

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of data collection	Number of respondents	Number of response per respondent	Hours per response	Total burden hours
Total .....	19,612	na	na	6,203

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Type of data collection	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Focus Groups .....	1,056	1,584	\$48.98	\$77,584
In-person/Telephone Interviews .....	1,386	3,050	46.82	142,801
Customer Satisfaction Surveys for the Decision Aid .....	550	184	25.53	4,698
Customer Satisfaction Surveys for the Summary Guides .....	6,600	550	39.55	21,753
Follow-up CME Surveys .....	1,320	110	77.64	8,540
Solicited Topic Nominations .....	2,500	208	48.07	9,999
Web site Registration .....	6,000	500	48.07	24,035
Glossary Feedback Survey .....	200	17	48.07	817
Total .....	19,612	6,203	na	290,227

\* Based upon the mean and weighted mean wages for clinicians (29–1062 family and general practitioners), policy makers (11–0000 management occupations, 11–3041 compensation & benefits managers, 13–1072 compensation, benefits & job analysis specialists, 11–9111 medical and health service managers, 13–2053 insurance underwriters and 15–2011 actuaries) and consumers (00–0000 all occupations). Focus groups include 528 clinicians (\$77.64/hr) and 528 consumers (\$20.32/hr); in-person/telephone interviews includes 528 clinicians, 330 policy makers (\$39.91/hr) and 528 consumers; customer satisfaction surveys for the decision aid includes 50 clinicians and 500 consumers; customer satisfaction surveys for the summary guides includes 1,650 clinicians, 1,650 policy makers and 3,300 consumers; follow-up CME surveys includes 1,320 clinicians; solicited topic nominations include 1,125 clinicians, 250 policy makers and 1,125 consumers; website registration includes 2,700 clinicians, 600 policy makers and 2,700 consumers; glossary feedback survey includes 90 clinicians, 20 policy makers and 90 consumers, National Compensation Survey: Occupational wages in the United States May 2008, “U.S. Department of Labor, Bureau of Labor Statistics.”

**Estimated Annual Costs to the Federal Government**

The maximum cost to the Federal Government is estimated to be \$1,439,003 annually.

Exhibit 3 shows the total and annualized cost by the major cost components.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

Cost component	Total cost	Annualized cost
Project Development .....	\$1,019,970	\$339,990
Data Collection Activities .....	735,405	245,135
Data Processing and Analysis ..	1,889,505	629,835
Project Management .....	557,380	185,793
Overhead .....	114,750	38,250
Total .....	4,317,010	1,439,003

**Request for Comments**

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQ’s information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the

information will have practical utility; (b) the accuracy of AHRQ’s estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency’s subsequent request for OMB approval of the proposed information collection.

All comments will become a matter of public record.

Dated: July 19, 2010.

**Carolyn M. Clancy,**  
Director.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day–10–0580]

**Agency Forms Undergoing Paperwork Reduction Act Review**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

National Public Health Performance Standards Program Local Public Health Governance Assessment (OMB 0920–0580 exp. 8/31/2010)—Extension—Office of State, Tribal, Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

Office of State, Tribal, Local and Territorial Support is proposing to extend the formal, voluntary data collection that assesses the capacity of local boards of health to deliver the essential services of public health. Electronic data submission will be used when local boards of health complete the public health assessment.

A three-year approval is being sought with the current data collection

instrument. The data collection instrument has been valuable in assessing performance and capacity and identifying areas for improvement.

From 1998–2002, the CDC National Public Health Performance Standards Program convened workgroups with the National Association of County and City Health Officials (NACCHO), The Association of State and Territorial Health Officials (ASTHO), the National Association of Local Boards of Health (NALBOH), the American Public Health

Association (APHA), and the Public Health Foundation (PHF) to develop performance standards for public health systems based on the essential services of public health. In 2005, CDC reconvened workgroups with these same organizations to revise the data collection instruments, in order to ensure the standards remain current and improve user friendliness. There is no cost to the respondent, other than their time. The estimated annualized burden hours are 875.

**ANNUALIZED BURDEN HOURS**

No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden hours
175	1	5	875

Dated: July 22, 2010.

**Maryam I. Daneshvar**,  
Reports Clearance Officer, Centers for Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention**

[30Day–10–0237]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

**Proposed Project**

The National Health and Nutrition Examination Survey (NHANES)—(OMB No. 0920–0237 exp. 12/31/2011)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability; environmental, social and other health hazards; and determinants of health of the population of the United States. This three-year clearance request includes the data collection in 2011 and 2012 and data planning and testing activities for 2013–2014 data collection.

The National Health and Nutrition Examination Survey (NHANES) was conducted periodically between 1970 and 1994, and continuously since 1999 by the National Center for Health Statistics, CDC. Almost 19,000 persons are screened, with about 5,000 participants interviewed and examined annually. Participation in NHANES is completely voluntary and confidential.

NHANES programs produce descriptive statistics which measure the health and nutrition status of the general population. Through the use of questionnaires, physical examinations, and laboratory tests, NHANES studies the relationship between diet, nutrition and health in a representative sample of the United States. NHANES monitors the prevalence of chronic conditions and risk factors related to health such as arthritis, asthma, osteoporosis, infectious diseases, diabetes, high blood pressure, high cholesterol, obesity, smoking, drug and alcohol use, physical activity, environmental exposures, and

diet. NHANES data are used to produce national reference data on height, weight, and nutrient levels in the blood. Results from more recent NHANES can be compared to findings reported from previous surveys to monitor changes in the health of the U.S. population over time. NHANES continues to collect genetic material on a national probability sample for future genetic research aimed at understanding disease susceptibility in the U.S. population. NCHS collects personal identification information from survey respondents to facilitate linkage of survey data with health related administrative records. For the 2011–2012 survey, NHANES will add an Asian oversample to the survey design.

NHANES data users include the U.S. Congress; the World Health Organization; numerous Federal agencies such as the National Institutes of Health, the Environmental Protection Agency, and the United States Department of Agriculture; private groups such as the American Heart Association; schools of public health; private businesses; individual practitioners; and administrators. NHANES data are used to establish, monitor, and/or evaluate recommended dietary allowances, food fortification policies, environmental exposures, immunization guidelines and health education and disease prevention programs.

There is no cost to respondents other than their time. The total estimated annualized burden hours are 49,626.