

EXHIBIT 2—ESTIMATED ANNUALIZED TOTAL COST BURDEN

Type of Data Collection	Number of respondents	Total burden hours	Average hourly wage rate	Total cost burden
Interviews with Clinicians	50	25	\$83.59	\$2,090
Interviews with Support Staff	50	25	14.31	358
Interviews with Patients	100	50	21.35	1,068
Survey of Clinicians	200	–33	83.59	2,758
Total	400	133	na	6,274

Based upon the mean wages for clinicians (29–1062 family and general practitioners), clinical team members (31–9092 medical assistants) and patients/consumers (00–0000 all occupations), National Compensation Survey: Occupational wages in the United States May 2010, “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 \$217,451

annually for two years. 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	\$153,750	\$76,875
Data Collection Activities	162,465	81,233
Data Processing and Analysis	33,563	16,781
Project Management	22,625	11,313
Overhead	62,500	31,250
Total	434,903	217,451

Request for Comments

In accordance with the Paperwork Reduction Act, 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: November 3, 2011.

Carolyn M. Clancy,
Director.

[FR Doc. 2011–29382 Filed 11–14–11; 8:45 am]

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

[30-Day–12–09BY]

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 email to 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

Healthy Homes and Lead Poisoning Surveillance System (HHLPPS)—New—National Center for Environmental Health (NCEH) and Agency for Toxic Substances and Disease Registry (ATSDR)/Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The overarching goal of the Healthy Homes and Lead Poisoning Surveillance System (HHLPPS) is to establish Healthy Homes Surveillance Systems at the state and national levels. Currently, 40 state and local Childhood Lead Poisoning Prevention Programs (CLPPP) report information (e.g., presence of lead paint, age of housing, and type of housing) to CDC via the National Blood Lead Surveillance System (NBLSS) (OMB No. 0920–0337, exp. 1/31/2012). The addition of a new panel of housing questions would help to provide a more comprehensive picture of housing stock in the United States and potentially modifiable risk factors.

The objectives for developing this new surveillance system are two-fold. First, the HHLPPS will allow the CDC to systematically track how the state and local programs conduct case management and follow-up of residents with housing-related health outcomes.

The next objective for the development of this system is to examine potential housing-related risk factors. Childhood lead poisoning is just one of many adverse health conditions that are related to common housing deficiencies. Multiple hazards in housing, e.g., mold, vermin, radon and the lack of safety devices, continue to adversely affect the health of residents. It is in the interest of public health to

expand from a single focus on lead poisoning prevention to a coordinated, comprehensive, and systematic approach to eliminating multiple housing-related health hazards.

HHL PSS builds upon previous efforts by the NBLSS. While the earlier NBLSS was focused on homes of children less

than six years old, the new HHL PSS, upon approval, will replace the NBLSS and will enable flexibility to evaluate all homes, regardless of the presence of children < age 6 years. In addition, replacement of NBLSS with HHL PSS instead of a modification is necessary because the scope and methods of data

collection by the funded state and local programs can be much different (e.g., housing inspections vs. report of blood lead levels from a laboratory).

There is no cost to respondents other than their time. The total estimated annual burden hours equals 640.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State and Local Health Departments	Healthy Homes and Lead Poisoning Surveillance Variables (HHL PSS).	40	4	4

Dated: November 4, 2011.

Daniel Holcomb,

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

[30 Day-12-11EX]

Agency Forms Undergoing Paperwork Reduction Act Review

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Proposed Project

Evaluation of Enhanced Implementation of the "Learn the Signs. Act Early." Campaign in 4 Target Sites.—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC's most recent data show that an average of one in 110 children has an autism spectrum disorder in 2006. Today, autism is recognized in many circles as an "epidemic" or "crisis" that is directly impacting the lives of many

millions of Americans. All the communities participating in both the 2002 and 2006 studies observed an increase in identified ASD prevalence ranging from 27 percent to 95 percent, with an average increase of 57 percent. No single factor explains the changes in identified ASD prevalence over the time period studied. Although some of the increases are due to better detection, a true increase in risk cannot be ruled out.

Evidence has shown that early treatment can have a significant positive impact on the long-term outcome for children with an autism spectrum disorder. Early treatment, however, generally relies on the age at which a diagnosis can be made, thus pushing early identification research into a category of high public health priority (Pierce, *et al*, 2010).

To address this important health issue, the CDC has launched the "Learn the Signs. Act Early." national campaign and developed partnerships with national autism and health care professional organizations to promote awareness of early childhood developmental milestones and increase early action on developmental concerns.

This request for data collection is for the evaluation of the "Learn the Signs. Act Early." campaign implemented at a local level among four grantees. The proposed evaluation will assess the reach and awareness to determine if the proposed strategies and activities are effectively reaching the target populations. The evaluation will be accomplished by a pre-implementation survey and a post-implementation survey of parents of children ages 0-60 months in the target areas for each of the four grantees.

The surveys will capture information from the program's target audience to determine campaign reach and exposure among this group, as well as identify changes in knowledge, awareness, and

behavior related to the campaign and monitoring early child development. The project aims to collect 250 completed parent surveys from each of the 4 sites prior to campaign implementation and after campaign implementation (for a total of 1,000 completed surveys). It is estimated that 1200 respondents will have to be screened in order to recruit 1000 total survey participants.

Participants will be recruited to participate in one of two surveys that will be conducted in the following four target areas:

- *Washington*: Yakima, Benton, Franklin, and Walla Walla counties
- *Missouri*: St. Louis City
- *Utah*: Salt Lake County
- *Alaska*: Anchorage, Palmer, Wasilla, Homer, Kenai

The information collected from the surveys is not intended to provide statistical data for publication. The purpose of this activity is solely to assess the impact of the "Learn the Signs. Act Early." campaign in four target areas. The data collection will use a consistent format and comply with requirements under the Public Health Service Act, Executive Order 12862, and GPRA.

Without this information collection, CDC will be hampered in successfully carrying out its mission of providing high quality programs and services to populations served. Failure to collect this data would compromise efforts to reduce the impact of ASDs and other developmental disabilities on the U.S. population.

Data collection materials will be available in both English and Spanish. This request is being submitted to obtain OMB clearance for two years. There is no cost to the respondents other than their time to participate. The total annualized burden for this project is 454 hours.