test screening. Clinics will be assigned to an intervention group or a control group, matched on clinic attributes such as geographical location (urban, rural), HPV policy, and hospital versus non-hospital status, provider specialty mix, patient volume, and racial/ethnic characteristics of the patient population. Clinics in the intervention group will receive HPV DNA tests to administer to eligible patients presenting for a routine Pap test, as well as a multi-component educational intervention involving both health care providers and patients. Clinics in the control group will receive the HPV tests for eligible patients but will not receive the educational interventions involving health care providers and patients.

OMB approval is requested for the first three years of a planned five-year study period. Information will be collected primarily from clinical care providers, clinic coordinators, and a sample of women between the ages of 35 and 60 who visit one of the participating clinics for routine cervical cancer screening.

The results of this study will provide information about knowledge, attitudes, beliefs, and cervical cancer screening practices involving low-income, underserved women. The findings will help inform policy regarding the HPV DNA test on a national level for cervical cancer screening in the NBCCEDP.

There are no costs to respondents other than their time. The total estimated annualized burden hours are 1,006.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Clinic Coordinators	Initial Clinic Survey	6	1	2
	Follow-up Clinic Survey	6	11	1
Health Care Providers	Baseline Provider Survey	23	1	30/60
	Follow-up Provider Survey	23	2	30/60
Patients	Patient Screening Script	3,333	1	5/60
	Patient Enrollment Form	2,667	1	5/60
	Baseline Patient Survey	867	1	20/60
	Follow-up Patient Survey	624	1	10/60

Dated: February 27, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9–4720 Filed 3–4–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–09–08AV]

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

Proposed Project

Cost and Follow-up Assessment of Administration on Aging (AoA)—Funded Fall Prevention Programs for Older Adults—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NCIPC seeks to examine cost of implementing each of the three AoA-funded fall prevention programs for older adults (Stepping On, Moving for Better Balance and Matter of Balance) and to assess the maintenance of fall prevention behaviors among participants six months after completing the Matter of Balance program. To assess the maintenance of fall prevention behaviors, CDC will conduct telephone interviews of 425 Matter of Balance program participants six months after they have completed the program. The interview will assess their knowledge and self-efficacy related to falls as taught in the course, their activity and exercise levels, and their reported falls both before and after the program. The results of the follow-up assessment will determine the extent to which preventive behaviors learned during the Matter of Balance program are maintained and can continue to reduce fall risk. The cost assessment will calculate the lifecycle cost of the Stepping On, Moving for Better Balance, and Matter of Balance programs. It will also include calculating the investment costs required to implement each program, as well as the ongoing operational costs associated with each program. These costs will be allocated over a defined period of time depending on the average or standard amount of time these programs continue to operate (standard lifecycle analysis ranges from five to 10 years). As part of the lifecycle cost calculation, these data will allow us to compare program costs and to identify specific cost drivers, cost risks, and unique financial attributes of each program. Local program coordinators for the 200 sites in each of the AoA-funded states will collect the cost data using lifecycle cost spreadsheets that will be returned to CDC for analysis. The results of these studies will support the replication and dissemination of these fall prevention programs and enable them to reach more older adults. The Survey Screen takes 3 minutes, the survey instrument takes forty five minutes, and the cost tool takes two hours to complete. There are no costs to respondents other than their time.

The total annual burden is 744 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Type of form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Program participant	Follow-up Survey Screen for Matter of Balance-Introduction Script.	500	1	3/60
	Follow-up Survey for Matter of Balance	425	1	45/60
Program coordinator	Cost assessment of AoA-funded fall prevention programs.	200	1	2

Dated: February 26, 2009.

Maryam Daneshvar,

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

[FR Doc. E9–4728 Filed 3–4–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Injury Prevention and Control Initial Review Group (NCIPC IRG)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), CDC announces the following meeting of the aforementioned review group:

Times and Dates:

6 p.m.–6:30 p.m., March 23, 2009 (Open).

6:30 p.m.–8 p.m., March 23, 2009 (Closed).

8 a.m.–5 p.m., March 24, 2009 (Closed).

8 a.m.–5 p.m., March 25, 2009 (Closed).

Place: The W Hotel, 3377 Peachtree Road, NE., Atlanta, Georgia 30326, Telephone: (678) 500–3181.

Status: Portions of the meetings will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5, U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Section 10(d) of Public Law 92–463.

Purpose: This group is charged with providing advice and guidance to the Secretary, Department of Health and Human Services, and the Director, CDC, concerning the scientific and technical merit of grant and cooperative agreement applications received from academic institutions and other public and private profit and nonprofit organizations, including State and local government agencies, to conduct specific injury research that focuses on prevention and control.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of applications submitted in response to Fiscal Year 2009 Requests for Applications related to the following individual research announcement: CE09–007, Research Grants for Preventing Violence and Violence Related Injury (R01).

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: J Felix Rogers, Phd, M.P.H., NCIPC, Extramural Research Program Office, CDC, 4770 Buford Highway, NE., M/S F62, Atlanta, Georgia 30341–3724, Telephone (770) 488–4334.

The Director, Management Analysis and Services Office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: February 25, 2009.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E9–4642 Filed 3–4–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Subcommittee for Dose Reconstruction Reviews (SDRR), Advisory Board on Radiation and Worker Health (ABRWH), National Institute for Occupational Safety and Health (NIOSH)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention, announces the following meeting for the aforementioned subcommittee:

Time and Date:

9:30 a.m.–5 p.m., March 12, 2009.

Place: Cincinnati Airport Marriott, 2395 Progress Drive, Hebron, Kentucky 41018. Telephone (859) 334–4611, Fax (859) 334–4619.

Status: Open to the public, but without a public oral comment period. To access by conference call dial the following information 1 (866) 659–0537, Participant Pass Code 9933701.

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines that have been promulgated by the Department of Health and Human Services (HHS) as a final rule; advice on methods of dose reconstruction which have also been promulgated by HHS as a final rule; advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program; and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC).

In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to CDC. NIOSH implements this responsibility for CDC. The charter was issued on August 3, 2001, renewed at appropriate intervals, and will expire on August 3, 2009.

Purpose: The Advisory Board is charged with (a) Providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class. The Subcommittee for Dose Reconstruction