

**DATES:** February 13, 2008, from 1 p.m. to 4 p.m. [Eastern].

**ADDRESS:** Mary C. Switzer Building (330 C Street, SW., Washington, DC 20201), Conference Room 4090. Please bring photo ID for entry to a Federal building.

**FOR FURTHER INFORMATION CONTACT:** <http://www.hhs.gov/healthit/ahic/consumer/>.

**SUPPLEMENTARY INFORMATION:** The Workgroup will continue its discussion on how to encourage the widespread adoption of a personal health record that is easy-to-use, portable, longitudinal, affordable, and consumer-centered.

The meeting will be available via Web cast. For additional information, go to: [http://www.hhs.gov/healthit/ahic/consumer/ce\\_instruct.html](http://www.hhs.gov/healthit/ahic/consumer/ce_instruct.html).

Dated: January 18, 2008.

**Judith Sparrow,**

*Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.*

[FR Doc. 08-366 Filed 1-28-08; 8:45 am]

**BILLING CODE 4150-45-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the National Coordinator for Health Information Technology; American Health Information Community Electronic Health Records Workgroup Meeting

**ACTION:** Announcement of meeting.

**SUMMARY:** This notice announces the 21st meeting of the American Health Information Community Electronic Health Records Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. 92-463, 5 U.S.C., App.)

**DATES:** February 12, 2008, from 1 p.m. to 4 p.m. [Eastern].

**ADDRESSES:** Mary C. Switzer Building (330 C Street, SW., Washington, DC 20201), Conference Room 4090. Please bring photo ID for entry to a Federal building.

**FOR FURTHER INFORMATION CONTACT:** <http://www.hhs.gov/healthit/ahic/healthrecords/>.

**SUPPLEMENTARY INFORMATION:** The Workgroup will continue its discussion on ways to achieve widespread adoption of certified EHRs, minimizing gaps in adoption among providers.

The meeting will be available via Web cast. For additional information, go to: [http://www.hhs.gov/healthit/ahic/healthrecords/ehr\\_instruct.html](http://www.hhs.gov/healthit/ahic/healthrecords/ehr_instruct.html).

Dated: January 17, 2008.

**Judith Sparrow,**

*Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.*

[FR Doc. 08-367 Filed 1-28-08; 8:45 am]

**BILLING CODE 4150-45-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the National Coordinator for Health Information Technology; American Health Information Community Quality Workgroup Meeting

**ACTION:** Announcement of meeting.

**SUMMARY:** This notice announces the 15th meeting of the American Health Information Community Quality Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. 92-463, 5 U.S.C., App.).

**DATES:** February 8, 2008, from 1 p.m. to 4 p.m. [Eastern].

**ADDRESSES:** Mary C. Switzer Building (330 C Street, SW., Washington, DC 20201), Conference Room 4090 (please bring photo ID for entry to a Federal building).

**FOR FURTHER INFORMATION CONTACT:** <http://www.hhs.gov/healthit/ahic/quality/>.

**SUPPLEMENTARY INFORMATION:** The Workgroup will continue its discussion on how health information technology can provide the data needed for the development of quality measures that are useful to patients and others in the health care industry, automate the measurement and reporting of a comprehensive current and future set of quality measures, and accelerate the use of clinical decision support that can improve performance on those quality measures.

The meeting will be available via Web cast. For additional information, go to: [http://www.hhs.gov/healthit/ahic/quality/quality\\_instruct.html](http://www.hhs.gov/healthit/ahic/quality/quality_instruct.html).

Dated: January 17, 2008.

**Judith Sparrow,**

*Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.*

[FR Doc. 08-368 Filed 1-28-08; 8:45 am]

**BILLING CODE 4150-45-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the National Coordinator for Health Information Technology; American Health Information Community Population Health and Clinical Care Connections Workgroup Meeting

**ACTION:** Announcement of meeting.

**SUMMARY:** This notice announces the 23rd meeting of the American Health Information Community Population Health and Clinical Care Connections Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. 92-463, 5 U.S.C., App.).

**DATES:** February 6, 2008, from 1 p.m. to 4 p.m. [Eastern time].

**ADDRESSES:** Mary C. Switzer Building (330 C Street, SW., Washington, DC 20201), Conference Room 4090 (please bring photo ID for entry to a Federal building).

**FOR FURTHER INFORMATION:** <http://www.hhs.gov/healthit/ahic/population/>.

**SUPPLEMENTARY INFORMATION:** The Workgroup will continue its discussion on how to facilitate the flow of reliable health information among population health and clinical care systems necessary to protect and improve the public's health.

The meeting will be available via Web cast. For additional information, go to: [http://www.hhs.gov/healthit/ahic/population/pop\\_instruct.html](http://www.hhs.gov/healthit/ahic/population/pop_instruct.html).

Dated: January 17, 2008.

**Judith Sparrow,**

*Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.*

[FR Doc. 08-369 Filed 1-28-08; 8:45 am]

**BILLING CODE 4150-45-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-08-08AH]

### Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic

summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

*Comments are invited on:* (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection 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 on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Improving the Health and Safety of Minority Workers—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

NIOSH, under Public Law 91-596, Sections 20 and 22 (Section 20-22, Occupational Safety and Health Act of 1970) has the responsibility to conduct research relating to innovative methods, techniques, and approaches dealing with occupational safety and health problems.

Occupational stress is one of the major causes of diminished health and productivity on the job. The continuing escalation of stress-related medical care utilization and costs, the negative effect of job stress on satisfaction as well as the dysfunctional and costly effects of stress on job performance and employee turnover rate are some of the documented health, psychological and behavioral consequences of stress.

Although racial and ethnic minority groups shoulder a disproportionate burden of death and disability from various stress-related illnesses, few studies have explored factors in the workplace that may contribute to these disparities in health. Because of their general concentration in low status, low paying and/or blue-collar jobs, some racial and ethnic minorities may be over-exposed to workplace factors traditionally linked to a variety of stress-related problems such as a high workload coupled with a lack of control or authority over work. In addition, racial and ethnic minorities are significantly more likely than non-minorities to encounter discrimination and other ethnocultural stressors in the workplace, ranging from assimilation pressures and isolation to inequalities in training and advancement. Ethnocultural stressors have been linked with psychological distress and other problems in physical and mental health.

On the other hand, occupational stress research experts suggest that certain workplace and other factors (e.g., co-worker and supervisory support, anti-discrimination policies and practices, etc.) may reduce stress among employees, including racial and ethnic minorities.

This research will focus on: (1) Assessing the degree to which minorities are exposed to traditionally-studied and ethnocultural stressors, (2) identifying the stressors that are most predictive of stress-related problems (e.g., symptoms of psychological distress, health-impairing behaviors) in racial and ethnic minorities, (3) identifying organizational and other factors that afford minorities protection against the development of stress-related problems and (4) developing an occupational stress toolkit (i.e. consisting of information and other resources) that will better enable employers and community-based organizations to prevent and manage occupational stress in diverse workplaces and communities.

This research will be conducted in three phases. In phase one, a 30-minute survey will be administered by

telephone to 2300 Blacks/African Americans, White/European Americans, Hispanic/Latino Americans, American Indian/Alaska Natives, and Asian Americans. Additionally, a 90-minute qualitative interview will be administered face-to-face to 160 Blacks/African Americans, Hispanic/Latino Americans, American Indian/Alaska Natives, and Asian Americans recruited through community-based organizations. All telephone survey and qualitative interview respondents will be between the ages of 18 and 65, U.S. born and/or reared, either currently employed or unemployed for no more than 1 year, and living in the Chicago area. In phase two of this research, a 15-minute web-based, key informant survey will be administered to 60 employers (via Human Resource Representatives) and 60 community-based organizations (via Executive Directors) in the Chicago area. The web-based survey is designed to assess the informational needs of these organizations as they relate to addressing occupational stress in racially and ethnically diverse workforces or communities. NIOSH will combine the results of this needs assessment with phase one telephone survey and qualitative interview findings to develop and disseminate an occupational stress toolkit.

In phase three of this research, a second web-based key informant survey will be administered to the same 60 employers and 60 community-based organizations six months after the occupational stress toolkit has been disseminated to them for review and use. The survey will evaluate perceptions of the toolkits' utility and how well it met the organizations' needs. Also, the survey will elicit suggestions for its improvement.

Findings will be used to improve the toolkit and to help identify potential future intervention efforts to reduce occupational stress in racially and ethnically diverse workforces and communities. There is no cost to respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Form name	Number of respondents	Number of responses per respondent	Average burden response (in hours)	Total burden (in hours)
Phase I Workers Telephone Interviews .....	2300	1	30/60	1150
Phase I Workers Qualitative Face-to-Face Interviews .....	160	1	1.5	240
Phase II Employers and CBO's Web Based Interviews .....	120	1	15/60	30
Phase III Follow-up Employers and CBO's Web Based Interviews .....	120	1	15/60	30
Total .....	.....	.....	.....	1450

Dated: January 18, 2008.

**Maryam I. Daneshvar,**  
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E8-1453 Filed 1-28-08; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-08-08AJ]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-693-5960 or send comments to CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection 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 on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Focus Group Testing To Effectively Plan and Tailor Cancer Prevention and Control Communication Campaigns—New—Division of Cancer Prevention and Control (DCPC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The mission of the CDC's Division of Cancer Prevention and Control (DCPC) is to reduce the burden of cancer in the United States through cancer prevention, reduction of risk, early detection, better treatment, and improved quality of life for cancer survivors. Toward this end, the DCPC supports the scientific development, implementation, and evaluation of various health communication campaigns with an emphasis on specific cancer burdens. This process requires testing of messages, concepts, and materials prior to their final development and dissemination, as described in the second step of the health communication process, a scientific model developed by the U.S. Department of Health and Human Services' National Cancer Institute to guide sound campaign development.

The communication literature supports various data collection methods to conduct credible formative, concept, message, and materials testing, one of which is focus groups. The

purpose of focus groups is to ensure that the public and other key audiences, like health professionals, clearly understand cancer-specific information and concepts, are motivated to take the desired action, and do not react negatively to the messages.

The proposed information collection will involve focus groups to assess numerous qualitative dimensions of cancer prevention and control messages, including, but not limited to, knowledge, attitudes, beliefs, behavioral intentions, information needs and sources, and compliance to recommended screening intervals. Insights gained from the focus groups will assist in the development and/or refinement of future campaign messages and materials. Respondents will include health care providers as well as members of the general public. Because communication campaigns will vary according to the type of cancer, the qualitative dimensions of the message described above, and the type of respondents, DCPC has developed a library of questions that can be tailored for use by a variety of types of focus groups. A generic clearance of the repository of questions is requested. The discussion guide for each focus group will be drawn from the list of pre-approved questions.

The average burden for each focus group discussion will be two hours. DCPC will conduct or sponsor up to 66 focus groups per year over a three-year period. An average of 12 respondents will participate in each focus group discussion.

There are no costs to respondents except their time. The total estimated annualized burden hours are 1,663.

*Estimated Annualized Burden Hours:*

Type of respondents and form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Health care providers and general public:				
Screening Form .....	1,584	1	3/60	79
Focus Group Discussion Guide .....	792	1	2	1,584
Total .....				1,663

Dated: January 18, 2008.

**Maryam I. Daneshvar,**  
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E8-1456 Filed 1-28-08; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Advisory Committee on Immunization Practices (ACIP)**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act

(Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC), announces the following meeting for the aforementioned committee:

*Time and Date:* 8 a.m.–6 p.m., February 27, 2008; 8 a.m.–5 p.m., February 28, 2008.

*Place:* Centers for Disease Control and Prevention, Tom Harkin Global Communications Center, 1600 Clifton Road, NE., Building 19, Kent "Oz"