

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Data collection mode	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Total	800	na	na	400

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Data collection mode	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Surveys with Parents of Children < 8 years of age	300	150	\$20.90	\$3,135
Surveys with Adolescents (13 to 20 years of age)	200	100	20.90	2,090
Surveys with Adults (20 to 65 years)	150	75	20.90	1,568
Surveys with Adults (greater than 65 years)	150	75	20.90	1,568
Total	800	400	na	8,361

* Based upon the mean of the average wages, National Compensation Survey: Occupational wages in the United States, May 2009, "U.S. Department of Labor, Bureau of Labor Statistics.

Estimated Annual Costs to the Federal Government

Exhibit 3 shows the estimated annualized cost to the Federal government for this six-month project. The total cost is \$280,269. This amount includes all direct and indirect costs of the design, data collection, analysis, and reporting phase of the study.

EXHIBIT 3—ESTIMATED ANNUALIZED COST

Cost component	Total cost
Project Development	\$33,590
Data Collection Activities	85,760
Data Processing and Analysis	30,800
Publication of Results	750
Project Management	31,093
Overhead	98,276
Total	280,269

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 23, 2010.

Carolyn M. Clancy,
Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-10-09BV]

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. 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

Workload Management Study of Central Cancer Registries—New—National Center for Chronic Disease

Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC currently supports the National Program of Cancer Registries (NPCR), a group of central cancer registries in 45 states, the District of Columbia, and 2 territories. The central cancer registries are data systems that collect, manage, and analyze data about cancer cases and cancer deaths. NPCR-funded central cancer registries submit population-based cancer incidence data to CDC on an annual basis (OMB No. 0920-0469, exp. 11/30/2012).

Central cancer registries report that they are chronically understaffed, and many registries are concerned about the impact of staff shortages on data quality. Staffing patterns are known to vary widely from registry to registry, and registries differ in the volume of cases that they process as well as their use of information technology. Cancer registries have asked for clear staffing guidelines based on registry characteristics such as size, degree of automation, and reporting procedures.

CDC proposes to conduct a one-time Workload and Time Management (WLM) Survey to inform the development of staffing guidelines for central cancer registries. Respondents will be 46 cancer registrars in the NPCR-funded central cancer registries in 45 states and the District of Columbia. Participation will be requested by e-mail. Non-responders will receive follow-up telephone calls to encourage participation.

The WLM survey includes basic questions about registry characteristics such as organizational affiliation and number of staff. The WLM also includes

questions about the caseload for the registry (the number of new cancer cases reported annually), the sources of case information, whether case information is collected utilizing manual or electronic methods, and the type of software employed for electronic collection. Because many tasks can be performed manually or using electronic methods, and because cancer coding systems are frequently revised to reflect changes in cancer diagnosis and care, the WLM survey asks registry managers to identify training needs that would improve registry productivity, and to provide comments about other resource needs and management issues.

The web-based WLM Survey will also collect information about the total amount of time dedicated by registry staff to specific activities such as case finding, records abstraction, follow-up, quality assurance, professional

development, travel, and death clearances. In order to complete this section of the WLM survey, detailed information will be collected from registry staff. An average of eight registrars in each registry will be asked to maintain a paper Work Activities Journal for a one-week period. Each registrar will record the number of hours and minutes dedicated to case finding, records abstraction, follow-up, and quality assurance, and where applicable, indicate whether tasks were conducted manually or electronically. In addition, each registrar will estimate the amount of time dedicated to auditing, database management, professional development, travel, and death clearances on a monthly or annual basis. At the end of the one-week data collection period, the registry manager will compile information from all of the Work Activities Journals completed by

the registry's staff. The aggregate information will be reported to CDC through the WLM Survey. The individual Work Activities Journals will not be submitted to CDC.

Findings from the WLM survey will enable CDC to assess the workforce necessary for meeting data reporting requirements and to estimate the impact of planned changes to surveillance data reporting. CDC plans to develop guidance so that cancer registry managers can more effectively measure workload, evaluate the need for staff and staff credentials, and advocate for adequate staffing.

OMB approval is requested for one year. Participation in the survey is voluntary. There are no costs to respondents other than their time. The total estimated annualized burden hours are 921.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
NPCR managers	Workload and Time Management Survey	46	1	4
	Telephone Reminder	15	1	3/60
NPCR Staff Registrars	Work Activities Journal	368	1	2

Dated: August 23, 2010.

Maryam I. Daneshvar,
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

[30Day-10-10AK]

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Proposed Project

National Notifiable Condition Messaging Support Strategy—New—Public Health Surveillance Program Office (PHSPO); Office of Surveillance, Epidemiology, and Laboratory Services (OSELs), Centers for Disease Control and Prevention, (CDC).

Background and Brief Description

The Public Health Services Act (42 U.S.C. 241) authorizes CDC to disseminate nationally notifiable condition information. CDC's *Morbidity and Mortality Weekly Report* publishes incidence tables for nationally notifiable conditions reported through the National Electronic Disease Surveillance System (NEDSS) and other surveillance data sources to the National Notifiable Diseases Surveillance System (NNDSS).

NEDSS (OMB 0920-0728, expiration date: 2/28/2010) is an internet-based infrastructure for public health surveillance data exchange that uses specific Public Health Information Network (PHIN) and NEDSS electronic data and information standards to advance the development of efficient, integrated, and interoperable surveillance systems at federal, state and local levels. CDC's proposed Public Health Surveillance Program Office

(PHSPO) is responsible for establishing and managing the national reporting system of epidemiologic data for notifiable conditions (diseases) via NEDSS.

Case notification messaging for most of the nationally notifiable conditions (77 infectious conditions as of August 2009) will eventually be supported by the standard Health Level 7 v2.5 (HL7) message format. The HL7 message format requires a Message Mapping Guide (MMG)—developed by the NEDSS and NNDSS programs, in collaboration with state and federal subject matter experts—to implement case notification to CDC via NEDSS. At present, seven MMGs are available for implementation by jurisdictions, and current NEDSS resources support the development of three new MMGs per year. A jurisdiction's implementation of a MMG requires an average of four months per MMG, and a jurisdiction could potentially implement up to three MMGs a year. In most instances, National Center for Public Health Informatics' (NCPHI) programmatic and technical expertise is required to support this process at the jurisdictional level.

The National Notifiable Condition Messaging Support Strategy