

Dr. Nyugen has entered into a Voluntary Settlement Agreement with ORI. As part of that Agreement, Dr. Nyugen admits to UCLA's findings of fact but denies ORI's findings that the actions rise to the level of scientific misconduct. The settlement is not an admission of liability on the part of the Respondent. Dr. Nyugen voluntarily agreed, for a period of three (3) years, beginning on December 29, 2008:

(1) Not to serve in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant; and

(2) That although Respondent is not currently engaged in PHS-supported research, any institution that submits an application for PHS support for a research project on which the Respondent's participation is proposed or that uses the Respondent in any capacity on PHS supported research, or that submits a report of PHS-funded research in which the Respondent is involved, must concurrently submit a plan for supervision of the Respondent(s) duties to the funding agency for approval. The supervisory plan must be designed to ensure the scientific integrity of the Respondent(s) research contribution. Respondent agreed to ensure that a copy of the supervisory plan also is submitted to ORI by the institution for ORI approval. Respondent agreed to not participate in any PHS-supported research until such a supervisory plan is submitted to ORI.

**FOR FURTHER INFORMATION CONTACT:** Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453-8800.

**Chris B. Pascal,**

*Director, Office of Research Integrity.*

[FR Doc. E9-1933 Filed 1-28-09; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Notice of Meeting: Secretary's Advisory Committee on Genetics, Health, and Society

Pursuant to Public Law 92-463, notice is hereby given of the eighteenth meeting of the Secretary's Advisory Committee on Genetics, Health, and Society (SACGHS), U.S. Public Health Service. The meeting will be held from 10 a.m. to approximately 5:30 p.m. on Thursday, March 12, 2009, and 8:30 a.m. to approximately 3 p.m. on Friday, March 13, 2009, at the Hubert H.

Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201. The meeting will be open to the public with attendance limited to space available. The meeting also will be Web cast.

At this meeting, the Committee will begin to explore issues related to genetics and the future of the health care system with the first in a series of roundtables focusing on perspectives of stakeholders in the payer community. Other agenda items include a session on developments related to informed consent for genomic data sharing, discussion of the Committee's next steps to address concerns related to consumer-initiated genomic services, and updates on Department of Health and Human Services and agency priorities.

As always, the Committee welcomes hearing from anyone wishing to provide public comment on any issue related to genetics, health and society. Individuals who would like to provide public comment should notify the SACGHS Executive Secretary, Ms. Sarah Carr, by telephone at 301-496-9838 or e-mail at [carrs@od.nih.gov](mailto:carrs@od.nih.gov). The SACGHS office is located at 6705 Rockledge Drive, Suite 750, Bethesda, MD 20892. Anyone planning to attend the meeting, who is in need of special assistance, such as sign language interpretation or other reasonable accommodations, is also asked to contact the Executive Secretary.

Under authority of 42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended, the Department of Health and Human Services established SACGHS to serve as a public forum for deliberations on the broad range of human health and societal issues raised by the development and use of genetic and genomic technologies and, as warranted, to provide advice on these issues. The draft meeting agenda and other information about SACGHS, including information about access to the Web cast, will be available at the following Web site: [http://oba.od.nih.gov/SACGHS/sacghs\\_home.html](http://oba.od.nih.gov/SACGHS/sacghs_home.html).

Dated: January 22, 2009.

**Jennifer Spaeth,**

*Director, NIH Office of Federal Advisory Committee Policy.*

[FR Doc. E9-1867 Filed 1-28-09; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: "Assessing Organizational Responses to AHRQ's Health Literacy Pharmacy Tools." In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

**DATES:** Comments on this notice must be received by March 30, 2009.

**ADDRESSES:** Written comments should be submitted to: Doris Lefkowitz, Reports clearance Officer, AHRQ, by e-mail at [doris.lefkowitz@ahrq.hhs.gov](mailto:doris.lefkowitz@ahrq.hhs.gov).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

**FOR FURTHER INFORMATION CONTACT:** Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by e-mail at [doris.lefkowitz@ahrq.hhs.gov](mailto:doris.lefkowitz@ahrq.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

#### Proposed Project: Assessing Organizational Responses to AHRQ's Health Literacy Pharmacy Tools

According to the 2003 National Assessment of Adult Literacy, only 12 percent of adults have proficient health literacy—the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Limited health literacy often leads to medication errors. For example, one study found that a majority of adults with low health literacy did not understand instructions to "take medication on an empty stomach." Overall, it is estimated that low health literacy costs the U.S. health care system \$50 billion to \$73 billion per year. Pharmacies can serve as an important source of medication information for people with limited health literacy, but relatively few pharmacies have implemented health literacy practices (Praska *et al.*, 2005).

Recognizing that pharmacies may need outside knowledge and assistance to improve their health literacy practices, AHRQ, through a previous task order, supported the creation of the following four health literacy tools for pharmacy settings, which have been validated in institutional pharmacy settings.

1. Is Our Pharmacy Meeting Patients' Needs? A Pharmacy Health Literacy Assessment Tool User's Guide (Jacobson *et al.*, 2007)
2. Strategies to Improve Communication between Staff and Patients: Training Program for Pharmacy Staff (Kripalini & Jacobson, 2007).
3. How to Create a Pill Card (Jacobson *et al.*, 2008).
4. Telephone Reminders: A Tool to Help Refill Medications on Time (Jacobson *et al.*, 2008)

AHRQ now proposes to distribute these tools to a more diverse set of pharmacies and to conduct in-depth case studies to enhance our understanding about the conditions that may facilitate or impede the adoption of the tools in these settings. AHRQ would use insights gained to develop materials (promotional implementation guides) that could assist interested pharmacies in putting the tools into practice and anticipating and overcoming obstacles to doing so.

The pharmacy health literacy tools will be disseminated through an AHRQ Web site, which will also provide technical assistance to pharmacies that wish to implement the tools. A description of the tools and site will be distributed to pharmacists through national pharmacy organizations' trade publications and a direct mailing to chain pharmacy headquarters. We anticipate that we would be able to reach as many as 60,000 individual

pharmacists across the country through these channels.

This project is being conducted pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to: The quality, effectiveness, efficiency, appropriateness and value of health care services; quality measurement and improvement; and health care costs, productivity, organization, and market forces. 42 U.S.C. 299a(a)(1), (2), and (6).

**Method of Collection**

*Case Studies*

Through its contractor, AHRQ proposes to conduct 7 in-depth case studies to assess pharmacies' experiences with implementation of one or more of these four health literacy tools, using interviews, site visits, review of documents and a survey of pharmacy staff from case study pharmacies. In addition, AHRQ will conduct 2 more limited studies of pharmacies that were aware of the tools but chose not to implement them.

A 2-day site visit will be conducted with each of the 7 sites that implement at least one of the tools. Each site visit will include a walk-through of the pharmacy site to see the physical layout, an interview with the key informant or contact person, and individual interviews with up to eight additional pharmacy employees, including the pharmacy manager, staff pharmacists, pharmacy technicians, and pharmacy clerks.

Therefore, up to 63 interviews will be completed across the 7 sites that implement one or more of the tools. In addition, up to 12 pharmacy staff at each of the 7 implementation sites will complete the tool's Pharmacy Staff

Survey contained in the Pharmacy Health Literacy Assessment Tool.

For each of the two pharmacies which do not implement the tools, interviews will be conducted with up to 2 informants per site. The content of this interview will be similar, but not identical, to the interviews with staff at the implementing sites.

**Web Site Visitors' Survey**

For pharmacists and other visitors to the AHRQ Web site, we will conduct a voluntary survey regarding health literacy in general, and feedback regarding AHRQ's health literacy tools. The Web site visitors' survey will be available on-line.

*Estimated Annual Respondent Burden*

Exhibit I shows the estimated annualized burden hours for the respondents' time to participate in this case study. The staff interview at the implementation sites will be completed with up to 9 pharmacy staff members from each of the 7 pharmacies that implement all or part of the health literacy tools. Staff interviews at the two nonimplementation sites will be completed with up to 2 individuals per pharmacy. The staff interviews are estimated to last 1 hour. The pharmacy staff survey will be completed by up to 12 staff from the 7 implementation pharmacies and is estimated to take approximately 20 minutes. Lastly, the Web site visitor's survey will be completed by about 150 respondents and is estimated to take up to 12 minutes to complete. The total burden hours for all data collections is estimated to be 125 hours.

Exhibit 2 shows the estimated annualized cost burden for the respondents' time to provide the requested data. The estimated total cost burden is about \$3,791.

**EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS**

Form Name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Staff interview-implementing sites .....	7	9	1	63
Staff interview-non-implementing sites .....	2	2	1	4
Pharmacy staff survey .....	7	12	20/60	28
Web site visitors survey .....	150	1	12/60	30
Total .....	166	na	na	125

**EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN**

Form Name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Staff interview-implementing sites .....	7	63	\$30.33	\$1,911
Staff interview-non-implementing sites .....	2	4	30.33	121
Pharmacy staff survey .....	7	28	30.33	849

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN—Continued

Form Name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Web site visitors survey .....	150	30	30.33	910
Total .....	166	125	na	3,791

\*The average hourly wage rate of \$30.33 was calculated based on the following mean hourly wage rates: pharmacists—\$47.58; pharmacy manager [medical & health services manager category]—\$50.34; pharmacy technicians—\$13.25; and pharmacy aides \$10.15. The mean hourly wage rates for these occupations were obtained from the Bureau of Labor & Statistics on "Occupational Employment and Wages, May 2007," found at: <http://www.bls.gov/OES/current/oes291051.htm>.

**Estimated Annual Costs to the Government**

The total cost of this contract to the government is \$400,000. The project

extends over three fiscal years. Exhibit 3 shows a breakdown of the total cost as well as the annualized cost.

EXHIBIT 3

Cost component	Total cost	Annualized cost
Project Development .....	\$54,822	\$18,274
Data Collection Activities .....	111,509	37,170
Data Processing and Analysis .....	129,089	43,030
Publication of Results .....	63,736	21,245
Project Management .....	40,845	13,615
Total .....	400,000	133,333

*Request for Comments*

In accordance with the above cited legislation, comments on the AHRQ information collection proposal are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of functions of AHRQ, 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 of information; (c) ways to enhance the quality, utility, and clarity on the information to be collected; and (d) ways to minimize the burden of the collection of information on 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 request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: January 16, 2009.

**Carolyn M. Clancy,**  
Director.

[FR Doc. E9-1751 Filed 1-28-09; 8:45 am]

BILLING CODE 4160-90-M

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Protection and Advocacy (P&A) Voting Access Application and Annual Report.

*OMB No.:* 0970-0326.

*Description:* This is a revision to include the application for the previously cleared Help America Vote Act (HAVA) Annual report.

An application is required by Federal statute (the Help America Vote Act (HAVA) of 2002, Pub. L. 107-252, Section 291, Payments for Protection and Advocacy Systems, 42 U.S.C. 15461). Each State Protection & Advocacy (P&A) System must prepare an application in accordance with the program announcement.

There is no application kit; the P&As application may be in the format of its choice. It must, however, be signed by the P&As Executive Director or the designated representative, and contain the assurances as outlined under Part I. C. Use of Funds. The P&As designated representatives may signify their

agreement with the conditions/assurances by signing and returning the assurance document Attachment B, found in Part IV of this Instruction. The assurance document signed by the Executive Director of the P&A, or other designated person, should be submitted with the application to the Administration on Developmental Disabilities.

An annual report is required by Federal statute (the Help America Vote Act (HAVA) of 2002, Pub. L. 107-252, Section 291, Payments for Protection and Advocacy Systems, 42 U.S.C. 15461). Each State Protection & Advocacy (P&A) System must prepare and submit an annual report at the end of every fiscal year. The report addresses the activities conducted with the funds provided during the year. The information from the annual report will be aggregated into an annual profile of how HAVA funds have been spent. The report will also provide an overview of the P&A goals and accomplishments and permit the Administration on Developmental Disabilities to track progress to monitor grant activities.

*Respondents:* Protection & Advocacy Systems—All States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, American Samoa, and Guam.