

cost to respondents other than their time to participate.

Attachment 2

## ESTIMATED ANNUALIZED BURDEN HOURS

Form	Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
CURRENT NHDS 2010:					
Primary Procedure Hospital (PPH) Sample Listing Sheet.	Medical Coder .....	7	12	25/60	35
PPH Medical Abstract Form .....	Medical Coder .....	7	250	5/60	146
PPH Transmittal Notice .....	Medical Coder .....	7	12	1/60	1
Alternate Procedure Hospital—Locating medical records.	Medical Coder .....	20	250	1/60	83
In-House Tape or Printout Hospital—Computer programming and submission.	Medical Coder .....	14	12	13/60	36
Hospital Interview Questionnaire	Hospital CEO/CFO .....	5	1	2	10
REDESIGNED NHDS 2010–2012:					
Survey presentation to hospital	Hospital CEO/CFO .....	80	1	1	80
Induction (including initial facility questionnaire).	Director of health information management.	80	1	4	320
Post induction annual facility questionnaire.	Director of health information management.	107	1	2	214
Sample hospital discharges, obtain UB-04 & payment data.	Director of health information management.	187	120	14/60	5,236
Verify sampling & re-abstract medical records.	Director of health information management.	26	10	7/60	30
Total .....	.....	.....	.....	.....	6,191

Dated: September 2, 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-09-09CK]

#### 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 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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

Asthma Information Reporting System (AIRS)—New—Air Pollution and Respiratory Health Branch (APRHB), National Center for Environmental Health (NCEH, Centers for Disease Control and Prevention (CDC)).

#### Background and Brief Description

In 1999, the CDC began developing its National Asthma Control Program, a population-based, public health approach to addressing the burden of asthma. The program supports the goals and objectives of "Healthy People 2010" for asthma and is based on the public health principles of surveillance, partnerships, and interventions. This

data collection request will provide NCEH with routine information, through a semi-annual Management Information System, AIRS, about the activities and performance of the state and territorial grantees funded under the National Asthma Control Program.

The primary purpose of the National Asthma Control Program is to develop program capacity to address asthma from a public health perspective to bring about: (1) A focus on asthma-related activity within states; (2) an increased understanding of asthma-related data and its application to program planning and evaluation through the development and maintenance of an ongoing asthma surveillance system; (3) an increased recognition, within the public health structure of states, of the potential to use a public health approach to reduce the burden of asthma; (4) linkages of state health agencies to other agencies and organizations addressing asthma in the population; and (5) implementation of interventions to achieve positive health impacts, such as reducing the number of deaths, hospitalizations, emergency department visits, school or work days missed, and limitations on activity due to asthma.

The proposed AIRS management information system will be comprised of multiple components that enable the electronic reporting of three types of

Service Act, establishes the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and authorizes the CMHS to conduct surveys with respect to mental health. To monitor the prevalence of children and youth with mental health problems, CMHS and the National Institute of Mental Health (NIMH), through a reimbursable agreement with the NCHS have funded questions on children's mental health on the National Health Interview Survey (NHIS).

One component of the NHIS is the short Strengths and Difficulties Questionnaire (short SDQ), a module that has obtained data on the mental health of children aged 4–17 years since 2001. As part of its mission, CMHS has undertaken the task of improving its methods for providing national

estimates related to child mental health, specifically by conducting studies that determine validity and appropriate cut-points for measuring serious psychological distress in adults. To ensure that the short SDQ is a valid measure of child mental health, the proposed study calibrates the SDQ on the NHIS to a standard psychiatric measure. Highly trained clinical interviewers will administer, via telephone, the Child and Adolescent Psychiatric Assessment (CAPA) or the Pre-School Age Psychiatric Assessment (PAPA) to the parents of a sample of children aged 4–17 years identified in the NHIS as having mental health problems. Children aged 9–17 will also be interviewed using Child and Adolescent Psychiatric Assessment (CAPA). Clinical interviewers will also administer these assessments to a

suitable control group of parents and children. One part of this voluntary study will investigate the use of incentives which may be paid to all parents, and another incentive may be paid to all parents who complete the clinical interview. A 24 month clearance is being sought to conduct this study.

Data collected in the follow-up interviews will then be used to calibrate the short SDQ as it is used in the NHIS. Data will not be used to produce national estimates.

This study includes a pilot study of 36 children and 50 parents to test the procedures and methods, including the necessity of an incentive, followed by a full survey of approximately 400 parents and 300 children.

There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of survey	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response in hours	Total burden in hours
Pilot .....	Parents .....	25	1	40/60	17
	Children .....	18	1	28/60	8
Full Calibration .....	Parents .....	200	1	40/60	133
	Children .....	150	1	28/60	70
Total .....					228

Dated: September 2, 2009.

**Maryam I. Daneshvar,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Library of Medicine; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which

would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Library of Medicine Special Emphasis Panel.

*Date:* October 22, 2009.

*Time:* 12 p.m. to 3 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Library of Medicine, 6705 Rockledge Drive, Bethesda, MD 20817 (Telephone Conference Call).

*Contact Person:* Zoe E. Huang, MD, Scientific Review Officer, Division of Extramural Programs, National Library of Medicine, National Institutes of Health, 6705 Rockledge Drive, Suite 301, MSC 7968, Bethesda, MD 20892-7968, 301-594-4937. [huangz@mail.nih.gov](mailto:huangz@mail.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.879, Medical Library Assistance, National Institutes of Health, HHS)

Dated: September 2, 2009.

**Jennifer Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. E9-21770 Filed 9-10-09; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Library of Medicine; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the Biomedical Library and Informatics Review Committee, November 5, 2009, 8 a.m. to November 6, 2009, 2 p.m., National Library of Medicine, Building 38, Board Room, 2nd Floor, 8600 Rockville Pike, Bethesda, MD 20892 which was published in the **Federal Register** on July 24, 2009, 74 FR 36726.

The meeting will end on November 6, 2009 at 9 a.m. The meeting is closed to the public.

Dated: August 28, 2009.

**Jennifer Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

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