

Dated: October 8, 2009.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-10-0214]

**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 requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995. 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**

National Health Interview Survey (NHIS), (OMB No. 0920-0214 exp. 12/31/09)—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 of the population of the United States.

The annual National Health Interview Survey is a major source of general statistics on the health of the U.S. population and has been in the field continuously since 1957. Clearance is sought for three years, to collect data for 2010, 2011, and 2012. This voluntary household-based survey collects demographic and health-related information on a nationally representative sample of persons and households throughout the country. Information is collected using computer

assisted personal interviews (CAPI). A core set of data is collected each year while sponsored supplements vary from year to year. For 2010, we are revising the supplements to collect information on cancer, immunization, disability, occupational injury, epilepsy, and child mental health.

In accordance with the 1995 initiative to increase the integration of surveys within the Department of Health and Human Services, respondents to the NHIS serve as the sampling frame for the Medical Expenditure Panel Survey conducted by the Agency for Healthcare Research and Quality. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, diabetes, and access to health care. It is a leading source of data for the Congressionally-mandated "Health US" and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, "Healthy People 2010."

There is no cost to the respondents other than their time. The total estimated annualized burden hours are 34,977.

**ANNUALIZED BURDEN TABLE**

Questionnaire (respondent)	Number of respondents	Number of responses per respondent	Average burden per respondent in hours
Screener Questionnaire .....	10,000	1	5/60
Family Core (adult family member) .....	33,000	1	23/60
Adult Core (sample adult) .....	25,000	1	17/60
Child Core (adult family member) .....	10,000	1	9/60
Child and Adult Immunization (adult family member) .....	9,400	1	4/60
Family Disability (adult family member) .....	16,500	1	3/60
Adult Cancer (sample adult) .....	25,000	1	19/60
Child Cancer (adult family member) .....	10,000	1	1/60
Adult Occupational Injury (sample adult) .....	25,000	1	2/60
Adult Epilepsy (sample adult) .....	25,000	1	1/60
Adult Quality of Life (sample adult) .....	12,500	1	5/60
Child Record Check (medical provider) .....	1,200	1	5/60
Teen Record Check (medical provider) .....	4,800	1	5/60
Child Mental Health (adult family member) .....	10,000	1	2/60
Reinterview Survey .....	3,000	1	5/60

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**Maryam I. Daneshvar,**

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-10-09BG]

**Agency Forms Undergoing Paperwork Reduction Act Review**

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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**

Field Test of Communication and Marketing Variables for Health Protection—New—National Center for Health Marketing/Coordinating Center for Health Information Service (NCHM/CCHIS), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

CDC does not have a mechanism to assess and monitor the health communication and marketing components of health protection. While CDC does invest in formative and process evaluation of specific health communication and marketing programs and projects, the common elements rooted in communication and marketing theories and constructs are not identified across programs and projects, nor frequently compared after the fact to ascertain the underlying factors and dynamics that inform and shape individual and group behaviors and actions. The purpose of this project is to develop a core set of communication and marketing variables that can be used to inform CDC health protection programs and projects as well as track population-level changes over time.

The proposed data collection is to conduct a field test of the survey

instrument focusing on the core communication and marketing constructs for health protection behaviors. The field test survey will be administered to a purposive sample of 1,925 respondents. Two modes of administration will be tested, telephone (both landline and cell) and self-administration via the Web. The telephone survey will be conducted in five geographical locations. The Web survey will use an on-going national consumer panel.

Rather than randomly sampling from the population, CDC has identified subpopulations of particular interest and interviewers will achieve quotas of completed interviews from each group. This purposive sampling is designed to reach adult persons who are vulnerable from a health protection perspective. It is of particular importance to interview those known to have low health literacy, that is, difficulty accessing and/or understanding health messages so CDC can work to meet their needs. Therefore, included in the target groups are the elderly, who may be somewhat isolated and for whom health messages may be confusing; people of low socioeconomic status (SES), whose level of education can be a barrier to comprehending and following health messages; and persons

not fluent in English, for whom innovative ways of communicating health messages may be necessary. In addition to English, interviews will be conducted in three other languages, Spanish, Cantonese and Vietnamese. Members of the general population will be surveyed as well in order to provide a benchmark for the subpopulations of interest. Demographic variables that will be used to screen respondents into the subpopulations of interest include age, education, and race and ethnicity. Interviewing will continue with specific subpopulations until quotas are reached. Incentives will not be provided to survey respondents.

CDC will use the field test data to assess continuity of response patterns within each of the subgroups and to determine differences in administration time. In addition to subgroup population differences in attitudes, beliefs, and health behaviors, CDC will use the data to examine item-level mode effects, regional differences, and administrative/logistical barriers to guide the design of core measure surveys for other health protection behaviors. There is no cost to respondents other than their time to complete the survey. The total estimated annual burden hours are 1,222.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Forms and respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Screener .....	19,250	1	2/60
Survey: General Population .....	1,000	1	18/60
Survey: Elderly .....	275	1	18/60
Survey: Low SES .....	275	1	18/60
Survey: Low SES African American .....	150	1	18/60
Survey: Hispanic .....	75	1	18/60
Survey: Chinese .....	75	1	18/60
Survey: Vietnamese .....	75	1	18/60

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities: Proposed Collection; Comment Request**

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more

information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Comments are invited on: (a) Whether the proposed collections of information are 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