

Parkway, Room LL-100, Rockville, MD 20852, (240) 453-8259 (telephone), (240) 453-8281 (fax). Additional information is available on the Internet at <http://www.healthypeople.gov>.

SUPPLEMENTARY INFORMATION:

Purpose of Meeting: Every 10 years, through the Healthy People initiative, HHS leverages scientific insights and lessons from the past decade, along with the new knowledge of current data, trends, and innovations to develop the next iteration of national health promotion and disease prevention objectives. Healthy People provides science-based, 10-year national objectives for promoting health and preventing disease. Since 1979, Healthy People has set and monitored national health objectives to meet a broad range of health needs, encourage collaborations across sectors, guide individuals toward making informed health decisions, and measure the impact of our prevention and health promotion activities. Healthy People 2020 will reflect assessments of major risks to health and wellness, changing public health priorities, and emerging issues related to our nation's health preparedness and prevention.

Public Participation at Meeting: Members of the public are invited to listen to the online Advisory Committee meeting. There will be no opportunity for oral public comments during the online Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 meeting. Written comments, however, are welcome throughout the development process of the national health promotion and disease prevention objectives for 2020. They can be submitted through the Healthy People Web site at: <http://www.healthypeople.gov/hp2020/comments/> or they can be e-mailed to HP2020@hhs.gov. Please note that the public comment Web site will be updated throughout the Healthy People development process, so people should return to the site frequently and provide their input.

To listen to the Committee meeting, individuals must pre-register to attend the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 at the Healthy People Web site located at <http://www.healthypeople.gov>. Participation in the meeting is limited. Registrations will be accepted until maximum WebEx capacity is reached and must be completed by 9 a.m. EST on February 23, 2009. A waiting list will be maintained should registrations exceed WebEx capacity. Individuals on

the waiting list will be contacted as additional space for the meeting becomes available.

Registration questions may be directed to Hilary Scherer at HP2020@norc.org (e-mail), (301) 634-9374 (phone) or (301) 634-9301 (fax).

Dated: January 26, 2009.

Carter Blakey,

Team Leader, Community Strategies Team, Office of Disease Prevention and Health Promotion.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality; Notice of Meetings

In accordance with section 10(d) of the Federal Advisory Committee Act as amended (5 U.S.C., Appendix 2), the Agency for Healthcare Research and Quality (AHRQ) announces meetings of scientific peer review groups. The subcommittees listed below are part of the Agency's Health Services Research Initial Review Group Committee.

The subcommittee meetings will be closed to the public in accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C. 552b(c)(6). Grant applications are to be reviewed and discussed at these meetings. These discussions are likely to involve information concerning individuals associated with the applications, including assessments of their personal qualifications to conduct their proposed projects. This information is exempt from mandatory disclosure under the above-cited statutes.

1. Name of Subcommittee: Health Care Quality and Effectiveness Research

Date: February 24, 2009 (Open from 9 a.m. to 9:15 a.m. on February 24 and closed for remainder of the meeting).

Place: Marriott RIO, Conference Room TBD, 9751 Washingtonian Blvd., Gaithersburg, MD 20878.

2. Name of Subcommittee: Health Care Technology and Decision Sciences

Date: March 4, 2009 (Open from 8 a.m. to 8:15 a.m. on March 4 and closed for remainder of the meeting).

Place: Marriott RIO, Conference Room TBD, 9751 Washingtonian Blvd., Gaithersburg, MD 20878.

3. Name of Subcommittee: Health Systems Research

Date: March 5, 2009 (Open from 8 a.m. to 8:15 a.m. on March 5 and closed for remainder of the meeting).

Place: Marriott RIO, Conference Room TBD, 9751 Washingtonian Blvd., Rockville, Maryland 20878.

4. Name of Subcommittee: Health Care Research Training

Date: March 5-6, 2009 (Open from 9 a.m. to 9:15 a.m. on March 5 and closed for remainder of the meeting).

Place: Marriott RIO, Conference Room TBD, 9751 Washingtonian Blvd., Rockville, Maryland 20878.

Contact Person: Anyone wishing to obtain a roster of members, agenda, or minutes of the nonconfidential portions of the meetings should contact Mrs. Bonnie Campbell, Committee Management Officer, Office of Extramural Research, Education and Priority Populations, AHRQ, 540 Gaither Road, Suite 2000, Rockville, Maryland 20850, Telephone (301) 427-1554.

Agenda items for these meetings are subject to change as priorities dictate.

Dated: January 28, 2009.

Carolyn M. Clancy,

Director.

[FR Doc. E9-2381 Filed 2-4-09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-09-09AO]

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. Alternatively, to obtain a copy of the data collection plans and instrument, call 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Reports Clearance Officer, 1600 Clifton Road, NE., MS-D74, Atlanta, Georgia 30333; comments may also be sent by e-mail 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 a 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 clarify 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 information technology. Written comments should be received within 60 days of this notice.

Proposed Project

State/Territorial Healthcare Situational Awareness and Rapid Survey Capability Data Call—New—National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

During public health emergencies, the ability of the nation's healthcare system to deliver care needs to be rapidly assessed to inform response decisions. Currently, there is no automated system to collect and analyze information at the federal level, and the capability to achieve situational awareness at the state and regional levels varies across the nation—some states have robust systems while others have none. The

gap in the ability to collect and analyze information during a public health emergency across existing systems and from jurisdictions without situational awareness capabilities limits the response capabilities at all levels; the essential decision-making information is not available at the federal level, and the state and local response agencies will be bombarded with multiple inquiries in the midst of a public health emergency.

Work over the past two years has identified significant requirements for the development of this capability; through collaboration with stakeholder representatives, the foundation has been laid to rapidly progress into the areas of content and system development. In order for the development to continue, the technical characteristics of state and territory-based systems need to be identified so that situational awareness capabilities at the federal level can be designed to work in coordination with those existing systems. It is essential

that specific and standard information is collected from all states and territories.

This data collection will consist of two phases. In the first phase, CDC will verify the contact information of the state/territorial public health preparedness contact. In the second phase, the state/territory situational awareness data call will be distributed to these individuals; the responses provided will be analyzed to develop the most effective and efficient federal situational awareness capability.

This proposed project supports CDC's Preparedness Goal of "People Prepared for Emerging Health Threats," specifically the objective to "Integrate and enhance existing surveillance systems at the local, state, national, and international levels to detect, monitor, report, and evaluate public health threats."

There are no costs to respondents other than their time to complete the data collection.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State/Territorial Public Health Preparedness Contact—Contact Verification ..	62	1	5/60	5
State/Territorial Public Health Preparedness Contact—Data Call	62	1	30/60	31
Total				36

Dated: January 29, 2009.

Maryam I. Daneshvar,

Acting 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

[60Day-09-08AA]

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 or send

comments to Maryam Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail 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

Evaluation of health communication messages for Infertility Prevention Campaign—New—National Center for HIV, Hepatitis, Sexually Transmitted Disease Prevention, and Tuberculosis

Prevention (NCHHSTP), Division of Sexually Transmitted Disease Prevention (DSTDP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Chlamydia (CT) is among the leading causes of pelvic inflammatory disease (PID), which can lead to infertility, ectopic pregnancy, and chronic pelvic pain. Most cases of CT are asymptomatic so infected girls and women are unaware of their infections. CDC estimates that in 2006, young women aged 15 to 19 years had the highest CT rate (2,862 cases per 100,000 females), followed by women aged 20 to 24 (2,797 cases per 100,000 females). These rates are likely to be underestimates, because many infected persons do not seek medical care and testing. Data at CDC suggests that CT develops into PID in up to 40% of untreated women and that 12% of women are infertile after their first experience with PID.

CDC plans to obtain public preferences that will guide the development of health communication messages/materials about CT with