

ATTACHMENT C

Federal Register 60-day Notice

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-09-0278]

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 the CDC Reports Clearance Officer at 404-639-5960 or send comments to CDC/ATSDR Assistant 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

National Hospital Ambulatory Medical Care Survey (NHAMCS) (OMB No. 0920-0278)—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 "utilization of health care" in the United States. The National Hospital Ambulatory Medical Care Survey (NHAMCS) has been conducted annually since 1992. NCHS is seeking OMB approval to extend this survey for an additional three years.

The purpose of NHAMCS is to meet the needs and demands for statistical information about the provision of ambulatory medical care services in the United States. Ambulatory services are rendered in a wide variety of settings, including physicians' offices and hospital outpatient and emergency departments. The target universe of the NHAMCS is in-person visits made to outpatient departments (OPDs) and emergency departments (EDs) of non-Federal, short-stay hospitals (hospitals with an average length of stay of less than 30 days) or those whose specialty is general (medical or surgical) or children's general.

NHAMCS was initiated to complement the National Ambulatory Medical Care Survey (NAMCS, OMB No. 0920-0234), which provides similar data concerning patient visits to physicians' offices. NAMCS and NHAMCS are the principal sources of data on ambulatory care provided in the United States.

NHAMCS provides a range of baseline data on the characteristics of the users and providers of hospital ambulatory medical care. Data collected include patients' demographic characteristics, reason(s) for visit, providers' diagnoses, diagnostic services, medications, and

disposition. These data, together with trend data, may be used to monitor the effects of change in the health care system, for the planning of health services, improving medical education, determining health care work force needs, and assessing the health status of the population. In addition, information on cervical cancer screening practices from hospital OPD clinics will continue to be collected through the Cervical Cancer Screening Supplement (CCSS), which was added in 2006. This supplement will allow the CDC/National Coordinating Center for Health Promotion (NCCHP) to evaluate cervical cancer screening methods and the use of human papillomavirus DNA tests.

In 2009, hospital-based ambulatory surgery centers (ASCs) were added to the NHAMCS sample in order to capture patient visits to hospital-based ASCs. In an effort to expand understanding of patient visits to all ASCs, NCHS proposes to add free-standing ASCs to the NHAMCS data gathering procedures in 2010. This will allow a comprehensive understanding of patient care in ASCs by gathering data on all outpatient surgeries not captured in other NCHS surveys. NHAMCS ASC data that will be collected from free-standing ASCs include patient characteristics, diagnoses, surgical and nonsurgical procedures, provider and type of anesthesia, time in and out of surgery and postoperative care, and discharge disposition. The data collected will also be compared to ASC data from the 2006 National Survey of Ambulatory Surgery (OMB No. 0920-0334).

Users of NHAMCS data include, but are not limited to, congressional offices, Federal agencies, state and local governments, schools of public health, colleges and universities, private industry, nonprofit foundations, professional associations, clinicians, researchers, administrators, and health planners.

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

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden hours
Hospitals:				
Induction Interview	470	1	55/60	431
ED induction	400	1	1	400
OPD induction	250	4	1	1,000
ASC induction	200	1	1	200
ED Patient Record Form	400	100	7/60	4,667
OPD Patient Record Form	250	200	6/60	5,000
ASC Patient Record Form	200	100	6/60	2,000

ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden hours
CCSS	250	1	15/60	63
Free-standing ASCs:				
Induction Interview	200	1	55/60	183
Patient Record Form	200	100	6/60	2,000
Total				15,944

Dated: January 29, 2009.

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Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.

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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

National Youth Physical Activity and Nutrition Study (NYPANS)—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The prevalence of obesity among adolescents aged 12 to 19 more than tripled in the past 20 years, increasing from 5% in 1980 to 17.6% in 2006. Almost two-thirds of obese young people have at least one additional risk factor for heart disease, such as high cholesterol or high blood pressure. Obese young people are more likely than children of normal weight to become overweight or obese adults, and are therefore more at risk for associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis. However, healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases.

To help develop effective interventions to stem the increase of obesity among adolescents, it is

essential to better understand the behavior and behavioral determinants of healthy eating and physical activity for youth in the U.S. Toward this end, CDC proposes to conduct a study involving a nationally representative sample of students attending public and private schools in grades 9–12. CDC plans to collect information from students in Spring 2010. The primary information collection will include a paper-and-pencil survey, a standardized protocol to measure height and weight, and telephone interviews to elicit 24-hour dietary recalls among a subsample of respondents. Information supporting the study also will be collected from school administrators and teachers.

This study has multiple purposes: (1) To provide nationally representative data on behaviors and behavioral determinants related to physical activity and nutrition, including data to measure at least two national health objectives in Healthy People 2010, an initiative of the U.S. Department of Health and Human Services (HHS); (2) to provide data to help improve the clarity and strengthen the validity of questions on the Youth Risk Behavior Survey (OMB No. 0920-0493, exp. 11/30/2011), which has been conducted biennially since 1991; and (3) to understand the associations among behaviors and behavioral determinants related to physical activity and nutrition, and their association with body mass index. Study results will have significant implications for policy and program development for obesity prevention programs nationwide.

There are no costs to respondents except their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State Education Agency Contacts	Recruitment Guidelines Script	17	1	30/60	9
School District Contacts	Recruitment Guidelines Script	80	1	30/60	40
School Contacts	Recruitment Guidelines Script	133	1	30/60	67

