Health and Clinical Care Connections Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. No. 92–463, 5 U.S.C., App.).

DATES: May 7, 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 CONTACT: *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.*

Judith Sparrow,

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

[FR Doc. E8–7720 Filed 4–11–08; 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 Personalized Healthcare Workgroup Meeting

ACTION: Announcement of meeting.

SUMMARY: This notice announces the 15th meeting of the American Health Information Community Personalized Healthcare Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. No. 92.463, 5 U.S.C., App.).

DATES: May 2, 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 a photo ID for entry to a Federal building.

FOR FURTHER INFORMATION CONTACT: *http://www.hhs.gov/healthit/ahic/healthcare/.*

SUPPLEMENTARY INFORMATION: The Workgroup will discuss possible common data standards to incorporate interoperable, clinically useful genetic/genomic information and analytical tools into Electronic Health Records (EHRs) to support clinical decision-making for the clinician and consumer.

The meeting will be available via Web cast. For additional information, go to:*http://www.hhs.gov/healthit/ahic/healthcare/phc_instruct.html.*

Judith Sparrow,

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

[FR Doc. E8–7722 Filed 4–11–08; 8:45 am]

BILLING CODE 4150–45–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–08–08AY]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirements 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 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 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

Knowledge, Attitudes, and Behavior of Medical Residents toward Adult Patients Who Have Experienced Adverse Childhood Experiences—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Recent advances in public health and medical research have underscored the role childhood trauma plays in the genesis of major risk factors for the leading causes of morbidity and mortality among adults in the United States. Evidence from a range of samples suggests that exposure to adverse childhood experiences (ACEs) is more common than previously understood, and that those affected by ACEs will have a major impact on the delivery of health care services through higher utilization and treatment costs. Although these findings are widely cited by psychologists, psychiatrists, and social workers, it is less clear that this information has circulated broadly within medical professions where it may be helpful in secondary and tertiary prevention of health problems. The literature also suggests that physicians may be uncomfortable with screening adult patients for ACEs.

As part of ongoing efforts to reduce the burden of chronic disease, the Division of Adult and Community Health at CDC seeks to collect information about the penetration into current medical education of evidence concerning the relationship between ACEs and poor adult health. Information will be collected by administering a brief voluntary questionnaire to 300 fourth-year medical residents. The sample will be drawn from a range of U.S. medical schools as well as through the American Medical Student Association. Potential participants will be solicited via e-mail, and those who choose to participate will be directed via a web-link to a web-based survey instrument.

Information to be collected includes residency type, public health experience, and an attitudes and knowledge measure designed to determine medical residents' current expertise in recognizing the long-term outcomes associated with adverse childhood experiences.

By understanding the quality of medical education in this area and the attitudes, beliefs, and experiences of medical residents, educational initiatives can be developed that will address the unmet needs of future physicians to care for the large number of patients burdened by ACEs.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Medical School Residents	300	1	30/60	150

Dated: April 8, 2008.

Maryam I. Daneshvar,

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

[FR Doc. E8–7844 Filed 4–11–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–08–07BD]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 20503 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Building Related Asthma Research in Public Schools—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. The Occupational Safety and Health Act, Public Law 91–596 (section 20[a][1]) authorizes the National Institute for Occupational Safety and Health (NIOSH) to conduct research to advance the health and safety of workers. NIOSH is conducting a longitudinal study among teachers and staff in public schools. The goals of this study are (1) to document the time course of changes in respiratory health, sick leave, and quality of life in relation to building remediation for water incursion and dampness problems; (2) to validate the reporting of building-related lower respiratory symptoms in school staff with bronchial hyper-responsiveness by the use of serial spirometry to look for building-related patterns of airflow variability; and (3) to demonstrate that a toolkit comprised of a semi-quantitative index for assessing water damage and signs of moisture in schools, along with a short health questionnaire, can be used by school personnel to pinpoint specific problem areas and aid remediation efforts.

The Centers for Disease Control and Prevention sponsored the Institute of Medicine to make an exhaustive review of the published literature relating exposures in damp buildings to health consequences. The committee findings, summarized in *Damp Indoor Spaces and Health* (Institute of Medicine of the National Academies of Science 2004), concluded that sufficient evidence exists for associating the presence of mold or other agents in damp buildings to nasal and throat symptoms, cough, wheeze, asthma symptoms in sensitized asthmatics, and hypersensitivity pneumonitis in susceptible persons. Identification of specific causal agents for these health outcomes in damp environments requires more investigation, and more research and demonstration projects are needed to evaluate interventions in damp buildings.

NIOSH is proposing to conduct an initial cross-sectional respiratory health survey in three public schools. The study will then continue with two additional years of longitudinal follow-up, which will be used to assess respiratory health and environmental conditions in relation to time and intervention status in the three schools. NIOSH will study one school with no history of building leaks and good control of internal moisture sources, one school with previous building leaks and water damage but with subsequent renovation before the start of the study, and one school with current building leaks and dampness problems with renovation scheduled during the study. The questionnaire will be administered each year by a NIOSH interviewer who will record the responses directly into a computer. The questionnaire will be offered to all school employees; we expect no more than 300 participants. It will include sections on the participant's medical history, work history, and home environment. For participants who no longer work at the school, a short questionnaire will be administered by NIOSH staff over the telephone during the second and third years of the study. Assuming that 10% of the participants will leave the school during the three-year period, we expect to interview about 30 former workers.

All participants from the initial cross-sectional survey meeting an epidemiologic definition of asthma and reporting that the symptoms improve away from the school will be asked to perform spirometry and a methacholine challenge test, or if obstructed, a bronchodilator test, both of which are standard medical tests for asthma; NIOSH anticipates about 45 respondents for these tests. A maximum of twenty participants who are positive for either lung function test will be asked to participate in the serial spirometry study, which will cover three weeks during the school term and an additional three weeks during the summer break.

The school nurse will be trained in using a shortened version of the health questionnaire to all school staff and analyze the results of the survey. Additionally, facility personnel will be trained in the use of a semi-quantitative index tool and asked to use the tool to assess areas in the schools for water damage and signs of moisture during their routine inspections. Participation in all components of the study is completely voluntary.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 1030.