EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Patient satisfaction survey	300	60	$19.29	$1,157
Focus groups	2.5	39	37.50	1,463
Total	302.5	99	na	2,620

*The hourly wage for the patient surveys is based on the national average wage. The hourly wage for the focus groups is based upon the weighted mean of the average wages for physicians ($58.76, n=45), clinical administrative staff ($17.64, n=30) and other clinical staff ($25.48, n=30). National Compensation Survey: Occupational Wages in the United States, U.S. Department of Labor, Bureau of Labor Statistics. June 2007, Summary 07–03, *http://www.bls.gov/ncs/ocs/sp/ncblO9lO.pdf*. Accessed December 10, 2008.

Estimated Annual Costs to the Federal Government

Exhibit 3 shows the estimated total and annualized cost for this two-year evaluation. The total cost is $155,110 and includes $23,267 for project development, $32,573 for data collection activities, $31,022 for data processing and analysis, $15,511 for the publication of results, $12,408 for project management and $40,329 for overhead.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

Cost component	Total cost	Annualized cost
Project Development	$23,267	$11,633
Data Collection Activities	32,573	16,287
Data Processing and Analysis	31,022	15,511
Publication of Results	15,511	7,756
Project Management	12,408	6,204
Overhead	40,329	20,164
Total	155,110	77,555

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 health care research, quality improvement and 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: February 24, 2009.

Carol M. Clancy,

Director.

[FR Doc. E9–4515 Filed 3–4–09; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–09–08AR]

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) 639–4766 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

CDC Cervical Cancer Study (CX3)—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is the only organized national screening program in the United States that offers breast and cervical cancer screening to underserved women. Screening policies for cervical cancer in the program include an annual Pap test until a woman has had three consecutive normal Pap tests. However, human papillomavirus (HPV) DNA testing is not currently a reimbursable expense under NBCCEDP guidelines, therefore adopting HPV DNA testing along with Pap testing in women over 30 could help the program better utilize resources by extending the screening interval of women who are cytology negative and HPV test negative, which is estimated to be 80–90% of women.

CDC proposes to conduct a pilot study at 18 clinics in the state of Illinois in order to assess the feasibility, acceptability and barriers to use the HPV DNA test in conjunction with Pap

test screening. Clinics will be assigned to an intervention group or a control group, matched on clinic attributes such as geographical location (urban, rural), HPV policy, and hospital versus non-hospital status, provider specialty mix, patient volume, and racial/ethnic characteristics of the patient population. Clinics in the intervention group will receive HPV DNA tests to administer to eligible patients presenting for a routine Pap test, as well as a multi-component educational intervention involving both health care providers and patients. Clinics in the control group will receive the HPV tests for eligible patients but will not receive the educational interventions involving health care providers and patients.

OMB approval is requested for the first three years of a planned five-year study period. Information will be collected primarily from clinical care providers, clinic coordinators, and a sample of women between the ages of 35 and 60 who visit one of the participating clinics for routine cervical cancer screening.

The results of this study will provide information about knowledge, attitudes, beliefs, and cervical cancer screening practices involving low-income, underserved women. The findings will help inform policy regarding the HPV DNA test on a national level for cervical cancer screening in the NBCCEDP.

There are no costs to respondents other than their time. The total estimated annualized burden hours are 1,006.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Clinic Coordinators	Initial Clinic Survey	6	1	2
	Follow-up Clinic Survey	6	11	1
Health Care Providers	Baseline Provider Survey	23	1	30/60
	Follow-up Provider Survey	23	2	30/60
Patients	Patient Screening Script	3,333	1	5/60
	Patient Enrollment Form	2,667	1	5/60
	Baseline Patient Survey	867	1	20/60
	Follow-up Patient Survey	624	1	10/60

Dated: February 27, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9–4720 Filed 3–4–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–09–08AV]

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

Cost and Follow-up Assessment of Administration on Aging (AoA)—Funded Fall Prevention Programs for Older Adults—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NCIPC seeks to examine cost of implementing each of the three AoA-funded fall prevention programs for older adults (Stepping On, Moving for Better Balance and Matter of Balance) and to assess the maintenance of fall prevention behaviors among participants six months after completing the Matter of Balance program. To assess the maintenance of fall prevention behaviors, CDC will conduct telephone interviews of 425 Matter of Balance program participants six months after they have completed the program. The interview will assess their knowledge and self-efficacy related to falls as taught in the course, their activity and exercise levels, and their reported falls both before and after the program. The results of the follow-up assessment will determine the extent to which preventive behaviors learned during the Matter of Balance program are maintained and can continue to reduce fall risk. The cost assessment will calculate the lifecycle cost of the Stepping On, Moving for Better Balance, and Matter of Balance programs. It will also include calculating the investment costs required to implement each program, as well as the ongoing operational costs associated with each program. These costs will be allocated over a defined period of time depending on the average or standard amount of time these programs continue to operate (standard lifecycle analysis ranges from five to 10 years). As part of the lifecycle cost calculation, these data will allow us to compare program costs and to identify specific cost drivers, cost risks, and unique financial attributes of each program. Local program coordinators for the 200 sites in each of the AoA-funded states will collect the cost data using lifecycle cost spreadsheets that will be returned to CDC for analysis. The results of these studies will support the replication and dissemination of these fall prevention programs and enable them to reach more older adults. The Survey Screen takes 3 minutes, the survey instrument takes forty five minutes, and the cost tool takes two hours to complete. There are no costs to respondents other than their time.

The total annual burden is 744 hours.