

Type of respondents	Form name	No. of respondents	No. of responses per respondent	Avg. burden per response (in hrs)	Total burden (in hrs)
Certified Nursing Assistants	Online	297	1	30/60	149
	Telephone	1,188	1	30/60	594
Central Supply Workers	Online	8	1	30/60	4
	Telephone	34	1	30/60	17
Dental Assistants	Online	18	1	30/60	9
	Telephone	71	1	30/60	36
Environmental Service Workers	Online	228	1	30/60	114
	Telephone	914	1	30/60	457
Licensed Practical Nurses	Online	140	1	30/60	70
	Telephone	559	1	30/60	280
Lab Technicians	Online	77	1	30/60	39
	Telephone	310	1	30/60	155
Operating Room Technicians	Online	27	1	30/60	14
	Telephone	109	1	30/60	55
Registered Nurses	Online	168	1	30/60	84
	Telephone	672	1	30/60	336
Respiratory Therapists	Online	36	1	30/60	18
	Telephone	144	1	30/60	72
Total					2,500

Kimberly S. Lane,
*Deputy Director, Office of Science Integrity,
 Office of the Associate Director for Science,
 Office of the Director, Centers for Disease
 Control and Prevention.*

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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, email paperwork@hrsa.gov or call the HRSA

Reports Clearance Office on (301) 443-1984.

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

**Proposed Project: Patient Navigator
 Outreach and Chronic Disease
 Prevention Demonstration Program
 (OMB No. 0915-0346)—[Revision]**

This is a revision to a data collection previously approved for the Patient Navigator Outreach and Chronic Disease Prevention Demonstration Program (PNDP). Authorized under section 340A of the Public Health Service Act, as amended by section 3510 of the Affordable Care Act, PNDP supports the development and operation of projects to provide patient navigator services to improve health outcomes for individuals with cancer and other chronic diseases, with a specific emphasis on health disparities populations. Award recipients are to use grant funds to recruit, assign, train, and employ patient navigators who have direct knowledge of the communities they serve in order to facilitate the care

of those who are at risk for or who have cancer or other chronic diseases, including conducting outreach to health disparities populations. As authorized by the statute, an evaluation of the outcomes of the program must be submitted to Congress. The purpose of these data collection instruments, including navigated patient data intake, VR-12 health status, patient navigator survey, patient navigator encounter/tracking log, patient medical record and clinic data, clinic rates (baseline measures), quarterly reports, and focus group discussion guides is to provide data to inform and support the Report to Congress for: The quantitative analysis of baseline and benchmark measures; aggregate information about the patients served and program activities; and recommendations on whether patient navigator programs could be used to improve patient outcomes in other public health areas. A single instrument, the Client Opinion Form, has been added to this collection, resulting in an increase of 94.77 burden hours.

The annual estimate of burden is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Navigated Patient Data Intake Form	4,827	1.00	4,827.00	0.500	2,413.50
VR-12 Health Status Form	4,827	2.00	9,654.00	0.120	1,158.48
Client Opinion Form	810	1.00	810.00	0.117	94.77
<i>Sub Total-Patient Burden</i>	<i>4,827</i>	<i>3,666.75</i>
Patient Navigator Survey	46	1.00	46.00	0.200	9.20
Patient Navigator Encounter/Target Services Log	46	629.60	28,961.60	0.250	7,240.40
Patient Navigator Focus Group	46	1.00	46.00	1.00	46.00
<i>Sub Total-Patient Navigator Burden</i>	<i>46</i>	<i>7,295.60</i>
Patient Medical Record and Clinic Data	10	482.70	4,827.00	0.170	820.59
Annual Clinic-Wide Clinical Performance Measures Report	5	1.00	5.00	8.000	40.00

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Patient Navigator Cultural Competency Checklist	10	4.60	46.00	1.170	53.82
Patient Navigator/Health System Administrator Focus Group	50	1.00	50.00	1.000	50.00
Grantee Health Care Provider Focus Group	30	1.00	30.00	1.000	30.00
Social Service Provider Group	50	1.00	50.00	1.000	50.00
Quarterly Report	10	4.00	40.00	1.000	40.00
<i>Sub Total-Grantee Burden</i>	<i>165</i>				<i>1,084.41</i>
<i>Totals</i>	<i>5,038</i>		<i>49,392.6</i>		<i>12,046.76</i>

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to 202-395-6974. Please direct all correspondence to the "attention of the desk officer for HRSA."

Dated: June 7, 2012.

Reva Harris,

Acting Director, Division of Policy and Information Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request: Clinical Myttheries: A Video Game About Clinical Trials

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of

the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: Title: Clinical Myttheries: A Video Game About Clinical Trials. *Type of Information Collection Request:* NEW. *Need and Use of Information Collection:* New England Research Institutes as a contractor for the National Heart Lung and Blood Institute is planning to create an engaging, informational "serious video game" for adolescents about clinical studies which: (1) Incorporates core learning objectives; and (2) dispels misconceptions. Two types of information collection are planned:

- usability testing to understand game-play/usability. This information will be collected by focus group and will be digitally recorded 90 minute groups.
- A pre/post randomized trial to measure change in knowledge. This

information will be collected electronically through on-line questionnaire.

The game will be incorporated with a larger initiative to provide information about clinical research (<http://www.nhlbi.nih.gov/childrenandclinicalstudies/index.php>). *Frequency of Response:* Once. *Affected Public:* Individuals. *Type of Respondents:* Adolescents—aged 8–14.

The annual reporting burden is as follows: *Estimated Number of Respondents:* 6,148; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* 1.321; and *Estimated Total Annual Burden Hours Requested:* 370. The annualized cost to respondents is estimated at: \$3,700. There are no Capital Costs to report. The Operating Costs to collect this information is estimated at \$38,642.

Note: The following table should be the same table from section A.12 of the supporting statement.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Adolescents—Wave one	30	1	1.5	45
Adolescents—Wave two	250	1	1.3	325
Total				370

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) 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) 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) Ways to enhance the quality, utility, and clarity of the

information to be collected; and (4) Ways to 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.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Victoria Pemberton, RNC, MS, CCRC, National

Heart, Lung and Blood Institute, 6701 Rockledge Drive, Rm. 8109, Bethesda, MD 20892, or call non-toll-free number (301) 435-0510 or Email your request, including your address to: pembertonv@mail.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.