assessed; the estimated burden for this as needed assessment is 375 hours. The costs of sponsored activities for 50 community and clinical partners; the estimated burden for this yearly assessment is 125 hours.

All information can be reported to CDC through an interactive web-based system, ''iGTO,'' that awardees can use to manage their general organizational information and to support and track the implementation of strategies to prevent teen pregnancy. Respondents who prefer not to use the iGTO system will be able to export the assessment tools, complete them, and return their reports to CDC by electronic mail. Assessment and performance information will be reported to CDC annually. In addition, CDC will collect information about costs and awardee needs for training and technical assistance. To ensure high data quality, cost information will be submitted as soon as it becomes available. CDC estimates that each state or community awardee will submit 10 cost data reports per year. Training and technical assistance needs will be reported monthly so that CDC can provide immediate, targeted technical assistance as needed. The assessment information, performance measures and training and technical assistance information to be collected are critical to understanding (1) the teen pregnancy prevention needs of each target community, (2) quality implementation practices associated with evidence-based programs and contraceptive access, and (3) the impact of implemented strategies.

OMB approval is requested for three years. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hr)	Total burden (hr)
State and Community Awardees	Project Director/Coordinator Needs Assessment.	9	1	45/60	7
	Performance Measure Assessment Tool.	50	1	4	200
	Staff Assessment	50	1	45/60	38
	Training and Technical Assistance Tool.	50	12	1	600
	Cost Reporting Form For Sponsored Activities.	50	10	15/60	125
National Organization Awardees	Training and Technical Assistance Tool.	15	112		180
Community and Clinical Partners	Clinical Provider Needs Assessment Tool.	50	1	1	50
	Program Implementation Partner Needs Assessment Tool.	100	1	45/60	75
	Partner Cost Reporting Form for Participants.	150	10	15/60	375
	Cost Reporting Form For Sponsored Activities.	50	10	15/60	125
Total					1,775

Kimberly S. Lane,

Chief Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2012–4550 Filed 2–24–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–12–12EG]

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 Kimberly Lane, 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

Use of Smartphones to Collect Information about Health Behaviors: Feasibility Study—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Despite the high level of public knowledge about the adverse effects of smoking, tobacco use remains the leading preventable cause of disease and death in the U.S., resulting in approximately 443,000 deaths annually. During 2005–2010, the overall proportion of U.S. adults who were current smokers declined from 20.9% to 19.3%. Despite this decrease, smoking rates are still well above Healthy People 2010 targets for reducing adult smoking

prevalence to 12%, and the decline in prevalence was not uniform across the population.

One of the highest priorities emanating from the *American Recovery and Reinvestment Act of 2009* is tobacco control and cessation programs. In addition, the Family Smoking Prevention and Tobacco Control Act gave the Food and Drug Administration new authority to regulate tobacco products, and the Children's Health Insurance Program Reauthorization Act of 2009 included increases in Federal excise taxes on tobacco products. These developments reinforce the importance of timely collection of data related to tobacco usage.

The evolution of new communications technologies that are completely mobile provides a unique opportunity for innovation in public health. Text messaging and smartphone web access are immediate, accessible, and anonymous, a combination of features that could make smartphones ideal for the ongoing research, surveillance, and evaluation of risk behaviors and health conditions, as well as targeted dissemination of information.

CDC proposes to conduct a feasibility study to identify and evaluate the process of conducting surveys by text message and smartphone, the outcomes of the surveys, and the value of the surveys. Before initiating the feasibility study, CDC will conduct a brief pre-test of information collection forms and procedures. The universe for this study is English-speaking U.S. residents aged 18–65. The sample frame will consist of a national random digit dial sample of telephone numbers from a frame of known cell phone exchanges. Respondents will be recruited from this sample frame by calling cell phones numbers and asking respondents to complete an initial CATI survey consisting of a short series of simple demographic questions, general health questions, and questions about tobacco and alcohol use. At the conclusion of this brief survey, all respondents who have smartphones and a subset of respondents who do not have smartphones will be asked to participate in the follow-up portion of the feasibility study consisting of a first follow-up survey and, a week later, a second follow-up survey. Smartphone respondents who agree will receive invitations to participate by text message, which will include a link to the survey. Non-smartphone respondents who agree will receive a text message inviting them to participate; respondents opting in will be texted survey questions one at a time.

This study will evaluate: (1) Response bias of a smartphone health survey by comparing data collected via CATI to data collected via smartphones/text messages, and data collected via smartphones to data collected via text messages, (2) relative cost-effectiveness of data collected via CATI to data collected via smartphones/text messages; (3) coverage bias associated with restricting the sample to smartphone users; and (4) the utility of smartphones for completing frequent, short interviews (i.e. diary studies to track activities or events).

OMB approval is requested for one year. Participation is voluntary and respondents can choose not to participate at any time. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)	Total burden (in hr)
Smartphone and non-smartphone users aged 18–65	Pre-test of CATI Screener/Initial CATI Survey	20	1	8/60	3
	CATI Screener	1,990	1	1/60	33
	Initial CATI Survey	995	1	7/60	116
Smartphone Users aged 18–65	First Web Survey Follow-up for Smartphone Users	697	1	3/60	35
	Second Web Survey Follow-up for Smartphone Users	592	1	3/60	30
Non-smartphone Users aged 18–65	First Text Message Survey Follow-up for non-Smartphone Users	200	1	3/60	10
	Second Text Message Survey Follow-up for non-Smartphone Users	170	1	3/60	9
Total					236

Kimberly Lane,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2012–4549 Filed 2–24–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

Advisory Board on Radiation and Worker Health (ABRWH or Advisory Board), National Institute for Occupational Safety and Health (NIOSH)

The meeting scheduled to convene on February 28–29, 2012 was published in the **Federal Register** on February 16, 2012, Volume 77, Number 32, Pages 9254–9255. This notice was put on display for 12 days in advance of the meeting instead of the 15 calendar days required in accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), and pursuant to the requirements of 42 CFR 83.15(a).

CONTACT PERSON FOR MORE INFORMATION: Theodore Katz, M.P.A., Executive Secretary, NIOSH, CDC, 1600 Clifton Road, NE., MS E–20, Atlanta, Georgia 30333, Telephone: (513) 533–6800, toll free: 1–800–CDC–INFO, email: *dcas@cdc.gov.*

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: February 17, 2012.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2012–4569 Filed 2–24–12; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2011–N–0320]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Experimental Study on Consumer Responses to Whole Grain Labeling Statements on Food Packages

AGENCY: Food and Drug Administration, HHS

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Fax written comments on the collection of information by March 28, 2012.

ADDRESSES: To ensure that comments on the information collection are received, OMB recommends that written comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: FDA Desk Officer, FAX: 202–395–7285, or emailed to *oira_submission@omb.eop.gov.* All comments should be identified with the OMB control number 0910–New and title ''Experimental Study on Consumer Responses to Whole Grain Labeling Statements on Food Packages.'' Please also include the FDA docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Denver Presley, II, Office of Information Management, Food and Drug Administration, 1350 Piccard Dr., PI50–400B, Rockville, MD 20850, 301–796–3793.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

Experimental Study on Consumer Responses to Whole Grain Labeling Statements on Food Packages—(OMB Control Number 0910–New)

I. Background

The Nutrition Labeling and Education Act, which amended the Federal Food, Drug, and Cosmetic Act, requires most foods to bear nutrition labeling (i.e., the Nutrition Facts) and requires food labels that bear nutrient content claims and certain health messages to comply with specific requirements. There are three different types of claims (health claims, nutrient content claims, and structure/function claims) that the food industry can voluntarily use on food labels. Although they are regulated differently, they all must be truthful and not misleading (Ref. 1).

In the past 30 years, whole-grain consumption has been greatly promoted by government agencies and scientific communities as an important part of a healthy diet (Refs. 2 and 3). For example, the newly released ''Dietary Guidelines for Americans 2010'' recommends Americans eat fewer refined grains and consume more nutrient-dense whole grains instead (Ref. 4). At the same time, whole grain labeling statements, such as ''Made With Whole Grain'', on food products have also become more prevalent in recent years (Ref. 5). Given the variety of whole-grain statements on food products and the importance of whole grains in maintaining a healthy diet, it is important for policy makers to gain a better understanding of how consumers interpret these statements.

Several studies indicate that consumers may have difficulties in understanding the meaning of whole grains or recognizing whole-grain foods (Refs. 6 to 8). Research also suggests consumer product perceptions and purchase decisions can be influenced by labeling statements, and different labeling statements may have different influences (Refs. 9 and 10). The majority of existing studies focus on whole grain intake or the relationships between whole grain and disease prevention. There is a lack of systematic investigation of consumers' understanding of different whole-grain labeling statements. We are aware of at least one existing study related to the statements (Ref. 11). However, the study did not compare consumer reactions to various whole-grain statements. Therefore, FDA, as part of its effort to promote public health, plans to use the proposed study to explore and compare consumer responses to food labels that use whole-grain labeling statements.

Specifically, the study plans to examine: (1) Consumer judgments about a food product including its nutritional attributes, overall healthiness, and health benefits; (2) consumer judgments about a labeling statement in terms of its credibility, helpfulness, and other attributes; (3) consumer interpretations of different terms and statements, such as ''Made with Whole Grain'', ''Multi-Grain'', and ''100% Whole Wheat''; (4) consumer extrapolation of whole grain statements beyond the scope of the statements themselves (i.e., halo effects);