EXHIBIT 2—ESTIMATED COST BURDEN OVER 3 YEARS—Continued

Type of information collection	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Telephone	600	400	33.51	13,404
Web-based	15,000	2,500	33.51	83,775
Focus Groups	1,500	3,000	33.51	100,530
In-person	600	500	33.51	16,755
Total	32,700	10,150	na	340,127

*Based upon the average wages for 29–000 (Healthcare Practitioner and Technical Occupations), "National Compensation Survey: Occupational Wages in the United States, May 2009," U.S. Department of Labor, Bureau of Labor Statistics.

Estimated Annual Costs to the Federal Government

Information collections conducted under this generic clearance will in some cases be carried out under contract. Assuming the contract cost per survey are $50,000–$100,000, and for each focus group are $20,000, total contract costs could run $720,000 per year.

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, 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: March 17, 2011.

Carolyn M. Clancy,

Director.

[FR Doc. 2011–7430 Filed 3–30–11; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities; Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: "Understanding Development Methods from Other Industries to Improve the Design of Consumer Health IT." In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on January 27th, 2011 and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by May 2, 2011.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395–6974 (attention: AHRQ's desk officer) or by e-mail at *OIRA_submission@omb.eop.gov* (attention: AHRQs desk officer).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by e-mail at *doris.lefkowitz@AHRQ.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

Understanding Development Methods From Other Industries to Improve the Design of Consumer Health IT

Consumer health information technology (IT) is the collection of tools, technologies, and artifacts that individuals can use to support their health care management tasks (Agarwal and Khuntia, 2009). Consumer health IT can play an important role in patients' efforts to coordinate their care and in ensuring that their personal values and interests help guide all clinical decisions. In order to accomplish this, consumer health IT solutions must take into account the particular needs of the consumer.

Useful consumer health IT products may enhance the quality of health care by empowering individual consumers to take a more active, effective, and collaborative role in their own personal health care. These products could provide the following capabilities to consumers:

- Information storage, archiving, and retrieval: The capabilities to search results of past examinations or lab tests, to interact with electronic versions of their health records, and identify when to seek health care services.
- Health monitoring: The capability to report data (e.g., blood pressure, weight) from various locations.
- Information seeking and searching: The capability to interactively search for a wealth of health-related information.

Despite the potential power of consumer health IT, consumers have not adopted these technologies to the same degree that they have adopted technology products marketed from other consumer product industries. One reason for slow adoption is that the marketplace lacks robust tools that allow for the complexity and diversity of personal health information management (PHIM) practices. These types of practices are influenced by a variety of user and contextual factors, including demographics, personal attitudes, the goals and objectives of users, and the broad range of tasks that

users wish to perform. There is no comprehensive list of problems that users encounter as they collect and reflect on personal information; this creates a barrier for design of consumer health IT tools.

New practices for the development of consumer-facing digital tools are emerging in a variety of industries. The success of information management tools in other industries offers much to be learned and applied to the health care field.

In July of 2009, AHRQ held the Building Bridges: Consumer Needs and the Design of Health Information Technology workshop. The workshop brought together leaders from multiple disciplines, including health informatics, health sciences, information science, consumer health IT, and human factors to discuss the diverse needs of different consumer groups in managing their personal health information, and how these needs could be incorporated into the design of consumer health IT solutions. The outcome of the workshop was a framework to further the design of consumer health IT systems, based on an understanding of practices that consumers use in their PHIM. The final report also included a set of recommendations for additional work in the health IT field related to research and industry and policy. Recognizing that design plays a key role in consumer use of personal tools, one research-related recommendation that resulted from the workshop was to investigate the application of design methodologies used in other industries to consumer health IT design.

This project has the following goals:

(1) To investigate the product development approaches, methods, and philosophies from a variety of industries in order to identify promising design and development techniques that will be most applicable to consumer health IT.

(2) To disseminate the project findings and recommendations to vendors and developers of consumer health IT products to assist them in developing health IT products that are consumer-focused. This study is being conducted by AHRQ through its contractors, Westat and the University of Wisconsin, pursuant to AHRQ's statutory authority to conduct and support research (1) on health care and on systems for the delivery of such care, including activities with respect to health care technologies, 42 U.S.C. 299a(a)(5), and (2) to advance the use of computer-based health records, 42 U.S.C. 299b–3(a)(6).

Method of Collection

To achieve the goals of this project the following activities will be implemented:

(1) Semi-structured interviews will be conducted with key informants identified as being experts in the design, management, and/or marketing of consumer products that are relevant to consumer health IT products. The purpose of these interviews is to gather information related to their experiences in developing consumer products, focusing on the design processes that their company uses, how they segment the market, the role of users in testing during the various product development phases, and the factors that affect the success of their product development approaches.

(2) The final report will be provided in PDF format for easy download from the AHRQ National Resource Center for Health IT Web site.

Information collected by the study will support the development of recommendations for those developers and vendors who design, develop, and market consumer health IT products. The ultimate goal is to improve consumer health IT design and impact the adoption of this technology by consumers. This project will identify principles that led to the success of other consumer products, so that they can be evaluated for extension to the design and development of consumer health IT.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in this research. Semi-structured interviews will be conducted with no more than 15 individuals representing a variety of consumer-focused industries. The average burden will be 90 minutes per interview. The total annual burden is estimated to be 23 hours.

Exhibit 2 shows the estimated annual cost burden associated with the respondent's time to participate in this research. The total annual cost burden is estimated to be $1,770.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of technical experts	Number of responses per expert	Hours per response	Total burden hours
Semi-structured interviews	15	1	1.50	23
Total	15	1	1.50	23

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of technical experts	Total burden hours	Average hourly wage rate*	Total cost burden
Semi-structured interviews	15	23	$76.94	$1,770
Total	15	23	76.94	1,770

*Wage rates calculations were not possible using data from the U.S. Department of Labor, Bureau of Labor Statistics, National Occupational Employment and Wage Estimates for the United States, Occupational Employment Statistics (OES). The OES categories are too broad to determine a wage rate for a "Director of Product Development." Instead wage rate calculations are based on information from the Web site *http://www.salary.com* which has a tool providing a range of salaries for a variety of specific job titles. The salary for a "Product Development Director" generally ranges from $130,313 (25t percentile) to $189,771 (75t percentile) with an anticipated median of $160,042. Assuming 2,080 hours per year (40 hours per week), the resulting median hourly rate is $76.94.

Estimated Annual Costs to the Federal Government

Exhibit 3 shows the estimated total and annualized cost to the Federal Government for this research project. Since this project's activities will span a single year the total and annualized costs are identical. The estimated total cost is $409,388.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUAL COST* TO THE FEDERAL GOVERNMENT

Cost component	Total cost	Annualized cost
Administration and Coordination Activities	$91,673	$91,673
Technical Expert Panel	74,217	74,217
Environmental Scan and Grey Literature Review	58,413	58,413
0MB Submission Package	11,574	11,574
Interviews with Study Participants	102,018	102,018
Recommendations for Health IT Vendors and Developers	48,612	48,612
Dissemination Activities	14,325	14,325
508 Compliance	8,556	8,556
Total	409,388	409,388

*Costs are fully loaded including overhead, G&A and fees.

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, 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: March 17, 2011.

Carolyn M. Clancy,

Director.

[FR Doc. 2011–7443 Filed 3–30–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[30Day-11–09BK]

Agency Forms Undergoing Paperwork Reduction Act Review

The Agency for Toxic Substances and Disease Registry (ATSDR) 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/ATSDR 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) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Registration of Individuals Displaced by the Hurricanes Katrina and Rita (Pilot Project)—New—Agency for Toxic Substances and Disease Registry (ATSDR), Office of Noncommunicable Diseases, Injury, and Environmental Health (ONDIEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

On August 29, 2005, Hurricane Katrina made landfall on the coast of the Gulf of Mexico near New Orleans, Louisiana, and became one of the most deadly and destructive storms in U.S. history. Also occurring in 2005, Hurricane Rita was the fourth-most intense Atlantic hurricane ever recorded and the most intense tropical cyclone ever observed in the Gulf of Mexico. Following the initial phase of the response, the Federal Emergency Management Agency (FEMA) assumed the primary role for housing displaced persons over the intermediate term. To support those needing temporary housing, FEMA provided over 143,000 travel trailers, park homes, and mobile homes for persons displaced by the above mentioned storms. However, some persons living in trailers complained of an odor or of eye or respiratory tract irritation.

FEMA entered into an Interagency Agreement with the Centers for Disease Control and Prevention (CDC)/ATSDR on August 16, 2007 to conduct a comprehensive public health assessment, based on objective and credible research, of air quality conditions present in FEMA housing units to guide FEMA policy makers and inform the public as to the actual conditions in the field and any actions required to better promote a safe and healthful environment for the disaster victims FEMA housed in the units. FEMA's agreement with the CDC includes an initial formaldehyde exposure assessment as well as a subsequent long-term study of the health effects among residents if feasible. Formaldehyde testing conducted and evaluated by the CDC pursuant to the initial exposure assessment has identified the need to evaluate the feasibility of establishing a national registry to identify and monitor the health of disaster victims who occupied FEMA-provided temporary housing units. The establishment of such a registry would complement the long-term health effects study set forth in the FEMA–CDC Interagency Agreement.