

EXHIBIT 2—ESTIMATED TOTAL COST BURDEN OVER 3 YEARS

Type of data collection	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Focus Groups	3,168	4,752	\$46.71	\$221,966
In-person/Telephone Interviews	4,158	9,148	53.17	486,399
Customer Satisfaction Surveys for the Decision Aid	1,650	550	24.50	13,475
Customer Satisfaction Surveys for the Summary Guides	19,800	1,650	46.71	77,072
Follow-up CME Surveys	3,960	330	73.86	24,374
Solicited Topic Nominations	7,500	625	19.56	12,225
Web site Registration	18,000	1,500	19.56	29,340
Glossary Feedback Survey	600	50	19.56	978
Total	58,836	18,605	na	865,829

*Based upon the mean and weighted mean wages for clinicians (29–1062 family and general practitioners), policy makers (11–0000 management occupations, 11–3041 compensation & benefits managers, 13–1072 compensation, benefits & job analysis specialists, 11–9111 medical and health service managers, 13–2053 insurance underwriters and 15–2011 actuaries) and consumers (00–0000 all occupations). Focus groups include 528 clinicians (\$77.64/hr) and 528 consumers (\$20.32/hr); in-person/telephone interviews include 528 clinicians, 330 policy makers (\$39.91/hr) and 528 consumers; customer satisfaction surveys for the decision aid include 50 clinicians and 500 consumers; customer satisfaction surveys for the summary guides include 1,650 clinicians, 1,650 policy makers and 3,300 consumers; follow-up CME surveys include 1,320 clinicians; solicited topic nominations include 1,125 clinicians, 250 policy makers and 1,125 consumers; Web site registration includes 2,700 clinicians, 600 policy makers and 2,700 consumers; glossary feedback survey includes 90 clinicians, 20 policy makers and 90 consumers, National Compensation Survey: Occupational wages in the United States May 2008, “U.S. Department of Labor, Bureau of Labor Statistics.”

Estimated Annual Costs to the Federal Government

The maximum cost to the Federal Government is estimated to be

\$1,439,003 annually. Exhibit 3 shows the total and annualized cost by the major cost components.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

Cost component	Total cost	Annualized cost
Project Development	\$1,019,970	\$339,990
Data Collection Activities	735,405	245,135
Data Processing and Analysis	1,889,505	629,835
Project Management	557,380	185,793
Overhead	114,750	38,250
Total	4,317,010	1,439,003

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 healthcare research and healthcare 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: August 9, 2010.

Carolyn M. Clancy,

Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**National Institutes of Health****Proposed Collection; Comment Request; NCCAM Office of Communications and Public Liaison Communications Program Planning and Evaluation Research**

SUMMARY: 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

National Center for Complementary and Alternative Medicine (NCCAM), at the National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: Title: NCCAM Office of Communications and Public Liaison Communications Program Planning and Evaluation Research. *Type of Information Collection Request:* Extension.

Need and Use of Information Collection: To carry out NCCAM’s legislative mandate to educate and disseminate information about complementary and alternative medicine (CAM) to a wide variety of audiences and organizations, the NCCAM Office of Communications and Public Liaison (OCPL) requests clearance to carry out formative research of a variety of print and online materials, outreach activities, and messages to maximize their impact and usefulness.

OCPL wishes to continue to carry out formative research to further understand the knowledge, attitudes, and behaviors of its core constituent groups: Members of the general public, researchers, and providers of both conventional and CAM health care. In addition, it seeks to test newly formulated messages and identify barriers and impediments to the effective communication of those messages. With this formative audience research, OCPL test audience responses to NCCAM’s fact sheets, Web content, and other materials and messages. This research will also include pilot testing of recently developed messages and communication products.

The data collection methods have been selected to minimize burden on NCCAM’s audiences, produce or refine messages that will influence target audience attitudes and behavior in a positive manner, and to use Government resources efficiently. Research methods may include individual in-depth interviews, focus group interviews, intercept interviews, self-administered questionnaires, gatekeeper reviews, and omnibus surveys.

The data will enhance OCPL’s understanding of (1) the unique information needs and distinct health-information-seeking behaviors of its core constituencies, and (2) the special information needs of segments within

these constituencies. Among the general public these distinct segments include cancer patients, the chronically ill, minority and ethnic populations, the elderly, users of dietary supplements, and patients integrating complementary therapies with conventional medical treatments.

Frequency of Response: On occasion.
Affected Public: Individuals and households; non-profit institutions; Federal Government; State, Local, or Tribal Government. *Type of Respondents:* Adult patients; members of the public; health care professionals; organizational representatives. The annual reporting burden is as follows:

TABLE 1—ANNUAL BURDEN HOURS

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
In-depth interviews with general public	30	1	.75	23
Focus groups	20	1	1.5	30
Omnibus surveys	1,900	1	.25	475
Intercept interviews with public and healthcare professionals	300	1	.25	75
In-depth interviews with health professionals	50	1	.50	25
Self-administered questionnaires with health professionals	200	1	.25	50
Total	2,500	678

TABLE 2—ANNUAL COST TO RESPONDENTS

Type of respondents	Number of hours	Hourly wage*	Respondent cost
In-depth interviews with general public	23	\$21	\$483
Focus groups	30	21	630
Intercept interviews with public	70	21	1,470
Omnibus surveys with public	475	21	10,500
Intercept interviews with healthcare professionals	5	**63	315
In-depth interviews with health professionals	25	63	1,575
Self-administered questionnaires with health professionals	50	63	3,150
Total	678	18,123

* 2009 National Occupational Employment and Wage Estimates (http://www.bls.gov/oes/current/oes_nat.htm)

** Healthcare professional hourly wage was calculated by averaging the median hourly wage for physicians and surgeons (\$84) and the median hourly wage for physician assistants, as representatives of the second tier of clinical care (\$41) to get an average of \$63 per hour.

There are no Capital Costs, Operating Costs, or Maintenance Costs to report.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumption used; (3) Ways to enhance the quality, utility, and clarity of the information to be

collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Christy Thomsen, Director, Office of Communications and Public Liaison, NCCAM, 31 Center Drive, Room 2B11, Bethesda, MD 20892, or fax your request to 301-402-4741, or e-mail thomsenc@mail.nih.gov. Ms.

Thomsen can be contacted by telephone at 301-451-8876.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: August 12, 2010.

Christy Thomsen,
 Director, Office of Communications and Public Liaison, National Center for Complementary and Alternative Medicine, National Institutes of Health.

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