Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Public Sector Groups	332	0.33	0.2	22
Health Professionals	711	0.33	0.2	47
Totals	2,450			162

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, *OIRA_submission@omb.eop.gov* or by fax to 202–395–6974, *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. Ann M. Taubenheim, Principal Investigator, National Heart, Lung, and Blood Institute, Office of Communications and Legislative Activities, NIH, 31 Center Drive, Building 31, Room 4A10, Bethesda, MD 21045, or call non-toll-free number 301–496–4236 or e-mail your request, including your address, to *taubenha@nhlbi.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: May 22, 2009.

Ann M. Taubenheim,

Principal Investigator, NHLBI, National Institutes of Health.

[FR Doc. E9–12604 Filed 5–29–09; 8:45 am]

BILLING CODE 4140–10–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2009–N–0220]

Agency Information Collection Activities; Proposed Collection; Comment Request; Experimental Study of Nutrition Symbols on Food Packages

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the Experimental Study of Nutrition Symbols on Food Packages.

DATES: Submit written or electronic comments on the collection of information by July 31, 2009.

ADDRESSES: Submit electronic comments on the collection of information to *http://www.regulations.gov*. Submit written comments on the collection of information to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Jonna Capezzuto, Office of Information Management (HFA–710), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–796–3794.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, FDA invites comments on these topics: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA'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 respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

Experimental Study of Nutrition Symbols on Food Packages

FDA has been following the emergence of front-of-package nutrition symbols in the marketplace. These symbols are associated with programs from sources including food manufacturers, retailers, and third party organizations (e.g., trade and health organizations). The symbols are intended to assist consumer choice by providing simplified and easily-accessible information on the nutritional attributes of a food product. Relevant and nonproprietary information about the effects of nutrition symbols on consumers, however, is limited (see, for example, Feunekes et al., 2008; ''FDA Comments on Symbols Public Hearing and Current Plans for Addressing Issues,'' Docket

No. FDA–2007–N–0198).[1] [2] Therefore, FDA is proposing to conduct an experimental study to assess quantitative consumer reactions to front-of-package nutrition symbols.

FDA conducts research and educational and public information programs relating to food safety under its broad statutory authority, set forth in section 903(b)(2) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 393 (b)(2)), to protect the public health by ensuring that foods are ''safe, wholesome, sanitary, and properly labeled,'' and in section 903(d)(2)(C) (21 U.S.C. 393 (d)(2)(C)), to conduct research relating to foods, drugs, cosmetics and devices in carrying out the act.

The purpose of the study is to help enhance FDA's understanding of consumer understanding and use of a selected sample of nutrition symbols in the domestic marketplace. The study is part of the agency's continuing effort to enable consumers to make informed dietary choices and construct healthful diets.

The proposed experimental study will use a Web-based survey to collect information from a sample of adult members in an online consumer panel established by a contractor. The study plans to randomly assign each of 2,400 participants to view a label from a set of food labels that vary in the presence and type of symbol, the type of food product, and the quality of nutritional attributes of the product. The study plans to make the mandatory Nutrition Facts label available to all participants. The study will focus on the following types of consumer reaction: (1) Judgments about a food product in terms of its nutritional attributes, overall healthfulness, health benefits, and other characteristics such as taste; (2) judgments about a label in terms of its credibility in conveying the product's nutritional attributes and helpfulness in product choices; (3) identification of the more nutritious product in a pair of products; and (4) impact of the symbol on the use of the Nutrition Facts label. To help understand consumer reactions, the study will also collect information on participants' background, including but not limited to consumption and perceptions of food products, nutrition attitudes and practice, food label use, health literacy, and health status.

In addition, the study will conduct a separate face-to-face eye-tracking examination using a separate sample of 30 adult consumers to explore their label viewing patterns when they are asked to judge product attributes and to compare products. Participants will be selected from a commercial database of consumers.

The study results will be used to help the agency in its continuing evaluation of issues related to the use of nutrition symbols in food labeling. The results of the experimental study will not be used to develop population estimates.

FDA estimates the burden of this collection of information as follows:

TABLE 1.—ESTIMATED ANNUAL REPORTING BURDEN[1]

Portion of Study	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
Cognitive interview screener	144	1	144	0.083	12
Cognitive interview	18	1	18	1	18
Pretest invitation	1,600	1	1,600	0.033	53
Pretest	200	1	200	0.25	50
Survey invitation	19,200	1	19,200	0.033	634
Survey	2,400	1	2,400	0.25	600
Eye-tracking screener	240	1	240	0.083	20
Eye-tracking	30	1	30	1	30
Total					1,417

[1] There are no capital costs or operating and maintenance costs associated with this collection of information..

To help design and refine the questionnaire to be used for the experimental study, we plan to conduct cognitive interviews by screening 144 adult consumers in order to obtain 18 participants in the interviews. Each screening is expected to take 5 minutes (0.083 hours) and each cognitive interview is expected to take 1 hour. The total for cognitive interview activities is 30 hours (12 hours + 18 hours). Subsequently, we plan to conduct pretests of the survey questionnaire before it is administered in the study. We expect that 1,600 invitations, each taking 2 minutes (0.033 hours), will need to be sent to adult members of an online consumer panel to have 200 of them complete a 15–minute (0.025 hours) pretest. The total for the pretest activities is 103 hours (53 hours + 50 hours). For the survey, we estimate that 19,200 invitations, each taking 2 minutes (0.033 hours), will need to be sent to adult members of an online consumer panel to have 2,400 of them complete a 15–minute (0.025 hours) questionnaire. The total for the survey activities is 1,234 hours (634 hours + 600 hours). To conduct the eye-tracking study, we expect to screen 240 adult consumers, each taking 5 minutes (0.083 hours), to have 30 of them participate in an 1-hour interview. The total for the eye-tracking activities is 50 hours (20 hours + 30 hours). Thus, the total estimated burden is 1,417 hours. FDA's burden estimate is based on prior experience with research that is similar to this proposed study.

[1] Feunekes, G. I. J., I. A. Gortemaker, A. A. Willems, and R. Lion, Front-of-pack Nutrition Labeling: Testing Effectiveness of Different Nutrition Labeling Formats Front-of-pack in Four European Countries, *Appetite* 50(1): 57-70, 2008.

[2] *http://www.cfsan.fda.gov/~dms/cfsup196.html.*

Dated: May 26, 2009.

Jeffrey Shuren,

Associate Commissioner for Policy and Planning.

[FR Doc. E9–12669 Filed 5–29–09; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–09–0743]

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

Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories (OMB Control No. 0920–0743, Exp. 7/31/2009)–Revision–National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Substantial evidence demonstrates the health benefits of breastfeeding. Breastfeeding mothers have lower risks of breast and ovarian cancers and type 2 diabetes, and breastfeeding better protects infants against infections, chronic diseases like diabetes and obesity, and even childhood leukemia and sudden infant death syndrome (SIDS). However, the groups that are at higher risk for diabetes, obesity, and poor health overall persistently have the lowest breastfeeding rates. Public health priorities for the U.S. include increasing the overall rate of breastfeeding, and reducing variation in breastfeeding rates across population subgroups.

The health care system is one of the most important and effective settings to improve breastfeeding. In 2007, CDC conducted the first national survey of Maternity Practices in Infant Nutrition and Care (known as the mPINC Survey) in health care facilities (hospitals and free-standing childbirth centers). The survey was designed to provide baseline information and to be repeated again in 2009. It inquired about patient education and support for breastfeeding throughout the maternity stay as well as staff training and maternity care policies. Each responding organization received a customized Benchmark Report as well as other feedback to use in self-assessment and quality improvement activities.

CDC proposes to repeat the mPINC in 2009 using previously fielded questions and methodology. In addition to all facilities that participated in 2007, the 2009 survey will include those that were invited but did not participate in 2007 and any that are new since then. All birth centers and hospitals with ≥ 1 registered maternity beds will be screened via a brief phone call to assess their eligibility, identify additional locations, and identify the appropriate point of contact.

A major goal of the 2009 survey is to be fully responsive to respondents' needs for information and technical assistance. CDC will again provide customized benchmark reports to respondents and document progress since 2007 on their quality improvement efforts. National and state reports will use de-identified data to describe incremental changes in practices and care processes over time at the facility, state, and national levels.

Participation in the survey is voluntary, and responses may be submitted by mail or through a web-based system. There are no costs to respondents other than their time. The total estimated annualized burden hours are 1,686.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Hospitals	Telephone Screening Interview for Hospitals	3,897	1	5/60
	2009 mPINC Survey for Hospitals	2,568	1	30/60
Birth Centers	Telephone Screening Interview for Birth Centers	192	1	5/60
	2009 mPINC Survey for Birth Centers	122	1	30/60

Dated: May 26, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9–12631 Filed 5–29–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-0920–09BS]

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*.

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