

writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at [www.ffiec.gov/nic/](http://www.ffiec.gov/nic/).

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than July 10, 2008.

**A. Federal Reserve Bank of Cleveland**  
(Douglas A. Banks, Vice President) 1455 East Sixth Street, Cleveland, Ohio 44101-2566:

1. *Lewis County Capital Corporation, Ladera Ranch, California*; to become a bank holding company by acquiring 100 percent of the voting shares of First Community Bank, Lewis County, Vanceburg, Kentucky.

**B. Federal Reserve Bank of Dallas**  
(W. Arthur Tribble, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. *Charter Bancshares, Inc., Corpus Christi, Texas, and Charter IBHC, Inc., Wilmington, Delaware*; to acquire 51 percent of the voting shares of Charter Alliance Bank, Corpus Christi, Texas, a de novo bank.

Board of Governors of the Federal Reserve System, June 11, 2008.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-08-0572]

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

#### Proposed Project

Health Message Testing System—Revision—National Center for Health Marketing (NCHM), Coordinating Center for Health Information and Service (CCHIS), Centers for Disease Control and Prevention, (CDC).

#### Background and Brief Description

The National Center for Health Marketing (NCHM) was established as part of the Centers for Disease Control and Prevention's Futures Initiative to help ensure that health information, interventions, and programs at CDC are based on sound science, objectivity, and continuous customer input.

Before CDC disseminates a health message to the public, the message always undergoes scientific review. However, reflecting the current state of scientific knowledge accurately provides no guarantee that the public will understand a health message or that the message will move people to take recommended action. Communication theorists and researchers agree that for health messages to be as clear and influential as possible, target audience members or representatives must be involved in developing the messages and provisional versions of the messages must be tested with members of the target audience.

However, increasingly there are circumstances when CDC must move swiftly to protect life, prevent disease, or calm public anxiety. Health message testing is even more important in these instances, because of the critical nature of the information need. Consider the following situations:

CDC must communicate about a hazard, outbreak, or other emergency that presents an urgent threat to one or more segments of the public. The national crisis in which anthrax spores contaminated mail, postal facilities, and congressional buildings is a striking example.

CDC receives a mandate from Congress with a tight deadline for

communicating with the public about a specific topic. For example, in 1998 Congress gave CDC 120 days to develop and test messages for a public information campaign about *Helicobacter pylori*, a bacterium that can cause stomach ulcers and increase cancer risk if an infected individual is not treated with antibiotics.

Emerging lifestyle or technological trends create an ephemeral opportunity to leverage the attention or behavior of the public to increase the reach and/or salience of prevention messages. For example, media monitoring reveals a partnership between Napster, a music-based Web site, and the Pennsylvania State University. This partnership creates an ample opportunity for CDC to join in the collaboration to reach students with a salient health promotion message. For instance, a ticker found on the top of the Napster homepage screen might contain an informational URL followed by a message encouraging students, especially those residing in dormitories, to receive the meningitis inoculation series at their campus health center. This message would be tailored prior to the beginning of each academic year and would need to be posted in a timely manner before the arrival of the incoming freshman class.

Of equal importance, this communication mechanism can be effectively used in emergency "rapid response" situations such as the campus shooting incidents at Virginia Tech and North Illinois University.

In the interest of timely health message dissemination, many programs forgo the important step of testing messages on dimensions such as clarity, salience, appeal, and persuasiveness (i.e., the ability to influence behavioral intention). Skipping this step avoids the delay involved in the standard OMB review process, but at a high potential cost. Untested messages can waste communication resources and opportunities because the messages can be perceived as unclear or irrelevant. Untested messages can also have unintended consequences, such as jeopardizing the credibility of Federal health officials.

There is no cost to the respondents other than their time. The total estimated annualized burden hours are 2,470.

## ESTIMATED ANNUALIZED BURDEN HOURS

Data collection method	Number of respondents per method	Number of responses per respondent	Average burden per response (in hours)
Central Location Intercept Interviews .....	300	12	5/60
Telephone Interviews .....	300	12	4/60
Individual In-depth Interview (Cognitive Interviews) .....	200	10	6/60
Focus Group Screenings .....	900	10	3/60
Focus Groups .....	300	20	8/60
Online Surveys .....	400	12	6/60

Dated: June 9, 2008.

**Maryam I. Daneshvar,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Cardiometabolic Risk Factors Among Women of Reproductive Age, Potential Extramural Project 2008-R-07

*Correction:* This notice was published in the **Federal Register** on April 16, 2008, Volume 73, Number 74, page 20680. The aforementioned meeting has been rescheduled to the following:

*Time and Date:* 1 p.m.-3 p.m., June 18, 2008 (Closed).

*Contact Person for More Information:* Linda Shelton, Program Specialist, Coordinating Center for Health and Information Service, Office of the Director, CDC, 1600 Clifton Road, NE., Mailstop E21, Atlanta, GA 30333. Telephone (404) 498-1194.

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: June 9, 2008.

**Elaine L. Baker,**

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

[FR Doc. E8-13442 Filed 6-13-08; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Validation of a Policy and Environmental Assessment Tool for Child Care Programs, Potential Extramural Project 2008-R-05

*Correction:* This notice was published in the **Federal Register** on April 16, 2008, Volume 73, Number 74, page 20679. The aforementioned meeting has been rescheduled to the following:

*Time and Date:* 1 p.m.-3 p.m., June 18, 2008 (Closed).

*Contact Person for More Information:* Linda Shelton, Program Specialist, Coordinating Center for Health and Information Service, Office of the Director, CDC, 1600 Clifton Road, NE., Mailstop E21, Atlanta, GA 30333. Telephone (404) 498-1194.

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: June 9, 2008.

**Elaine L. Baker,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Feasibility Study of Using Cancer Registries and Other Data Sources To Track Measure of Care in Colorectal and Breast Cancer, Potential Extramural Project 2008-R-08

*Correction:* This notice was published in the **Federal Register** on April 16, 2008, Volume 73, Number 74, pages 20678-20679. The aforementioned meeting has been rescheduled to the following:

*Time and Date:* 1 p.m.-3 p.m., June 19, 2008 (Closed).

*Contact Person for More Information:* Linda Shelton, Program Specialist, Coordinating Center for Health and Information Service, Office of the Director, CDC, 1600 Clifton Road, NE., Mailstop E21, Atlanta, GA 30333. Telephone (404) 498-1194.

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: June 9, 2008.

**Elaine L. Baker,**

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

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