

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; California Health Interview Survey 2007

Summary: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Cancer Institute (NCI), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on Sept. 11, 2006, p. 53456 and allowed 60-days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed collection

Title: California Health Interview Survey 2007.

Type of Information Collection Request: NEW.

Need and use of Information

Collection: The NCI has sponsored three Cancer Control Modules in the California Health Interview Survey (CHIS), and will be sponsoring a fourth to be administered in 2007. Other federal government agencies have co-sponsored previous cycles of the survey.

The CHIS is a telephone survey designed to provide population-based,

standardized health-related data to assess California's progress in meeting Healthy People 2010 objectives for the nation and the state. The CHIS samples designed to provide statistically reliable estimates statewide, for California counties, and for California's ethnically and racially diverse population. Initiated by the UCLA Center for Health Policy Research, the California Department of Health Services, and the California Public Health Institute, the survey is funded by a number of public and private sources. It was first administered in 2001 to 55,428 adults, 5,801 adolescents, and 12,802 children; subsequently in 2003 to 42,043 adults, 4,010 adolescents, and 8,502 children; and in 2005 to 43,020 adults, 4,029 adolescents, and 11,358 children. These individuals are a representative sample of California's non-institutionalized population living in households.

CHIS 2007, is the fourth bi-annual survey, is planned for administration to 48,000 adult Californians and 4,000 adolescents. The cancer control module, which is similar to that administered in CHIS 2001, CHIS 2003, and CHIS 2005, will allow NCI and other Federal agencies to examine various health- and disease-related topics. Examples include patterns and (when fielded in multiple years) trends in breast cancer screening, diet, physical activity, obesity, tobacco control and other disease risk factors, disease outcomes, discrimination, and neighborhood cohesion.

Because California is the most populous and the most racially and ethnically diverse state in the nation, the CHIS 2007 sample will yield adequate numbers of respondents in key ethnic and racial groups, including African Americans, Latinos, Asians, and American Indian/Alaska Natives. The

Latino group will include large numbers of respondents in the Mexican, Central American, South American, and other Latino subgroups; the Asian group will include large numbers of respondents in the Chinese, Filipino, Japanese, Vietnamese, and Korean subgroups. NCI and other Federal agencies will use the California and National Health Interview Survey (CHIS, NHIS) data to conduct comparative analyses and better estimate cancer risk factors and screening among racial/ethnic minority populations. The CHIS sample size also permits NCI and other federal agencies to obtain estimates for ethnic subdomains of the population for which NHIS has insufficient numbers for analysis.

Frequency of Response: One-time.

Affected public: Individuals or households.

Types of Respondents: U.S. adults (persons 18 years of age and older) and adolescents (persons of age 12–17 for whom the adult respondent is the parent or legal guardian of the adolescent residing in the household).

The annual reporting burden is as follows:

Estimated Number of Respondents: 48,000 Adults and 4,000 Adolescents.

Estimated Number of Response per Respondent: 1.

Average Burden Hours per Response: .1202 for Adults and .0134 for Adolescents.

Estimated Total Burden Hours Requested: 5,778 for Adults and 53.8 for Adolescents. The annualized cost to respondents is estimated at \$98,629.451. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

TABLE A.—ANNUALIZED BURDEN ESTIMATES FOR CHIS 2007 DATA COLLECTION

Type of respondent	Estimated number of respondents	Estimated number or responses per respondent	Average burden hour per response	Estimated total annual burden hours
Adult Pilot	150	1	.1200	18.0
Adult Survey	48,000	1	.1200	5760.0
Adolescent Pilot	15	1	.0134	.2
Adolescent Survey	4,000	1	.0134	53.6
Total	5831.8

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of 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 assumptions 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.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Nancy Breen, Ph.D., Project Officer, Applied Research Program, Division of Cancer Control and Population Sciences NCI, NIH, EPN 4005, 6130 Executive Boulevard MSC 7344, Bethesda, Maryland 20852-7344, or call the non-toll-free number 301-696-8500 or E-mail your request, including your address to breen@mail.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

Dated: January 23, 2007.

Rachelle Ragland-Greene,

NCI Project Clearance Liaison, National Institutes of Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Call for Nominations for the National Cancer Institute Director's Consumer Liaison Group

The National Cancer Institute (NCI) the Federal Government's primary agency for cancer research, is seeking nominations for four (4) new members of the NCI Director's Consumer Liaison Group (DCLG) which will be appointed in July, 2007. The DCLG helps NCI to identify appropriate advocates to serve on its program and policy advisory committees.

The National Cancer Institute (NCI) formed the NCI Director's Consumer Liaison Group (DCLG) in 1998 to advise and make recommendations to the NCI Director, from the perspective and viewpoint of cancer consumer advocates, on a wide variety of issues, programs, and research priorities. The

DCLG gives cancer advocates a channel to voice their views and concerns. The DCLG is a 16-member chartered federal advisory committee that works with NCI to ensure that those who experience the burden of cancer also help to shape the course of the NCI's research to eradicate it. Specifically the DCLG members:

- Help develop and establish processes, mechanisms and criteria for identifying appropriate consumer advocates to serve on a variety of program and policy advisory committees responsible for advancing the mission of the NCI.

- Serve as a primary forum for discussion issues and concerns and exchanging viewpoints that are important to the broad development of the NCI programming and research priorities.

- Establish and maintain strong collaborations between the NCI and the cancer advocacy community to reach common goals.

Eligibility Requirements: NCI looks for strong, highly qualified candidates who fulfill the following eligibility criteria:

- Demonstrate involvement in the cancer experience as a cancer survivor, a caregiver to someone who has cancer, or as a professional or volunteer who works with cancer survivors, patients, or caregivers;
- Have a constituency with which she/he regularly communicates on cancer issues and with which she/he is able to serve as a conduit for information, both to and from NCI.

Nominees who meet the minimum eligibility requirements will be evaluated further based on the following qualities:

- Cancer advocacy experience; ability to represent all cancer survivors;
- Possession of strong leadership, communication, and collaboration skills;
- Ability to advise on broad cross cutting cancer issues;
- Ability to facilitate dialogue between NCI and the cancer advocacy community.

DCLG members must be committed to participating in all activities of the DCLG which includes at least two meetings a year in Bethesda, MD.

Characteristics of the DCLG. In addition to the criteria for individual candidates, the following characteristics of the DCLG as a group are balanced to ensure that it reflects the breadth and diversity of the consumer advocacy community:

- Racial and ethnic balance
- A broad mix of cancer sites
- Expertise with advocacy organizations (local, regional, or national)

- Geographical diversity
- Gender
- Age diversity

Selection Process. A call for nominations is disseminated annually to a broad range of groups, including local, regional and national organizations, to encourage nominations of candidates reflecting the diversity sought for the DCLG. Individuals may nominate themselves. All nominees are screened for eligibility, and then evaluated according to the criteria. A list of highly qualified candidates who reflect balance and diversity of representation is forwarded to the Director, NCI who selects the DCLG members. The original members of the DCLG endorsed this process and the criteria developed to evaluate the applications of potential DCLG members, and this process is used to select future members.

To receive a nomination package for the DCLG, send your name, advocacy/voluntary organization affiliation (if any), address, phone number and E-mail information to: Palladian Partners, Inc., Attn: DCLG 2007 Selection Process, 1010 Wayne Avenue, Suite 1200, Silver Spring, MD 20910, Phone: (301) 650-8660, Fax: (301) 650-8676.

Nominations must be postmarked by March 30, 2007.

Dated: January 23, 2007.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy, National Institutes of Health.

[FR Doc. 07-400 Filed 1-30-07; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Cancer Institute Special Emphasis Panel, February 27, 2007, 12 p.m. to February 27, 2007, 4 p.m., National Institutes of Health, 6130 Executive Blvd., Rockville, MD 20852 which was published in the **Federal Register** on December 28, 2006, 71 FR 78214.

The meeting notice is changed to reflect the change in the name of the committee from "SBIR Topic 230 (Phases I & II)" to "SBIR, Synthesis Stable Isotope-Labeled Steroids as Internal Standards." The meeting is closed to the public.