

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per respondent (in hours)	Total annual burden in hours
Enrolled Study Participant .....	Baseline Assessment .....	300	1	1.75	525
Enrolled Study Participant .....	6-month follow-up assessment ...	300	1	1	300
Total .....	.....	.....	.....	.....	883

**Catina Conner,**

*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

**[30-Day-12-0800]**

#### 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](mailto: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

Focus Group Testing to Effectively Plan and Tailor Cancer Prevention and Control Communication Campaigns (OMB No. 0920-0800, exp. 1/31/2012)—Extension (Generic)—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The mission of the CDC's Division of Cancer Prevention and Control (DCPC) is to reduce the burden of cancer in the United States through cancer prevention, reduction of risk, early detection, better treatment, and improved quality of life for cancer survivors. Toward this end, the DCPC supports the scientific development, implementation, and evaluation of various health communication campaigns with an emphasis on specific cancer burdens. This process requires testing of messages, concepts, and materials prior to their final development and dissemination. Communication campaigns vary according to the type of cancer, the qualitative dimensions of the message described above, and the type of respondents.

CDC is requesting OMB approval of a three-year extension to an existing

generic clearance that supports cancer-related communications (OMB No. 0920-0800, exp. 1/31/2012). Information will be collected primarily through focus groups, and will be used to assess numerous qualitative dimensions of cancer prevention and control messages, including, but not limited to, knowledge, attitudes, beliefs, behavioral intentions, information needs and sources, and compliance to recommended screening intervals. Insights gained from the focus groups will assist in the development and/or refinement of future campaign messages and materials.

Over a three-year period, DCPC plans to conduct or sponsor up to 72 focus groups per year, with each group involving an average of 12 respondents. Screening will be conducted to recruit respondents for specific target audiences, e.g., health care providers or the general public. Each focus group discussion will be facilitated by a written discussion guide, and will last approximately two hours. CDC will submit an information collection request to OMB for approval of each focus group activity.

There are no costs to respondents other than their time. The total estimated annualized burden hours are 1,814.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Health care providers and general public .....	Screening Form .....	1,728	1	3/60
	Focus Group Discussion Guide .....	864	1	2

Dated: October 18, 2011.

**Daniel Holcomb,**

*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

**[30-Day-12-0278]**

#### 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 requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995. To request a copy of these requirements, call the CDC Reports Clearance Officer at (404) 639-5960 or send an e-mail to [omb@cdc.gov](mailto: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**

National Hospital Ambulatory Medical Care Survey [OMB No. 0920-0278]exp.08/31/2012—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. 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, and ambulatory surgery centers.

The target universe of the NHAMCS is in-person visits made to outpatient departments (OPDs), emergency departments (EDs), and ambulatory surgery locations (ASLs) 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, as well as visits to freestanding ambulatory surgery centers (FS-ASCs).

The objectives of this revision are to convert data collection instruments

from paper to computer-based instruments; add 167 hospitals to the NHAMCS sample to make state-based estimates in five states on emergency department characteristics; expand the data collection to include a lookback module; conduct a colonoscopy supplement pretest; and make slight modifications to survey questions.

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. The total estimated annualized burden hours are 10,348.

**ESTIMATED ANNUALIZED BURDEN TABLE**

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Hospital Chief Executive Officer .....	Hospital Induction .....	482	1	1.5
Hospital Chief Executive Officer .....	Hospital Induction (new sample) .....	167	1	30/60
Ancillary Service Executive .....	Freestanding ASC Induction .....	200	1	30/60
Ancillary Service Executive .....	Ambulatory Unit Induction .....	1,946	1	15/60
Physician/Registered Nurse/ Medical Record Clerk .....	ED Patient Record form .....	154	100	7/60
Physician/Registered Nurse/ Medical Record Clerk .....	OPD Patient Record form .....	78	200	14/60
Physician/Registered Nurse/ Medical Record Clerk .....	AS Patient Record Form .....	108	100	7/60
Medical Record Clerk .....	Pulling and re-filing Patient Records (ED, OPD, and AS).	1,018	133	1/60

Dated: October 18, 2011.

**Daniel Holcomb,**

*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****Partnerships To Advance the National Occupational Research Agenda (NORA)**

**AGENCY:** The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice of public meeting.

**SUMMARY:** The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease

Control and Prevention (CDC) announces the following public meeting: “Partnerships to Advance the National Occupational Research Agenda (NORA)”.

**Public Meeting Time and Date:** 10 a.m.–3:30 p.m. EST, January 26, 2012.

**Place:** Patriots Plaza, 395 E Street, SW., Conference Room 9000, Washington, DC 20201.

**Purpose of the Meeting:** The National Occupational Research Agenda (NORA) has been structured to engage partners with each other and/or with NIOSH to advance NORA priorities. The NORA Liaison Committee continues to be an opportunity for representatives from organizations with national scope to learn about NORA progress and to suggest possible partnerships based on their organization’s mission and contacts. This opportunity is now structured as a public meeting via the Internet to attract participation by a larger number of organizations and to further enhance the success of NORA. Some of the types of organizations of national scope that are especially

encouraged to participate are employers, unions, trade associations, labor associations, professional associations, and foundations. Others are welcome.

This meeting will include updates from NIOSH leadership on NORA as well as updates from approximately half of the NORA Sector Councils on their progress, priorities, and implementation plans to date, likely including the NORA Agriculture, Forestry and Fishing; Construction; Healthcare and Social Assistance; Mining; Oil and Gas Extraction; Transportation, Warehousing and Utilities Councils. Updates will also be given on the Mid-Decade Review of NORA and at least one NIOSH Program that is working on several NORA priorities, e.g., the NIOSH Work Organization and Stress-Related Disorders Program. After each update, there will be time to discuss partnership opportunities.

**Status:** The meeting is open to the public, limited only by the capacities of the conference call and conference room facilities. There is limited space available in the meeting room (capacity