The survey will be administered to a nationally representative sample of 4,484 communities. Respondents will be city planners/managers in these communities. We estimate a response rate of 70%, resulting in 3,139 completed surveys.

Information will be collected about the following topics: community-wide planning efforts for healthy eating and active living, the built environment and policies that support physical activity, and policies and practices that support access to healthy food and healthy eating. Data will be primarily collected using a secure, Web-based survey data collection system. A hardcopy response option will be available for respondents who prefer to complete a paper form. Follow-up will be conducted by telephone and mail reminders to encourage completion of the survey.

The proposed survey content and data collection procedures incorporate lessons learned during an initial pilot study (Pilot Study of Community-Based Surveillance and Supports for Healthy Eating/Active Living, OMB No. 0920–0934, exp. 5/31/2013). In order to achieve the target number of completed surveys, we estimate that we will need to conduct an average of five follow-up calls with each respondent.

Assessment of policy and environmental supports for healthful eating and physical activity will serve multiple uses. First, the collected data will describe the characteristics of communities that have specific policy and practice supports favorable for healthy diets and regular physical activity. Second, the collected data will help identify the extent to which communities implement strategies consistent with current national recommendations. Third, local agencies may use the data collected to consider how they compare nationally or with other municipalities of a similar geography, population size, or urban status. Fourth, this information can help guide communities in their local decision-making efforts on feasible policy and environmental interventions or solutions for healthy behaviors or choices. Finally, information collected through this survey may serve as a baseline to track community-level policies and practices across time.

OMB approval is requested for one year. Participation is voluntary and there are no costs to respondents other than their time. The total estimated annualized burden hours are 3,438.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
City or Town Planner or Manager.	National Survey of Community-Based Policy and Environmental Supports for Healthy Eating and Active Living.	3,139	1	30/60
	Telephone Non-response Follow-up Contact Script	4,484	5	5/60

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2013–28297 Filed 11–25–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–14–0770]

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 LeRoy Richardson, 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

Proposed Project

National HIV Behavioral Surveillance System (NHBS)—(0920–0770, Expiration 05/31/2014)—Extension—Center for HIV, Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this data collection is to monitor behaviors of persons at high risk for infection that are related to Human Immunodeficiency Virus (HIV) transmission and prevention in the United States. The primary objectives of the NHBS system are to obtain data from samples of persons at risk to: (a) Describe the prevalence and trends in risk behaviors; (b) describe the prevalence of and trends in HIV testing and HIV infection; (c) describe the prevalence of and trends in use of HIV prevention services; (d) identify met and unmet needs for HIV prevention services in order to inform health departments, community based organizations, community planning groups and other stakeholders. By describing and monitoring the HIV risk behaviors, HIV seroprevalence and incidence, and HIV prevention experiences of persons at highest risk for HIV infection, NHBS provides an important data source for evaluating progress towards national public health goals, such as reducing new infections, increasing the use of condoms, and targeting high risk groups.

The Centers for Disease Control and Prevention request approval for a 3-year extension of this information collection. Data are collected through anonymous, in-person interviews conducted with persons systematically selected from 25 Metropolitan Statistical Areas (MSAs) throughout the United States; these 25

MSAs were chosen based on having high AIDS prevalence. Persons at risk for HIV infection to be interviewed for NHBS include men who have sex with men (MSM), injecting drug users (IDU), and heterosexuals at increased risk of HIV (HET). A brief screening interview will be used to determine eligibility for participation in the behavioral assessment.

The data from the behavioral assessment will provide estimates of (1) behavior related to the risk of HIV and other sexually transmitted diseases, (2) prior testing for HIV, (3) and use of HIV prevention services.

All persons interviewed will also be offered an HIV test, and will participate in a pre-test counseling session. No other federal agency systematically collects this type of information from persons at risk for HIV infection. These data have substantial impact on prevention program development and monitoring at the local, state, and national levels.

CDC estimates that NHBS will involve, per year in each of the 25 MSAs, eligibility screening for 50 to 200 persons and eligibility screening plus the behavioral assessment with 500 eligible respondents, resulting in a total of 37,500 eligible survey respondents and 7,500 ineligible screened persons during a 3-year period. Data collection will rotate such that interviews will be conducted among one group per year: MSM in year 1, IDU in year 2, and HET in year 3. The type of data collected for each group will vary slightly due to different sampling methods and risk characteristics of the group.

Participation of respondents is voluntary and there is no cost to the respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondent	Form	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden (in hours)
Persons Screened	Eligibility Screener	15,000	1	5/60	1,250
Eligible Participants:	Behavioral Assessment MSM	4,167	1	30/60	2,084
Eligible Participants:	Behavioral Assessment IDU	4,167	1	54/60	3,750
Eligible Participant	Behavioral Assessment HET	4,167	1	39/60	2,709
Peer Recruiters:	Recruiter Debriefing	4,167	1	2/60	139
Total Annualized Burden					9,932

LeRoy Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2013–28280 Filed 11–25–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Health Resources and Services Administration

Renewal of the Advisory Committee on the Maternal, Infant and Early Childhood Home Visiting Program Evaluation

ACTION: Notice.

SUMMARY: ACF and HRSA announce the renewal of the Advisory Committee on the Maternal, Infant and Early Childhood Home Visiting Program Evaluation to provide advice to the Secretary of Health and Human Services (''the Secretary'') on the design, plan, progress, and findings of the evaluation required under the Act.

FOR FURTHER INFORMATION CONTACT: T'Pring Westbrook, Administration for Children and Families; *tpring.westbrook@acf.hhs.gov*.

SUPPLEMENTARY INFORMATION: Section 511(g) of the Affordable Care Act of 2010 mandates an Advisory Committee to review, and make recommendations on, the design and plan for the evaluation required under the Act. To comply with the authorizing directive and guidelines under the Federal Advisory Committee Act (FACA), a charter has been filed with the Committee Management Secretariat in the General Services Administration (GSA), the appropriate committees in the Senate and U.S. House of Representatives, and the Library of Congress to establish the Advisory Board as a non-discretionary federal advisory committee. The charter was filed on January 27, 2013.

Authority: Section 511(g)(1) of Title V of the Social Security Act (42 U.S.C. 711 et seq.), as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (Pub.L. 111–148). The Committee is governed by provisions of Public Law 92–463, as amended, (5 U.S.C. App.2), which sets forth standards for the formation and use of advisory committees.

Objectives and Scope of Activities

The purpose of the Committee is to provide advice and make recommendations to the Secretary of Health and Human Services, through the Assistant Secretary, ACF and Administrator, HRSA, with respect to the design, plan, progress and results of the evaluation.

Membership and Designation

The Committee shall consist of up to 25 members appointed by the Secretary. Members shall be experts in the areas of program evaluation and research, education, and early childhood development. Members shall be appointed as Special Government Employees. The committee shall also include ex-officio members representing ACF, HRSA and other agencies of the federal government designated by the Secretary as ex-officio members. The ACF Assistant Secretary and HRSA Administrator each shall recommend nominees for Co-Chairs of the Committee.

Members shall be invited to serve from the date of appointment through March 31, 2015; such terms are contingent upon the renewal of the Committee by appropriate action prior to its termination.

Administrative Management and Support

Coordination, management, and operational services shall be provided by ACF, with assistance from HRSA.

A copy of the Committee charter can be obtained from the designated contacts or by accessing the FACA database that is maintained by the GSA Committee Management Secretariat. The