to the purpose or are inadequate, new improved objectives and/or new measures should be developed. Whether or not an objective has met its target in a previous Healthy People iteration should not be the sole basis for retaining or deleting an objective.

7. The objectives should be supported by the best available scientific evidence. The objective selection and review processes should be flexible enough to allow revisions to objectives in order to reflect major updates or new knowledge.

8. Objectives should address population disparities. These include populations categorized by race/ethnicity, socioeconomic status, gender, disability status, sexual orientation, and geographic location. For particular health issues, additional special populations should be addressed, based on an examination of the available evidence on vulnerability, health status, and disparate care.

9. Healthy People 2020, like past versions, will be heavily data driven. Valid, reliable, nationally representative data and data systems should be used for Healthy People 2020 objectives. Each objective will have (1) a data source, or potential data source, identified, (2) baseline data and (3) assurance of at least one additional data point throughout the decade.

Dated: October 1, 2012.

Don Wright,

Deputy Assistant Secretary for Health, Office of Disease Prevention and Health Promotion.

[FR Doc. 2012–25259 Filed 10–12–12; 8:45 am]

BILLING CODE 4150–32–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–13–0612]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 and send comments to Ronald Otten, CDC Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (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. Written comments should be received within 60 days of this notice.

Proposed Project

Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Reporting System (OMB #0920–0612, exp. 3/31/2013)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Cardiovascular disease (CVD), which includes heart disease, myocardial infarction, and stroke, is the leading cause of death for women in the United States, and is largely preventable. The WISEWOMAN program (Well-Integrated Screening and Evaluation for Women Across the Nation), administered by the Centers for Disease Control and Prevention (CDC), was established to examine ways to improve the delivery of services for women who have limited access to health care and elevated risk factors for CVD. The program focuses on reducing CVD risk factors and provides screening services for select risk factors such as elevated blood cholesterol, hypertension and abnormal blood glucose levels. The program also provides lifestyle interventions and medical referrals. On an annual basis, 21 grantees funded through the WISEWOMAN program have provided services to approximately 30,000 women who are already participating in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), also administered by CDC.

CDC currently collects information from WISEWOMAN grantees to support continuous program monitoring and improvement activities. CDC seeks to extend OMB approval for one additional year. There are no changes to the number of respondents, the data items reported to CDC, the estimated burden per response, or the total estimated annualized burden. All information will continue to be collected twice per year.

Information reported to CDC includes baseline and follow-up data (12 months post enrollment) for all women served through the WISEWOMAN program. These data, called the minimum data elements (MDE), include data elements that describe risk factors for the women served in each program and data elements that describe the number and type of intervention sessions attended. Funded grantees compile the data from their existing databases and report the MDE to CDC on April 15th and October 15th of each year.

The MDE data provide an assessment of how effective the WISEWOMAN program is at reducing the burden of cardiovascular disease risk factors among women who utilize program services. The information collected from grantees is also used to assess the cost-effectiveness and impact of the program. Because certain demographic information has already been collected as part of NBCCEDP, the additional burden of WISEWOMAN program reporting is modest.

The overall program evaluation is designed to demonstrate how WISEWOMAN can obtain more complete health data on vulnerable populations, promote public education about disease incidence and risk-factors, improve the availability of screening and diagnostic services for under-served women, ensure the quality of services provided to under-served women, and develop strategies for improved interventions. The information reported to CDC also includes programmatic information related to grantee management, public education and outreach, professional education, service delivery, cost, and progress toward meeting stated programmatic objectives.

All MDE information will be submitted to CDC electronically. The estimated burden per response for Screening and Assessment MDE is 16 hours. The estimated burden per response for Lifestyle Intervention MDE is 8 hours. Progress reports will be submitted in hardcopy format. The estimated burden per response for each progress report is 16 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)	Total burden (in hr)
WISEWOMAN Grantees	Screening and Assessment MDE	21	2	16	672
	Lifestyle Intervention MDE	21	2	8	336
	Progress Report	21	2	16	672
Total					1,680

Dated: October 9, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2012–25251 Filed 10–12–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–13–0923]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to Ronald Otten, CDC Reports Clearance Officer, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (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. Written comments should be received within 60 days of this notice.

Proposed Project

Evaluation of the National Tobacco Prevention and Control Public Education Campaign (OMB No. 0920–0923, exp. 2/28/2013)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2012, CDC obtained OMB approval to collect information needed to evaluate CDC's National Tobacco Prevention and Control Public Education Campaign (The Campaign) (OMB No. 0920–0923, exp. 2/28/2013). The evaluation plan was based on two waves of data collection conducted in 2012: An initial baseline survey before the launch of The Campaign (wave 1), and a longitudinal follow-up survey of those participants approximately three months after the conclusion of The Campaign (wave 2). The pre/post assessment design allowed CDC to examine the association between smokers' and nonsmokers' exposure to The Campaign and changes in outcome variables of interest.

CDC recently announced plans to launch a second phase of The Campaign (Phase 2) using the same campaign name (''Tips from Former Smokers''), similar advertisement styles, similar message themes and strategies, and in some cases the same ad cast members. In order to apply a similar evaluation strategy to Phase 2 of The Campaign, CDC is requesting changes to the previously approved information collection plan. These changes include one additional survey in 2013 (wave 3), and changes to the previously approved follow-up questionnaires.

The evaluation plan for Phase 2 will utilize a similar study design (pre/post assessment) and the same sample sources that were utilized in the first phase of campaign evaluation. In 2013, CDC plans to administer 13,750 additional follow-up questionnaires to smokers sourced through the Knowledge Networks (KN) online panel and the Survey Sampling International (SSI) online panel, and 3,286 additional questionnaires to nonsmokers drawn from the KN Panel. Because respondents in 2013 will be drawn from the same sources utilized in 2012, CDC will be able to conduct longer-term longitudinal analysis of respondents who participate in both the first wave (2012) and third wave (2013) of information collection. CDC will assess relevant outcome measures prior to initiation of Phase 1 of The Campaign, and after completion of the combined Phase 1 and Phase 2 campaigns.

The analysis plan for Phase 2 of The Campaign will allow CDC to estimate smokers' and nonsmokers' exposure to Phase 2 campaign messages, characterize respondents' reactions to Phase 2 campaign messages, describe changes in knowledge, attitudes, and beliefs related to smoking and secondhand smoke, and quantify the number of quit attempts made during the Phase 2 campaign. The revised follow-up questionnaires for 2013 will be similar to the questionnaires administered in 2012, however, changes will be made to measure new outcomes targeted by the Phase 2 campaign, such as knowledge of the association between smoking and diabetes, and knowledge of the relationship between secondhand smoke exposure and heart attacks.

The Phase 2 Campaign is expected to launch in early winter/spring 2013 and will air for approximately three months. To ensure accurate measurement of campaign awareness after all media have been delivered, wave 3 data collection will occur approximately three months after the launch of Phase 2 messages. Information will be collected about smokers' and non-smokers' awareness of and exposure to campaign advertisements; knowledge, attitudes, and beliefs related to smoking and secondhand smoke; and behaviors related to smoking cessation (among the smokers in the sample) and behaviors related to non-smokers' encouragement of smokers to quit smoking. Respondents will undergo a brief screening process to ensure that they