

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Office of the Secretary**

[Document Identifier HHS–OS–0990–0406–60D]

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 an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). The ICR is for extending the use of the approved information collection assigned OMB control number 0990–0406, which expires on April 30, 2016. 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 February 26, 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–0990–0406–60D for reference.

Information Collection Request Title: Evaluation of the National Partnership for Action to End Health Disparities
Abstract: Office of Minority Health (OMH) in the Office of the Assistant Secretary for Health (OASH), Office of the Secretary (OS) is requesting approval for an extension from the Office of Management and Budget (OMB) for a previously approved data collection activity for the Evaluation of the National Partnership for Action to End Health Disparities (NPA). The NPA was officially launched in April 2011 to mobilize a nationwide, comprehensive, community-driven, and sustained approach to combating health disparities and to move the nation toward achieving health equity. Using an approach that vests those at the front line with the responsibility of identifying and helping to shape core actions, new approaches and new partnerships are being established to help close the health gap in the United States.

OMH proposes to continue to conduct the evaluation of the NPA. The evaluation's goal is to determine the extent to which the NPA has contributed to the elimination of health disparities and attainment of health equity in our nation. The evaluation will accomplish this goal by addressing the following questions: (1) To what extent has a multi-level structure been established to support actions that will contribute to the elimination of health disparities?; (2) How are leaders in the public, private, nonprofit, and

community sectors engaged in collaborative, efficient, and equitable working partnerships to eliminate health disparities?; (3) How many and what types of identifiable actions are being implemented at the community, state, tribal, regional, and national levels that relate directly to the five goals and 20 strategies in the *National Stakeholder Strategy (NSS)*; (4) How much is the work to end health disparities integrated into stakeholder strategies and mainstream systems (e.g., health care quality improvement, public and community health improvement, economic and community planning and development) in and beyond the health sector? (5) What are the promising practices for implementing actions that contribute to ending health disparities?

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 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 ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total burden hours
FIHET agency survey	Agency	48	1	.52	24.96
FIHET interviews	Agency	16	1	1.17	18.72
RHEC co-chairs interview	Individual	20	1	1.42	28.4
RHEC sub-chairs group interviews	Individual	50	1	1.5	75
Survey of all RHEC members	Individual	350	1	.67	234.5
Survey of key NPA partner organizations	Organizational	15	1	.44	6.6
Survey of State Minority Health Office Directors or Coordinators and officials from State Departments of Health.	Agency	110	1	.48	52.8
Total		609	—	—	440.98

Terry S. Clark,

Assistant Information Collection Clearance Officer.

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