

of the Medicare Improvements for Patients and Providers Act of 2008, Public Law 110–275, as amended, pertaining to contracting with the Institute of Medicine for reports on best practices for conducting systematic reviews of clinical effectiveness research and for developing clinical protocols.

This delegation shall be exercised in accordance with the Department's applicable policies, procedures, guidelines and regulations.

In addition, the delegation ratifies and affirms any actions taken by you or your subordinates that involved the exercise of the authorities delegated herein prior to the effective date of this delegation.

This delegation is effective upon date of signature.

Dated: February 9, 2009.

Charles E. Johnson,

Acting Secretary.

[FR Doc. E9–3837 Filed 2–24–09; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–09–08BP]

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. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project: Audience Profiling for Carbon Monoxide Poisoning Prevention Status—New—National Center for Environmental Health (NCEH), Coordinating Center for Environmental Health and Injury Prevention (CCEHIP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Carbon monoxide (CO) is one of the leading causes of poison-related deaths in the United States. The Centers for Disease Control and Prevention (CDC) estimates that each year approximately 500 people die of unintentional, nonfire-related CO exposure, and another 15,000 individuals visit emergency rooms for treatment from exposure to CO gas.

Despite our current knowledge of scenarios and products that lead to CO poisoning, questions remain about when and how individuals use CO-emitting products, why they engage in certain risk behaviors, how best to inform them about the CO poisoning, and how receptive they are to existing prevention

materials. This study aims to address these questions through assessing the basis for current audience knowledge, attitudes, and practices and, ultimately, strengthen educational materials about CO poisoning prevention.

The study will employ the use of qualitative methods during three phases of data collection. Phase I will consist of eight in-person focus groups among home furnace owners and portable generator owners (n = 64) as well as four telephone interviews with organizations that serve populations at risk for CO poisoning (n = 4). Phase II will consist of analyzing previously collected data on consumer media usage and preferences. Phase III will consist of 16 in-person triad interviews (3 individuals per interview) with home furnace owners and portable generator owners (n = 48) to pretest CO poisoning educational materials.

NCEH will identify individuals for the focus groups and triad interviews using recruiting firms that specialize in the two at-risk populations: (1) Home furnace owners and (2) portable generator owners. Individuals in these two groups will be screened over the telephone by the recruiting firms, and if they meet the eligibility criteria, will be invited to participate in the study. At the end of each focus group and triad interview, NCEH will ask participants to complete a brief exit questionnaire on demographics and media usage.

There is no cost to respondents other than their time. The total estimated burden hours are 276.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Instrument type	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Owners of Gas or Oil Burning Household Appliances.	Focus Group Screener	64	1	10/60
	Focus Group	32	1	2
	Exit Questionnaire	32	1	10/60
	Triad Screener	48	1	10/60
	Triad	24	1	2
Owners of Portable Gas Burning Generator	Focus Group Screener	64	1	10/60
	Focus Group	32	1	2
	Exit Questionnaire	32	1	10/60
	Triad Screener	48	1	10/60
	Triad	24	1	2
Expert	Telephone Interview	4	1	1

Dated: February 13, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9-3999 Filed 2-24-09; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-09-09AW]

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 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, 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

Measuring Preferences for Quality of Life for Child Maltreatment—New—National Center for Injury Prevention and Control (NCIPC), Division of Violence Prevention (DVP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC requests approval of a study and subsequent survey fielding to measure the quality-of-life (QoL) impacts resulting from child maltreatment (CM) using a quantitative, preference-based approach. The U.S. Department of Health and Human Services, among many others, has identified child maltreatment as a serious U.S. public health problem with substantial long-term physical and psychological consequences. Despite considerable research on the consequences of CM in adult survivors, few studies have utilized standard QoL techniques and none have quantified childhood QoL impacts. This gap in the literature means the full QoL burden of CM has not been measured inhibiting the evaluation and comparison of CM intervention programs. This study will improve public health knowledge and economic evaluation of the QoL impacts of physical and sexual CM, including

effects specific to juvenile and adolescent survivors, through the development and fielding of a preference-based survey instrument.

CDC has contracted with RTI International to develop and field a survey instrument to measure the QoL impacts of child maltreatment. RTI will develop the instrument based on standardized QoL methods, existing instruments, a literature review of CM outcomes, and qualitative research techniques. The final instrument will be fielded to a national sample and data analyzed to measure the impacts of CM. Survey development will include interviews with both clinician proxies for adolescent survivors and CM survivors, as well as focus groups with same-sex adult CM survivors.

The instrument will be pretested to an online national sample of all U.S. adults. After pretesting, the final survey will be fielded to a nationally-representative sample of 2000 U.S. adults. The survey will focus on QoL measures of preferences and contain limited questions on past CM exposure to identify possible CM survivors. The national sample will be representative of the U.S. population and include a significant number of CM survivors so that preferences can be estimated separately based on past CM exposure.

Final results will provide an estimate of the quality-of-life burden of child maltreatment in the United States. Analysis and results of the survey data will be used to inform the public health community of the impact of CM, and to evaluate and compare CM intervention programs.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Same-sex adult CM survivors	Focus groups	50	1	1.5	75
U.S. Adults	Pretest interviews	15	1	1.5	23
	Pilot Instrument	100	1	20/60	34
	National Sample	2000	1	20/60	667
Clinicians	In-depth interviews	15	1	1	15
Total					814