

data/information from state asthma control programs: (1) Information that is currently collected as part of interim (semi-annual) and end-of-year progress reporting, (2) Aggregate level reports of surveillance data on long-term program outcomes, and (3) Specific data indicative of progress made on: Partnerships, surveillance, interventions, and evaluation.

Currently, data is collected on an interim (semi-annual) basis from state asthma control programs as part of regular reporting of cooperative agreement activities. Programs report information such as progress to date on accomplishing intended objectives, programmatic changes, changes to staffing or management, and budgetary information. Regularly reporting this information is a requirement of the cooperative agreement mechanism utilized to fund state asthma control programs. Information in this section will be consistent with previous reporting by states through Grants.gov. States will be required to submit interim (semi-annual) and year-end progress report information into AIRS, thus this type of

programmatic information on activities and objectives will be collected twice per year (interim report and end-of-year report).

The National Asthma Control Program at CDC has access to and analyzes national-level asthma surveillance data (<http://www.cdc.gov/asthma/asthmaadata.htm>). With the exception of data from the Behavioral Risk Factor Surveillance System (BRFSS), analyses cannot be conducted at the level of the state. Therefore, as part of AIRS, state asthma control programs will be asked to submit aggregate surveillance data to allow calculation of state asthma surveillance indicators across all funded states (where data is available) in a standardized manner. Data likely to be requested through this system include: Hospital discharges (with asthma as first listed diagnosis), and emergency department visits (with asthma as first listed diagnosis). States will be required to submit this information into AIRS once per year, in conjunction with the end of year reporting of activities and objectives, described above.

National and state asthma surveillance data provide information useful to examining progress on long-term outcomes of state asthma programs. To identify appropriate indicators of program implementation and short-term outcomes, CDC convened and facilitated workgroups comprised of state asthma control program representatives over the course of two years. In collaboration with these workgroups, the CDC generated specific questions (qualitative and quantitative in nature) intended to collect data on key features of state asthma control programs: Partnerships, surveillance, interventions, and evaluation. States will be asked to provide answers to these questions once per year in conjunction with the end of year reporting of activities and objectives, described above. These data will be used to foster a continuous learning environment about what is working in state asthma programs and to identify potential areas for improvement.

There will be no cost for grantees to participate in AIRS.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Forms	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State Health Departments .....	Interim report on activities and objectives.	36	1	2	72
	End of year report on activities, objectives and aggregate surveillance.	36	1	6	216
Total .....	.....	36	2	8	288

Dated: September 3, 2009.

**Maryam I. Daneshvar,**

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

[FR Doc. E9-21913 Filed 9-10-09; 8:45 am]

BILLING CODE 4163-18-P

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Centers for Disease Control and Prevention

[60Day-09-09CL]

#### 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 project or to obtain a copy of data collection plans and instruments, call the CDC Reports Clearance Officer on 404-639-5960 or send comments to CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS D-74, 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 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

Calibration of the Short Strengths and Difficulties Questionnaire (SDQ) in the National Health Interview Survey (NHIS)—New—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. Section 520 [42 U.S.C. 290bb-31] of the Public Health

Service Act, establishes the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), and authorizes the CMHS to conduct surveys with respect to mental health. To monitor the prevalence of children and youth with mental health problems, CMHS and the National Institute of Mental Health (NIMH), through a reimbursable agreement with the NCHS have funded questions on children's mental health on the National Health Interview Survey (NHIS).

One component of the NHIS is the short Strengths and Difficulties Questionnaire (short SDQ), a module that has obtained data on the mental health of children aged 4–17 years since 2001. As part of its mission, CMHS has undertaken the task of improving its methods for providing national

estimates related to child mental health, specifically by conducting studies that determine validity and appropriate cut-points for measuring serious psychological distress in adults. To ensure that the short SDQ is a valid measure of child mental health, the proposed study calibrates the SDQ on the NHIS to a standard psychiatric measure. Highly trained clinical interviewers will administer, via telephone, the Child and Adolescent Psychiatric Assessment (CAPA) or the Pre-School Age Psychiatric Assessment (PAPA) to the parents of a sample of children aged 4–17 years identified in the NHIS as having mental health problems. Children aged 9–17 will also be interviewed using Child and Adolescent Psychiatric Assessment (CAPA). Clinical interviewers will also administer these assessments to a

suitable control group of parents and children. One part of this voluntary study will investigate the use of incentives which may be paid to all parents, and another incentive may be paid to all parents who complete the clinical interview. A 24 month clearance is being sought to conduct this study.

Data collected in the follow-up interviews will then be used to calibrate the short SDQ as it is used in the NHIS. Data will not be used to produce national estimates.

This study includes a pilot study of 36 children and 50 parents to test the procedures and methods, including the necessity of an incentive, followed by a full survey of approximately 400 parents and 300 children.

There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of survey	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response in hours	Total burden in hours
Pilot .....	Parents .....	25	1	40/60	17
	Children .....	18	1	28/60	8
Full Calibration .....	Parents .....	200	1	40/60	133
	Children .....	150	1	28/60	70
Total .....	.....	.....	.....	.....	228

Dated: September 2, 2009.

**Maryam I. Daneshvar,**

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

[FR Doc. E9–21912 Filed 9–10–09; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Library of Medicine; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which

would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Library of Medicine Special Emphasis Panel.

*Date:* October 22, 2009.

*Time:* 12 p.m. to 3 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Library of Medicine, 6705 Rockledge Drive, Bethesda, MD 20817 (Telephone Conference Call).

*Contact Person:* Zoe E. Huang, MD, Scientific Review Officer, Division of Extramural Programs, National Library of Medicine, National Institutes of Health, 6705 Rockledge Drive, Suite 301, MSC 7968, Bethesda, MD 20892–7968, 301–594–4937. [huangz@mail.nih.gov](mailto:huangz@mail.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.879, Medical Library Assistance, National Institutes of Health, HHS)

Dated: September 2, 2009.

**Jennifer Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. E9–21770 Filed 9–10–09; 8:45 am]

**BILLING CODE 4140–01–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Library of Medicine; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the Biomedical Library and Informatics Review Committee, November 5, 2009, 8 a.m. to November 6, 2009, 2 p.m., National Library of Medicine, Building 38, Board Room, 2nd Floor, 8600 Rockville Pike, Bethesda, MD 20892 which was published in the **Federal Register** on July 24, 2009, 74 FR 36726.

The meeting will end on November 6, 2009 at 9 a.m. The meeting is closed to the public.

Dated: August 28, 2009.

**Jennifer Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. E9–21766 Filed 9–10–09; 8:45 am]

**BILLING CODE 4140–01–M**