

## ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Web-based Survey .....	ECCS Coordinators .....	52	1	0.75	39
Web-based Survey .....	State Team Members .....	260	1	0.3	78
Telephone Interview .....	ECCS Coordinators .....	52	1	1.5	78
Indicator Reporting System .....	ECCS Coordinators .....	52	1	1.5	78
Total .....		416	.....	.....	273

E-mail comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: July 16, 2009.

**Alexandra Huttinger**,  
Director, Division of Policy Review and Coordination.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration on Aging

#### Agency Information Collection Activities; Submission for OMB Review; Comment Request; SMP (Formerly Senior Medicare Patrol) Program Outcome Measurement

**AGENCY:** Administration on Aging, HHS.  
**ACTION:** Notice.

**SUMMARY:** The Administration on Aging (AoA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

**DATES:** Submit written comments on the collection of information by August 24, 2009.

**ADDRESSES:** Submit written comments on the collection of information by fax 202.395.6974 to the OMB Desk Officer for AoA, Office of Information and Regulatory Affairs, OMB.

**FOR FURTHER INFORMATION CONTACT:** Doris Summey, telephone (202) 357-3533; e-mail: [doris.summey@aoa.hhs.gov](mailto:doris.summey@aoa.hhs.gov).

**SUPPLEMENTARY INFORMATION:** In compliance with 44 U.S.C. 3507, AoA has submitted the following proposed collection of information to OMB for review and clearance.

Grantees are required by Congress to provide information for use in program

monitoring and for Government Performance and Results Act (GPRA) purposes. This information collection reports the number of active volunteers, issues and inquiries received, other SMP program outreach activities, and the number of Medicare dollars recovered, among other SMP performance outcomes. This information is used as the primary method for monitoring the SMP Projects.

AoA estimates the burden of this collection of information as follows: Respondents: 54 SMP grantees at 23 hours per month (276 hours per year, per grantee). Total Estimated Burden Hours: 14,904 hours per year.

Dated: July 17, 2009.

**Kathy Greenlee**,

Assistant Secretary for Aging.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-09-08AA]

#### 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](mailto: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

Evaluation of health communication messages for Infertility Prevention Campaign—New—National Center for

HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Elimination Programs (NCHHSTP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The purpose of the proposed study is to develop, test, implement, and evaluate the effectiveness and satisfaction with Chlamydia health messages, products, and methods of dissemination.

Chlamydia (CT) is among the leading causes of pelvic inflammatory disease (PID), which can lead to infertility, ectopic pregnancy, and chronic pelvic pain. Most cases of CT are asymptomatic so infected girls and women are unaware of their infections. CDC estimates that in 2006, young women aged 15 to 19 years had the highest CT rate (2,862 cases per 100,000 females), followed by women aged 20 to 24 (2,797 cases per 100,000 females). These rates are likely to be underestimated, because many infected persons do not seek medical care and testing. Data at CDC suggests that CT develops into PID in up to 40% of untreated women and that 12% of women are infertile after their first experience with PID.

CDC plans to obtain public preferences that will guide the development of health communication messages/materials about CT with females in the following age groups: 15-17 years who attend school; 15-17 years who do not attend school; 18-25 years who are employed; And 18-25 years who attend school full-time. Focus groups will be conducted at local pre-determined focus group facilities, and surveys will be conducted online and in malls. Women ages 18-25 years, both employed and working full-time, will be recruited by phone through professional recruitment vendors for focus groups; and in malls and on social networking sites for surveys. Girls ages 15-17 years, who do and do not attend school full-time, will be recruited by phone through professional recruitment vendors for focus groups, after obtaining parental consent; and, in malls and through