

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

[Document Identifier: HHS-OS-0990-new-60D]

**Agency Information Collection Activities; Proposed Collection; Public Comment Request**

**AGENCY:** Office of the Secretary, HHS.  
**ACTION:** Notice.

**SUMMARY:** In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit a new Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on the ICR must be received on or before June 28, 2016.

**ADDRESSES:** Submit your comments to *Information.CollectionClearance@hhs.gov* or by calling (202) 690-6162.

**FOR FURTHER INFORMATION CONTACT:** Information Collection Clearance staff, *Information.CollectionClearance@hhs.gov* or (202) 690-6162.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the document identifier HHS-OS-0990-new-60D for reference.

*Information Collection Request Title:* Evaluation of the Women’s Health Leadership Institute Program.

*Abstract:* The U.S. Department of Health and Human Services (HHS) Office on Women’s Health (OWH) is requesting approval for new data collection to assess the impact of the Women’s Health Leadership Institute (WHLI) program. The WHLI trained community health workers (CHWs) to gain leadership skills and to use a public health systems approach to address chronic disease and health disparities in their communities. WHLI employed a train-the-trainers model (*i.e.*, experienced personnel coach and mentor inexperienced instructors to develop skills and knowledge needed to deliver the course), where Master Trainers (MTs) learned to deliver the

WHLI training curriculum to CHWs. At the end of the program, CHWs received guidance on developing Community Action Projects (CAPs) to implement systems-level changes in their communities.

The evaluation will consist of both a process evaluation that focuses on CHWs’ satisfaction with the training and suggestions for improvement, and an outcome evaluation that assesses (1) intermediate outcomes including the sustainability of CHWs’ leadership knowledge and competencies, and the application of these competencies in leadership activities and CAP development; and (2) long-term outcomes including positive systemic and/or community level changes made around women’s health issues. Data from the study will enable OWH to understand what components of the training were most successful and to identify aspects of the training in need of improvement. Results will also help OWH with planning and developing future training initiatives to promote effective programs for women and girls.

**TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS**

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Online Survey—All CHWs .....	422	1	25/60	* 176
Telephone Interviews—CHWs with completed CAPs or other leadership activities .....	40	1	30/60	20
Telephone Interviews—Master Trainers .....	18	1	30/60	9
Telephone Interviews—CHW Worksite Supervisors .....	20	1	30/60	10
Telephone Interviews—Community Stakeholders .....	20	1	30/60	10
<b>Total</b> .....	<b>520</b>	.....	.....	<b>225</b>

\* Numbers have been rounded.

OS specifically requests comments on (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.

**Terry S. Clark,**

*Asst. Information Collection Clearance Officer.*

[FR Doc. 2016-10062 Filed 4-28-16; 8:45 am]

**BILLING CODE 4150-33-P**

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**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the document identifier HHS-OS-0990-New-60D for reference.

**Information Collection Request Title:  
Office on Women’s Health: IPV  
Provider Network Cross-Site Evaluation**

*Abstract:* The Affordable Care Act (PHS 2713) requires health insurance plans to cover preventive care and screening for women as defined by the Health Resources and Services Administration (HRSA) Women’s Preventive Services Guidelines, including screening and counseling for interpersonal and domestic violence. In addition, the U.S. Preventive Services Task Force released a recommendation for IPV (interpersonal violence) screening in clinical settings. As part of the administration’s efforts to create a health system that better addresses the needs of IPV victims, the Office on Women’s Health (OWH) at the U.S. Department of Health and Human Services has established the IPV Provider Network program. The program requires partnerships between

health care providers and IPV service programs to evaluate systems for integrating IPV interventions into basic clinical care. Each of the five selected OWH grantees is required to establish Memoranda of Understanding with 5 to 10 partners that provide services (e.g., legal, housing, substance use, mental health) to clients referred by the grantee health providers. The *overall goal of the IPV Provider Network project* is to understand and assess the strategies implemented by the five different IPV Provider Network programs designed to improve care coordination for IPV screening/referred patients. OWH will use program assessment findings to support future work with federal and state partners to disseminate the evidence-based strategies that are created. The purpose of *this data collection* is to gather data from the grantees’ service provider partners to answer the research question: What feedback is available from the service

partners to refine the IPV referral and follow-up processes? OWH contractor NORC at the University of Chicago will collect and analyze two sources of primary data. The first data source will be a brief online survey administered to a single representative of each of the partners, assessing (a) the partnership with the respective OWH grantee’s health care provider and (b) the services that partner provides to the women referred by the health care provider. The second data source is a key informant interview with a single representative of each partner, providing a mechanism for the key informant to elaborate on their agency’s survey response data. Direct contact with the partners is necessary to understand the nature of each grantee’s provider network partnerships, including what works and what does not work.

*Likely Respondents:* Medical and Health Services Managers.

**TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS**

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Semi-annual online Service Provider Assessments .....	50	2	30/60	50/60
Key informant interviews .....	50	1	1	50/60
<b>Total</b> .....	.....	.....	.....	<b>100</b>

OS specifically requests comments on (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.

**Terry S. Clark,**  
Asst. Information Collection Clearance Officer.

[FR Doc. 2016–10066 Filed 4–28–16; 8:45 am]

**BILLING CODE 4150–33–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**4-in-1 Grant Program; Correction**

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice; correction.

**SUMMARY:** The Indian Health Service published a document in the **Federal**

**Register** on March 14, 2016, for the FY 2016 4-in-1 Grant Program. The notice contained incorrect page limits for one section of the project narrative and the overall project narrative.

**FOR FURTHER INFORMATION CONTACT:** Rick Mueller, Public Health Advisor, Office of Urban Indian Health Programs, 5600 Fishers Lane, Mail Stop: 08E65B, Rockville, MD 20857, Telephone (301) 443–4680. (This is not a toll-free number.)

**Corrections**

In the **Federal Register** of March 14, 2016, in FR Doc. 2016–05761, the following corrections are made:

1. On page 13382, in the first column, under the heading “IV. Application and Submission Information, 2. Content and Form of Application Submission”, the correct Project Narrative requirement should read as “Project Narrative (must be single-spaced and not exceed thirty two pages)”.

2. On page 13382, in the second column, under the heading “IV. Application and Submission Information, Requirements for Project and Budget Narratives, A. Project Narrative”, the correct paragraphs

should read as “The project narrative should be a separate Word document that is no longer than 32 pages and must: Be single-spaced, be type-written, have consecutively numbered pages, use black type not smaller than 12 characters per one inch, and be printed on one side only of standard size 8½ x 11 paper.

Be sure to succinctly address and answer all questions listed under the narrative and place them under the evaluation criteria (refer to Section V.1, Evaluation criteria in this announcement) and place all responses and required information in the correct section (noted below), or they shall not be considered or scored. These narratives will assist the Objective Review Committee (ORC) in becoming familiar with the applicant’s activities and accomplishments prior to this grant award. If the narrative exceeds the page limit, only the first 32 pages will be reviewed. The 32-page limit for the narrative does not include the table of contents, abstract, standard forms, budget justification narrative, and/or other appendix items”.

3. On page 13382, in the third column, under the heading “IV.