DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration


AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). The ICR is for reinstatement of a previously approved information collection assigned OMB control number 0915–0343 that expired on May 31, 2014. Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR must be received no later than September 5, 2017.

ADDRESSES: Submit your request to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14N39, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: When requesting additional information, please include the following reference, in compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995.

Information Collection Request Title: Poison Help General Population Survey

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference, in compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995.

Information Collection Request Title: Poison Help General Population Survey, OMB Number 0915–0343, Reinstatement.

Abstract: HRSA is requesting approval by OMB for reinstatement of a previously approved collection of information (OMB control number 0915–0343). Annually, poison control centers (PCCs) in the U.S. manage approximately 2.8 million calls, providing ready and direct access to vital public health emergency information and response. In 2001, the Poison Help Line, a single, national toll-free phone number (800–222–1222) was established to ensure universal access to PCC services, 24 hours a day, 7 days a week. The Poison Help campaign is the only national media effort to promote awareness and use of the national toll-free phone number. The Poison Help campaign aims to reach a wide audience, as individuals of all ages are at risk for poisoning and may need to access PCC services. The “Poison Help General Population Survey” is a 10-minute telephone survey designed to assess the Poison Help campaign’s impact among 2,000 households in the United States. The survey is conducted with an adult household member and addresses topics related to the types of individuals or organizations to contact for information, advice, and treatment related to a poisoning.

Likely Respondents: This study includes two respondent groups, individuals and households with an adult member 18 years and older.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search existing data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this Information Collection Request are summarized in the table below.

surrounding Genesee County area who have been affected by lead exposure to assess their receipt of recommended services in order to minimize developmental delay, and coordinating access to appropriate medical, behavioral, and developmental screening, services, and supports for impacted women, children, and their families. As the only Healthy Start grantee in the only community that had a federal emergency declaration concerning lead contamination in the last year, Genesee County Healthy Start has both the program and response infrastructure in place to immediately implement these enhanced activities.

This award will supplement, but not supplant, other federal resources currently dedicated to this effort, including activities previously funded under the current Healthy Start grant. Several federal agencies, such as the Centers for Medicare & Medicaid Services, have provided funds to organizations in Flint and Genesee County to support prevention, treatment, and remediation initiatives to address lead contamination in the community. This award should build upon, but not duplicate federal and local efforts. Activities under this award also align with existing lead response activities and involve close collaboration with broader community health system organizations, families, health professionals, local social support and health systems, community-based organizations, and early childhood systems, etc. This approach should ensure access to family-centered and comprehensive health and social services for all pregnant women and children up to age 6 years and their families impacted by lead contamination in Genesee County.

FOR FURTHER INFORMATION CONTACT:

Robert Windom, Division of Healthy Start and Perinatal Services, Maternal and Child Health Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 18N78, Rockville, Maryland 20852, (301) 443–8283, RWindom@hsa.gov. For media inquiries, please contact press@hrsa.gov.


George Sigounas,
Administrator.
HRSA 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.

Jason E. Bennett,
Director, Division of the Executive Secretariat.

[FR Doc. 2017–14306 Filed 7–6–17; 8:45 am]
BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Senior Executive Service Performance Review Board

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: HRSA, an Operating Division of HHS, is publishing a list of staff who may be named to serve on the Performance Review Board that oversees the evaluation of performance appraisals for Senior Executive Service members within HRSA for the Fiscal Year 2017 and 2018 review period.

FOR FURTHER INFORMATION CONTACT: Dora Ober, Executive Resources, Office of Human Resources, 5600 Fishers Lane, Rm. 12N06C, Rockville, Maryland 20857, Telephone (301) 443–0759.

SUPPLEMENTARY INFORMATION: Title 5, U.S.C. Section 4314(c)(4) of the Civil Service Reform Act of 1978, Public Law 95–454, requires that the appointment of Performance Review Board Members be published in the Federal Register. The following persons may be named to serve on the HRSA Performance Review Board:

Leslie Atkinson
Tonya Bowers
Adriane Burton

Tina Cheatham
Laura Cheever
Caroline Cochran
Cheryl Dammons
Elizabeth DeVoss
Diana Espinosas
Catherine Ganey
Alexandra Garcia
Richard Goodman
Heather Hauck
Avril Houston
Laura Kavanagh
Martin Kramer
Rimas Liogys
Michael Lu
James Macrae
Thomas Morris
Kerry Nessler
Luis Padilla
Deborah Parham Hopson
Wendy Ponton

Dated: June 29, 2017.

George Sigounas,
Administrator.

[FR Doc. 2017–14221 Filed 7–6–17; 8:45 am]
BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Information Collection Request Title: Delta States Rural Development Network Grant Program, OMB No. 0915–0386—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on this ICR should be received no later than August 7, 2017.

ADDRESSES: Submit your comments, including the ICR Title, to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to 202–395–5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443–1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference, in compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995.

Information Collection Request Title: Delta States Rural Development Network Grant Program, OMB No. 0915–0386—Revision.

Abstract: The Delta States Rural Development Network Grant (Delta) Program is authorized by the Public Health Service Act, Section 330A(e) (42 U.S.C. 254c(e)), as Public Law 114–53. The Delta Program supports projects that demonstrate evidence-based and/or promising approaches around cardiovascular disease, diabetes, acute ischemic stroke, or obesity to improve health status in rural communities throughout the Delta Region. Key features of projects are adoption of an evidence-based approach, demonstration of health outcomes, program replicability, and sustainability.

Need and Proposed Use of the Information: For this program, performance measures include: (a) Access to care, (b) population demographics, (c) staffing, (d) sustainability, (e) project specific domains, and (f) health related clinical measures. These performance measures enable HRSA’s Federal Office of Rural Health Policy to aggregate program data required under the Government Performance and Results Act of 1993 (Pub. L. 103–62). The proposed revisions to the performance measures include reducing the number of reported measures and showing annual

THE ESTIMATED ANNUALIZED BURDEN HOURS

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Total responses</th>
<th>Burden per response (in hours)</th>
<th>Total burden hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey Respondents (Individuals)</td>
<td>2,000</td>
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<td>2,000</td>
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<td>332</td>
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<tr>
<td>Screened Households</td>
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<td>2,600</td>
<td>.016</td>
<td>41.6</td>
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<tr>
<td>Total</td>
<td></td>
<td></td>
<td>4,600</td>
<td></td>
<td>374</td>
</tr>
</tbody>
</table>

Burden per response (in hours)

Respondents Number of respondents Number of responses Total responses Burden per response (in hours) Total burden hours

Screened Households 2,600 1 2,600 .016 41.6

Total 4,600 4,600 374