

Dated: May 24, 2006.

Frances Ashe-Goins,

Acting Director for Health (Women's Health).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-06-0298]

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 e-mail 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

National Home and Hospice Care Survey (NHHCS)(OMB No. 0920-0298)—Reinstatement with Change—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention.

Background and Brief Description

The NHHCS was conducted in 1992, 1993, 1994, 1996, 1998, and 2000. NHHCS data describe a major segment of the long-term care system and are used extensively for health care research, health planning and public policy. NHHCS provides data on the characteristics of home health and hospice agencies (e.g. Medicare and Medicaid certification, ownership, membership in chains, nursing home, or hospital systems); patients (e.g. demographics, functional status, services received, diagnoses, or sources of payment); and staff (e.g. staffing mix, turnover, benefits, training, or education).

The survey provides detailed information on utilization and staffing patterns, and quality of care variables that are needed to make accurate assessments of the need for and effects of changes in the provision and financing of long-term care for the elderly and disabled. The availability and use of long-term care services are becoming an increasingly important issue as the number of elderly increases and persons with disabilities live longer. Equally as important is ensuring the adequacy and availability of the long-term care workforce. The 2007 NHHCS will include a supplement on home health aides. The upcoming survey has been redesigned and expanded to better meet the data needs of researchers and health care planners working to ensure that quality long-term care will be available for the nation's growing senior population. The survey will utilize both computer-assisted personal interviewing (CAPI) and

computer-assisted telephone interviewing (CATI) systems. These computerized systems speed the flow of data, making it possible to release information on a timelier basis and easier for respondents to participate in the survey.

Users of NHHCS data include the National Immunization Program, and the National Center for Injury Prevention and Control CDC; the Congressional Research Office; the Bureau of Health Professions, Health Resources and Services Administration; the Office of the Assistant Secretary for Planning and Evaluation; the Agency for Healthcare Research and Quality; the National Association for Health Care; the National Hospice and Palliative Care Organization; American Health Care Association; Centers for Medicare and Medicaid Services; Bureau of the Census, and the American Association for Retired People. Other users of these data include universities, many in the private sector, foundations, and a variety of users in the print media.

NCHS plans to conduct the next NHHCS in August–December 2007 and during the same months in 2008. These two national surveys follow a pretest of the forms and procedures in August–September 2006. The data collection procedures and content have been extensively revised from those of the previous NHHCS. There is no cost to respondents other than their time to participate. The burden tables below include the average annual burden for the pretest and the national survey. The total estimated annualized burden hours are 6,088.

ESTIMATED ANNUALIZED BURDEN HOURS—PRETEST

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)
Agency level data collection (CAPI)	17	1	30/60
Agency Staff Questionnaire	17	1	50/60
Current or Discharge Patient Sampling (CAPI)	17	1	20/60
Current Home Health Patient Data Collection (CAPI)	8	4	25/60
Hospice Discharge Patient Data Collection (CAPI)	9	4	25/60
Home Health Aide Sampling (CAPI)	17	1	15/60
Home Health Aide Data Collection (CATI)	133	1	40/60

ESTIMATED ANNUALIZED BURDEN HOURS—NATIONAL SURVEY

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)
Agency level data collection (CAPI)	820	1	30/60
Agency Staff Questionnaire	820	1	50/60
Current or Discharge Patient Sampling (CAPI)	820	1	20/60
Current Home Health Patient Data Collection (CAPI)	410	8	25/60
Hospice Discharge Patient Data Collection (CAPI)	410	8	25/60

ESTIMATED ANNUALIZED BURDEN HOURS—NATIONAL SURVEY—Continued

Respondents	Number of respondents	Number of responses/ respondent	Average burden/re-sponse (in hours)
Home Health Aide Sampling (CAPI)	433	1	15/60
Home Health Aide Data Collection (CATI)	2,598	1	40/60

Dated: May 31, 2006.

Betsey Dunaway,

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

[30Day-06-0463x]

Agency Forms Undergoing Paperwork Reduction Act Review

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

Proposed Project

Assessment of Healthcare-associated Adverse Events—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Healthcare Quality Promotion (DHQP) disseminates notices and alerts through a voluntary electronic mail subscriber list (*i.e.*, Rapid Notification System) to inform healthcare personnel about healthcare-associated disease outbreaks and clusters or adverse events that may be of national importance and recommendation for preventing infections and antimicrobial resistance.

DHQP is occasionally involved in gathering information to determine if a recognized adverse event (*e.g.*, an infection following the use of a particular product, type of equipment, or with a microorganism that has rarely been reported) has occurred on a

national level in healthcare facilities. The information gained from this assessment will be used to target corrective actions or educational strategies to improve the public's health by preventing future adverse events.

To rapidly determine the scope of adverse events at the time soon after a public health notification or product recall, DHQP seeks to conduct short surveys using OMB approved questions among participants in the Rapid Notification System, National Nosocomial Infection Surveillance (NNIS), and other CDC networks (*e.g.*, partners in healthcare working on innovative infection reduction projects such as the Pittsburgh Healthcare Regional Initiative and the Prevention Epidemiology Centers). The survey will also be posted on the DHQP website to reach additional healthcare professionals. The number of questions in each survey will range from 5 to 10. Data will be collected using a Web-based data collection form.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 67.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden hours
Healthcare professionals	400	1	10/60

Dated: May 15, 2006.

Joan F. Karr,

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

Guide to Community Preventive Services (GCPS) Task Force

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announce the following meeting:

Name: Task Force on Community Preventive Services.

Times and Dates: 8 a.m.–6 p.m., June 14, 2006. 9 a.m.–1:30 p.m., June 15, 2006.

Place: Centers for Disease Control and Prevention, Roybal Campus, Tom Harkin Global Communications Center, Room 232 (Auditorium B), 1600 Clifton Road, Atlanta, Georgia 30333, telephone (404) 639-3311.

Status: Open to the public, limited only by the space available.

Purpose: The mission of the Task Force is to develop and publish the Guide to Community Preventive Services, which is based on the best available scientific evidence and current expertise regarding essential public health and what works in the delivery of those services.

Matters To Be Discussed: Agenda items include: Seating of five new Task Force members, briefings on administrative information, violence prevention, adolescent sexual behavior, worksite health promotion and the assessment of health risks with