHS, who are interested in capturing progress made over time as HHS disseminates information to the U.S. population that confirms the existence, and societal effects, of racial and ethnic health disparities.

ESTIMATED ANNUALIZED BURDEN TABLE

| Type of respondent | Number of respondents* | Number responses per respondent | Average burden per response (in hours) | Total burden hours |
|--------------------------|------------------------|---------------------------------|--|--------------------|
| General Population | 3,159 | 1 | 14/60 | 737 |
| Physician | 340 | 1 | 14/60 | 79 |
| Total | | | | 816 |

* Based on actual completion rates from the 2010 OMH/NORC survey.

Keith A. Tucker,
Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. 2012-1879 Filed 1-27-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of the Community Preventive Services Task Force

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: The Centers for Disease Control and Prevention (CDC) announces the next meeting of the Community Preventive Services Task Force (CPSTF). The Task Force—an independent, nonfederal body of nationally known leaders in public health practice, policy, and research who are appointed by the CDC Director—was convened in 1996 by the

Department of Health and Human Services (HHS) to assess the effectiveness of community, environmental, population, and healthcare system interventions in public health and health promotion. During this meeting, the Task Force will consider the findings of systematic reviews and issue recommendations and findings to help inform decision making about policy, practice, and research in a wide range of U.S. settings. The Task Force's recommendations, along with the systematic reviews of the scientific evidence on which they are based, are compiled in the *Guide to Community Preventive Services (Community Guide)*.

DATES: The meeting will be held on Wednesday, February 22, 2012 from 8:30 a.m. to 5:30 p.m., EST and Thursday, February 23, 2012 from 8:30 a.m. to 1 p.m. EST.

Logistics: The Task Force Meeting will be held at the Emory Conference Center at 1615 Clifton Road, Atlanta, GA 30329. Information regarding logistics will be available on the Community Guide Web site (www.thecommunityguide.org), Wednesday, January 25, 2012.

FOR FURTHER INFORMATION CONTACT: Allyson Brown, The Community Guide Branch, Epidemiology and Analysis Program Office, Office of Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention, 1600 Clifton Road, MS-E-69, Atlanta, Georgia 30333, phone: (404) 498-0937, email: CPSTF@cdc.gov.

SUPPLEMENTARY INFORMATION:

Purpose: The purpose of the meeting is for the Task Force to consider the findings of systematic reviews and issue recommendations and findings to help inform decision making about policy, practice, and research in a wide range of U.S. settings.

Matters to be discussed: Updates on Tobacco, Skin Cancer, Cardiovascular Disease, Mental Health, and Alcohol.

Meeting Accessibility: This meeting is open to the public, limited only by space availability.

Dated: January 17, 2012.

Tanja Popovic,

*Deputy Associate Director for Science,
Centers for Disease Control and Prevention.*

[FR Doc. 2012-1904 Filed 1-27-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 76 FR 50223-24, dated August 12, 2011) is amended to reflect the reorganization of National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Office of Infectious Diseases, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows:

After the title and functional statements for the Division of Viral Hepatitis (CVJH), insert the following:
Division of Adolescent and School Health (CVJJ). (1) In cooperation with other CDC components, administers programs addressing priority sexual health risks and related health behaviors among youth; (2) identifies and monitors priority sexual health risks and related health behaviors among youth that result in the transmission of HIV/AIDS, other sexually transmitted infections and unintended pregnancy; (3) provides consultation, training, educational, and other technical services to assist state, territorial, and local education and health departments, tribal governments, national nongovernmental organizations, and other societal institutions to implement and evaluate policy, systems, and environmental changes and interventions to reduce priority sexual health risks among youth; (4) in coordination with other CDC components, supports international, national, state, tribal, and local school-based surveillance systems to monitor priority health risk behaviors and health outcomes among youth, along with the policies, programs, and practices schools implement to address them; (5) conducts evaluation research to expand knowledge of the determinants of priority health risk behaviors among youth and to identify effective policies and practices that schools and other societal institutions can implement to reduce priority health risks among youth; (6) develops and disseminates guidelines and tools to help schools and

other societal institutions apply research synthesis findings to reduce priority health risks among youth; (7) provides leadership and consultation on the use of a coordinated approach to school health; (8) provides leadership and consultation to other divisions within NCHHSTP and CDC on how schools work and how to foster effective collaboration between public health and education departments; (9) provides information to the scientific community and the general public through publications and presentations; and (10) in accomplishing the functions listed above, collaborates with other components of CDC and HHS; the U.S. Department of Education and other federal agencies; national professional, voluntary, and philanthropic organizations; international agencies; and other societal institutions as appropriate.

Office of the Director (CVJJ1). (1) Plans, directs, and evaluates the activities of the division; (2) provides national leadership and guidance in policy formulation and program planning and development to reduce sexual health risks among youth and improve school health programs, policies, and practices; (3) provides leadership and guidance for program management and operations; (4) provides leadership in coordinating activities between the division and other NCHHSTP divisions in addressing priority sexual health risks among adolescents; (5) promotes collaboration with other NCHHSTP divisions and other governmental and non-governmental organizations for the development of policies and evaluation methods; (6) coordinates division responses to inquiries from national and local communications media; (7) implements science and evidence-based communication programs, initiatives, and strategies that target state and local health and education partners, media, national organizations, and consumers; (8) systematically translates, promotes, and disseminates science-based messages through multiple communication products and channels; (9) implements effective internal communication strategies targeting the Division of Adolescent and School Health (DASH) and other CDC staff; (10) oversees creation, production, promotion, and dissemination of materials designed for use by the media, partners, national organizations, and consumers, including press releases, brochures, fact sheets, toolkits, other print and electronic materials, and ensures appropriate clearance of these materials; (11) assists in the preparation