One important and effective means to promote and support the initiation and maintenance of breastfeeding is through the health care system. While the few studies on breastfeeding practices at intra-partum care facilities in individual states and facilities show significant variation in practices, it is not currently possible to assess and monitor breastfeeding-related practices and policies in hospitals and free-standing childbirth centers across the United States with data currently available.

CDC plans to conduct an assessment of breastfeeding-related maternity care practices in intra-partum care facilities in the United States and Territories to provide information to individual facilities, state health departments, and CDC on the extent to which facilities are providing effective breastfeeding-related maternity care. The assessment will provide detailed information on general facility characteristics related to maternity care such as facility policies related to breastfeeding-related maternity care practices, practices related to the training of health care staff on breastfeeding instruction, management and support, rooming-in, infant supplementation, and discharge from facility. CDC will provide facility-specific information based on the assessment to the individual facilities and state-specific information to state health departments. The information from the survey can be used by facilities to evaluate and modify breastfeeding-related maternity care practices, and by states and CDC to inform and target programs and policies to improve breastfeeding-related maternity care practices at intra-partum care facilities.

Approximately 4,375 facilities providing maternity care in the United States and Territories will be mailed a survey every other year in this study. The survey will be administered for the first time in 2007 and for the second time in 2009. Survey content will be similar in each of the administrations to examine changes in practices and policies over time. It is expected that approximately 3,700 facilities will complete the thirty-minute questionnaire in each administration. The facilities will be identified from the American Hospital Association's Annual Survey of Hospitals (AHA) and the National Association of Childbearing Centers (NACC). A five-minute screening telephone call will be made prior to survey administrations to all facilities identified as providing maternity care in AHA and NACC to ensure they are currently providing maternity care, to identify possible satellite clinics providing maternity care, and to identify survey respondent in each of the facilities. The respondents will have the option of either responding by mail or through a Web-based system. The survey will provide detailed information about breastfeeding-related maternity care practices and policies at hospitals and free-standing birth centers. There are no costs to respondents other than their time. The approximate annualized burden hours are 1,484 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Questionnaire/respondents	Number of respondents	Number of responses/ respondent	Average burden per response (in hours)
Screening call to facilities that have at least one registered maternity bed (2006)	1458	1	5/60
Mail survey/ facilities providing maternity care in the past calendar year (2006)	1240	1	30/60
Screening call to facilities that have at least one registered maternity bed (2008)	1458	1	5/60
Mail survey/ facilities providing maternity care in the past calendar year (2008)	1240	1	30/60

Dated: January 31, 2007.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7–2070 Filed 2–7–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–07–06BI]

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) 639–4766 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) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Determining Stakeholder Awareness and the Use and Impact of Products Developed by the Evaluation of Genomic Applications in Practice and Prevention (EGAPP) Model Project—New—National Center for Chronic Disease Prevention and Health Promotion/National Office of Public Health Genomics (NOPHG), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

More than 1,000 genetic tests are currently available in clinical practice. Most are used for diagnosis of rare genetic diseases, but a growing number have population-based applications, and the potential for broad public health impact.

A number of issues have been raised about the current status of genetic testing implementation, including the need to develop evidence to establish validity and utility of genetic tests before tests are commercialized. Advisory panels, professional organizations, and clinical experts have produced recommendations on the development and clinical implementation of safe and effective genetic tests. In response to the need for a coordinated approach for effectively integrating genomic tests into clinical practice and health policy, CDC's National Office of Public Health Genomics (NOPHG) initiated the (Evaluation of Genomic Applications in Practice and Prevention) EGAPP model project in 2004 to establish a systematic, evidence-based process for assessing genetic tests in transition from research to practice. To support this goal, an independent, non-federal, multidisciplinary EGAPP Working Group was established to identify, prioritize, and select genetic tests to be reviewed; establish review methods and processes; monitor progress of the reviews; and develop conclusions and recommendations based on the evidence.

The plan for surveying key stakeholders described here represents a large component of the overall project evaluation plan. The study will be conducted in collaboration with a consultant, Judith L. Johnson, PhD, under a CDC task order with the McKing Consulting Corporation. Dr. Johnson and McKing Consulting Corporation worked with CDC on study design, and will collect data for the study, conduct data analyses, and develop written reports of results.

The purpose of this study is to collect information on the value and impact of the EGAPP products developed and disseminated (*e.g.*, evidence reports, recommendations) by surveying members of key stakeholder groups considered by project advisors to have the most immediate need and interest in EGAPP products. The four key stakeholder groups are *healthcare providers, healthcare payers and purchasers, policy makers* (*e.g.*, medical professional organizations, healthcare policy organizations), as well as *targeted consumer groups* and *Web site visitors.* Healthcare providers/payers have expressed interest in evidence-based information on emerging genetic tests, and will receive the first surveys about six months after the release of the first evidence reports and EGAPP Working Group recommendations; these groups will be surveyed again one year later. Policy makers, consumers, and healthcare purchasers are likely to identify and be impacted by information developed by EGAPP over a somewhat longer timeline. Therefore, these groups will be surveyed twelve months after the first products are released, and surveyed again one year later. During two specified periods of time one year apart, individuals accessing the EGAPP website will be given the option to participate in an EGAPP survey.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 448.52.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Survey name	Number of respondents	Number of responses per respondent	Average response per respondent
Healthcare Providers:	Healthcare Provider Survey.			
Primary Care Providers		385	1	10/60
Specialists		385	1	10/60
Genetic Counselors		200	1	10/60
Mid-level Practitioners		385	1	10/60
Nurses		385	1	10/60
Healthcare Payers and Purchasers:				
Healthcare Payers	Policy/Payer Survey	100	1	10/60
Healthcare Purchasers	Purchaser Survey	[19]31	1	10/60
Healthcare Policy Makers	Policy Survey	50	1	10/60
Consumers:				
Group members	General Survey	385	1	10/60
Website visitors		385	1	10/60

Dated: January 31, 2007.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E7–2071 Filed 2–7–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–07–0479]

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 email to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Automated Management Information System (MIS) for Diabetes Control Programs (OMB No. 0920–0479)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Division of Diabetes Translation (DDT) within the National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), has implemented a Management Information System (MIS) and federally sponsored data collection requirement for all CDC funded Diabetes Prevention and Control Programs. Diabetes is the sixth leading cause of death in the United States, contributing to more than 224,000 deaths each year. An estimated 14.6 million people in the United States have been diagnosed with diabetes and an estimated 6.2 million people have undiagnosed diabetes. The Division of Diabetes Translation provides funding to health departments of States and territories to develop, implement, and evaluate systems-based Diabetes Prevention and Control Programs (DPCPs). DPCPs are population-based, public health programs that design, implement and evaluate public health prevention and control strategies that improve access to and quality of care for all, and reach communities most impacted by the burden of diabetes (e.g., racial/ethnic minority populations, the elderly, rural dwellers and the economically disadvantaged). Support for these programs is a cornerstone of the DDT's strategy for reducing the burden of diabetes throughout the nation. The Diabetes Control Program is authorized under sections 301 and 317(k) of the Public Health Service Act [42 U.S.C. 241 and 247b(k)].

In accordance with the original OMB approval (0920–0479) and the first extension (August 14, 2003) for this project, this requested revision will continue to expand and enhance the use of the technical reporting capacity of the MIS for 3 years. The MIS is a Web-