



BILLING CODE: 4165–16

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 60-Day

**Proposed Information Collection: Indian Health Service (IHS) Sharing What Works – Best Practice, Promising Practice, and Local Effort (BPPPLE) Form
(OMB NO. 0917-0034)**

AGENCY: Indian Health Service, HHS.

ACTION: Notice and request for comments. Request for extension of approval.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, Public Law (Pub. L.) 104-13 [44 United States Code (U.S.C.) §3506(c)(2)(A)], the Indian Health Service (IHS) invites the general public to take this opportunity to comment on the information collection titled, “Indian Health Service (IHS) Sharing What Works – Best Practice, Promising Practice, and Local Effort (BPPPLE) Form,” Office of Management and Budget (OMB) Control Number 0917–0034.

This previously approved information collection project was last published in the Federal Register (77 Fed. Reg. 67657) on November 13, 2012, and allowed 30 days for public comment. No public comment was received in response to the notice. This notice announces our intent to submit this collection, which expires January 31, 2016, to OMB for approval of an extension, and to solicit comments on specific aspects for the proposed information collection. A copy of the supporting statement is available at www.regulations.gov (see Docket ID IHS-2015-0008).

Proposed Collection: Title: 0917– 0034, Indian Health Service (IHS) Sharing What Works – Best Practice, Promising Practice, and Local Effort (BPPPLE) Form. *Type of Information Collection Request:* Extension, without revision, of the currently approved information collection, 0917-0034, IHS Sharing What Works - Best Practice, Promising Practice, and Local Effort (BPPPLE) Form. There are no program changes or adjustments in burden hours. *Form(s):* 0917-0034, IHS Sharing What Works - Best Practice, Promising Practice, and Local Effort (BPPPLE) Form. *Need and Use of Information Collection:* The IHS goal is to raise the health status of the American Indian and Alaska Native (AI/AN) people to the highest possible level by providing comprehensive health care and preventive health services. To support the IHS mission and encourage the creation and utilization of performance driven products/services by IHS, Tribal, and urban Indian health (I/T/U) programs, the Office of Preventive and Clinical Services' program divisions (i.e., Behavioral Health, Health Promotion/Disease Prevention, Nursing, and Dental) have developed a centralized program database of best practices, promising practices and local efforts (BPPPLE) and resources. The purpose of

this collection is to further the development of a database of BPPPLE, resources, and policies which are available to the public on the IHS.gov website. This database will be a resource for program evaluation and for modeling examples of various health care projects occurring in AI/AN communities.

All information submitted is on a voluntary basis; no legal requirement exists for collection of this information. The information collected will enable the Indian health systems to: (a) Identify evidence based approaches to prevention programs among the I/T/Us when no system is currently in place, and (b) Allow the program managers to review BPPPLEs occurring among the I/T/Us when considering program planning for their communities.

Affected Public: Individuals. *Type of Respondents:* I/T/U health programs' staff. The table below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Average burden hour per response, and Total annual burden hour(s).

ESTIMATED BURDEN HOURS

Data collection instrument(s)	Number of respondents	Number of responses per respondent	Average burden hour per response	Total annual burden hours
IHS Sharing What Works-BPPPLE Form (OMB Form No. 0917-0034)	100	1	20/60	33.3
Total	100			33.3

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Requests for Comments: Your written comments and/or suggestions are invited on one or more of the following points:

- (a) whether the information collection activity is necessary to carry out an agency function;
- (b) whether the agency processes the information collected in a useful and timely fashion;
- (c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information);
- (d) whether the methodology and assumptions used to determine the estimates are logical;
- (e) ways to enhance the quality, utility, and clarity of the information being collected; and
- (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

ADDRESSES: Send your written comments, requests for more information on the proposed collection, or requests to obtain a copy of the data collection instrument and instructions to Tamara Clay by one of the following methods:

- *Mail:* Tamara Clay, Information Collection Clearance Officer, 801 Thompson Avenue, TMP, STE 450-30, Rockville, MD 20852-1627.

- *Phone:* 301-443-4750.
- *Email:* tamara.clay@ihs.gov.
- *Fax:* 301-443-2316.

Comment Due Date: [Federal Register insert 60 days after date of publication].

Your comments regarding this information collection are best assured of having full effect if received within 60 days of the date of this publication.

Dated: October 1, 2015.

Robert G. McSwain,
Deputy Director,
Indian Health Service.

[FR Doc. 2015-25733 Filed: 10/8/2015 08:45 am; Publication Date: 10/9/2015]