The plan for surveying key stakeholders described here represents a large component of the overall project evaluation plan. The study will be conducted in collaboration with a consultant, Judith L. Johnson, PhD, under a CDC task order with the McKing Consulting Corporation. Dr. Johnson and McKing Consulting Corporation worked with CDC on study design, and will collect data for the study, conduct data analyses, and develop written reports of results.

The purpose of this study is to collect information on the value and impact of the EGAPP products developed and disseminated (*e.g.*, evidence reports, recommendations) by surveying members of key stakeholder groups considered by project advisors to have the most immediate need and interest in EGAPP products. The four key stakeholder groups are *healthcare providers, healthcare payers and purchasers, policy makers* (*e.g.*, medical professional organizations, healthcare policy organizations), as well as *targeted consumer groups* and *Web site visitors.* Healthcare providers/payers have expressed interest in evidence-based information on emerging genetic tests, and will receive the first surveys about six months after the release of the first evidence reports and EGAPP Working Group recommendations; these groups will be surveyed again one year later. Policy makers, consumers, and healthcare purchasers are likely to identify and be impacted by information developed by EGAPP over a somewhat longer timeline. Therefore, these groups will be surveyed twelve months after the first products are released, and surveyed again one year later. During two specified periods of time one year apart, individuals accessing the EGAPP website will be given the option to participate in an EGAPP survey.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 448.52.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Survey name	Number of respondents	Number of responses per respondent	Average response per respondent
Healthcare Providers:	Healthcare Provider Survey.			
Primary Care Providers		385	1	10/60
Specialists		385	1	10/60
Genetic Counselors		200	1	10/60
Mid-level Practitioners		385	1	10/60
Nurses		385	1	10/60
Healthcare Payers and Purchasers:				
Healthcare Payers	Policy/Payer Survey	100	1	10/60
Healthcare Purchasers	Purchaser Survey	[19]31	1	10/60
Healthcare Policy Makers	Policy Survey	50	1	10/60
Consumers:				
Group members	General Survey	385	1	10/60
Website visitors		385	1	10/60

Dated: January 31, 2007.

Joan F. Karr,

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

[FR Doc. E7–2071 Filed 2–7–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–07–0479]

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 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Automated Management Information System (MIS) for Diabetes Control Programs (OMB No. 0920–0479)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Diabetes Translation (DDT) within the National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), has implemented a Management Information System (MIS) and federally sponsored data collection requirement for all CDC funded Diabetes Prevention and Control Programs. Diabetes is the sixth leading cause of death in the United States, contributing to more than 224,000 deaths each year. An estimated 14.6 million people in the United States have been diagnosed with diabetes and an estimated 6.2 million people have undiagnosed diabetes. The Division of Diabetes Translation provides funding to health departments of States and territories to develop, implement, and evaluate systems-based Diabetes Prevention and Control Programs (DPCPs). DPCPs are population-based, public health programs that design, implement and evaluate public health prevention and control strategies that improve access to and quality of care for all, and reach communities most impacted by the burden of diabetes (e.g., racial/ethnic minority populations, the elderly, rural dwellers and the economically disadvantaged). Support for these programs is a cornerstone of the DDT's strategy for reducing the burden of diabetes throughout the nation. The Diabetes Control Program is authorized under sections 301 and 317(k) of the Public Health Service Act [42 U.S.C. 241 and 247b(k)].

In accordance with the original OMB approval (0920–0479) and the first extension (August 14, 2003) for this project, this requested revision will continue to expand and enhance the use of the technical reporting capacity of the MIS for 3 years. The MIS is a Web-

based, password access protected repository/technical reporting system that replaces an archaic paper reporting system. The MIS allows the accurate, uniform, and complete collection of diabetes program progress information using the Internet.

The number of hours that DPCPs users spend to maintain and use the MIS has increased compared to the initial baseline period. This increase in data collection burden does not directly translate into a greater reporting burden; however, it facilitates better monitoring and tracking of program activities in real-time and helps create an organizational memory. Consequently, diabetes control programs are using the MIS to a great extent as an integral part of their program compared to previous years. DPCPs add updates about their work plans and other activities into the System on an ongoing basis. The hour-burden estimates include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Based on input provided by a representative sample for DPCPs, the total annualized response burden is expected to increase from 4 to 96 hours, changing the total burden hours from 236 to 5,664. Even though there has been an increase in the burden hours the number of responses remains at one (1), because the DPCPs are only required to report annually to CDC.

The MIS has improved upon the old data collection system by:

- Improving accountability.
- Shortening the information cycle.
- Eliminating non-standard reporting.
- Minimizing unnecessary duplication of data collection and entry.
- Reducing the reporting burden on small state organizations.
- Using plain, coherent, and unambiguous terminology that is understandable to respondents.
- Implementing a consistent system for progress reporting and record keeping processes.
- Identifying the retention periods for record keeping requirements.
- Utilizing modern information technology for data collection and transfer.
- Significantly reducing the amount of paper reports that diabetes prevention and control programs are required to submit.

The MIS also allows CDC to more rapidly respond to outside inquiries concerning a specific diabetes control activity occurring in the state diabetes prevention and control programs. The data collection requirement has formalized the format and the content of diabetes data reported from the DPCPs and provides an electronic means for efficient collection and transmission to the CDC headquarters.

The MIS has facilitated the staff's ability at CDC to fulfill its obligations under the cooperative agreements; to monitor, evaluate, and compare individual programs; and to assess and report aggregate information regarding the overall effectiveness of the DCP program. It has also supported DDT's broader mission of reducing the burden of diabetes by enabling DDT staff to more effectively identify the strengths and weaknesses of individual DPCPs and to disseminate information related to successful public health interventions implemented by these organizations to prevent and control diabetes.

Implementation of the MIS has provided for efficient collection of state-level diabetes program data.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 5,664.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
State Diabetes Control and Prevention Program Officers.	Long-Term Objectives Updates	59	1	15
	Process Objectives Updates	59	1	13
	Resource Updates	59	1	10
	Advisory Group Updates	59	1	10
	Surveillance Sources Updates	59	1	10
	Budget Updates	59	1	20
	Staff Position Updates	59	1	10
	Additional Accomplishments Updates	59	1	8

Dated: February 2, 2007.

Joan F. Karr,

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

[FR Doc. E7–2072 Filed 2–7–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Healthcare Infection Control Practices Advisory Committee: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92–463) of October 6, 1972, that the Healthcare Infection Control Practices Advisory Committee, Centers for Disease Control and Prevention, Department of Health and Human Services, has been renewed for a 2-year period through January 19, 2009.

For information, contact Michael Bell, M.D., Executive Secretary, Healthcare Infection Control Practices Advisory Committee, Centers for Disease Control and Prevention, Department of Health and Human Services, 1600 Clifton Road, NE., Mailstop A–07, Atlanta, Georgia 30333, telephone 404/639–6490 or fax 404/639–4044.

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