

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

A Study of Primary and Secondary Prevention Behaviors Practiced Among Five-Year Survivors of Colorectal Cancer—New—Division of Cancer Prevention and Control (DCPC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Colorectal cancer (CRC) is the third most prevalent cancer and the second leading cause of cancer death in both men and women in the United States. In 2004, there were an estimated 145,083 new cases of colorectal cancer diagnosed and 53,580 deaths. However, the five-year relative survival rates of patients diagnosed with CRC have been steadily increasing since 1975 and there are now over 1 million CRC survivors in the U.S.

Despite improved survival rates, CRC survivors are at an elevated risk for cancer recurrence, second primary cancers, and other health problems after being treated for cancer. Research evidence suggests that these elevated risks can be mitigated by healthy lifestyle practices such as exercise and smoking cessation, and by undergoing regular medical follow-up and cancer screenings. A number of medical organizations, therefore, recommend that CRC survivors follow public health and clinical guidelines for prevention behaviors, medical follow-up, and cancer screenings.

A thorough understanding of how individuals make decisions about health care and cancer prevention following cancer diagnosis is imperative for developing public health policies, programs, and interventions to promote health and increased quality of life after cancer, but little is known about the factors that motivate or hinder the adoption of cancer prevention and screening behaviors among cancer survivors. Therefore, the goal of the current study is to identify the key factors associated with practicing (or not practicing) recommended prevention behaviors.

The proposed study will employ a survey of 5-year CRC survivors to collect information about knowledge, attitudes, psychosocial factors, health status and

behaviors, and utilization of health care services including screening services. Respondents will be individuals who have previously received a diagnosis of CRC, and will be identified through California Cancer Registry records. Permission to contact these individuals about participation in the study will be obtained from their physicians. Each physician associated with one or more CRC patients will be responsible for reviewing a customized list of names to identify patients who should not be contacted. Following receipt of physician permission, individuals who are eligible for the study will receive a pre-notification letter to inform them about the study and to give them an option to decline participation. Respondents who are recruited to the study will complete a self-administered survey that will be delivered and returned by mail. Non-response will be followed by an invitation to complete the survey via telephone interview. We estimate that 1,950 physicians will be contacted and that we will receive completed surveys from 1,000 CRC survivors.

Findings from this study will help guide future policies, programs, and interventions developed to enhance and improve the long-term health and well being of cancer survivors.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Physicians	List of Potential Study Participants ..	1,950	1	13/60	423
CRC Survivors	Survey of Health Behaviors	1,000	1	40/60	667
Total	1,090

Dated: July 23, 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

[60Day-08-05CS]

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 or 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 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

Nurse Delivered Risk Reduction Intervention for HIV-Positive Women—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

During the past two decades, HIV surveillance data indicate an increase in HIV/AIDS cases among women in the non-urban Southeastern United States. In 2006, the majority of HIV/AIDS cases (80%) among women were attributed to high-risk heterosexual contact with an infected partner. Women of color, particularly Black women, are

disproportionately affected by HIV/AIDS which also serves as a leading cause of death for Black women. Factors shown to be associated with HIV in the South include poverty, lack of access to medical care, poor education, lack of awareness of the disease, and exposure to other sexually transmitted diseases. Presently, there is an urgent need for enhanced HIV transmission prevention interventions for HIV positive women in the southeastern United States.

The purpose of this project is to adapt and test the efficacy of an HIV transmission prevention intervention for reducing sexual risk among 330 HIV positive women in the Southeastern United States, and to study factors associated with risk among women. A brief, nurse delivered, single session intervention will be evaluated using a randomized wait-list comparison design with a three-month follow-up assessment. This project will also conduct in-depth qualitative interviews with a subgroup of 25–30 women, in order to assess experiences with the

intervention, elicit recommendations for developing risk reduction intervention strategies, and to better understand the factors that place women at risk for HIV.

CDC is requesting approval for a 2-year clearance for data collection. This project will collect data from HIV positive women using a screening form to determine eligibility for participation in the study, a locator form to collect contact information from participants and a baseline and follow-up behavioral assessment that will be administered to 330 HIV positive women. The baseline and follow-up assessments contain questions about participants' socio-demographic information, health and health care, sexual activity, substance use, and other psychosocial issues. The duration of each assessment is estimated to be 45 minutes; the in-depth interview 60 minutes; the screening form 10 minutes; and the locator form 3 minutes.

There is no cost to the participants other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Screening Form	550	1	10/60	92
Locator Form	330	1	3/60	17
Assessment Baseline/Follow-up	330	2	45/60	495
In-depth Interview Guide	30	1	1	30
Total				634

Dated: July 24, 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

Board of Scientific Counselors, Coordinating Office for Terrorism Preparedness and Emergency Response

Correction: This notice was published in the **Federal Register** on July 7, 2008, Volume 73, Number 130, Page 38460. The times and dates for the aforementioned meeting have been changed to the following:

Times and Dates: 1 p.m.–4:45 p.m., August 5, 2008. 10:30 a.m.–3:30 p.m., August 6, 2008.

Contact Person for More Information: Barbara Ellis, Coordinating Office for Terrorism Preparedness and Emergency Response, CDC, 1600 Clifton Road, NE., Mailstop D44, Atlanta, GA 30333. Telephone: (404) 639-1528. E-mail: COTPER.BSC.Questions@cdc.gov. 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: July 23, 2008.

Elaine L. Baker,

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

[FR Doc. E8-17417 Filed 7-29-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Developmental Disabilities Protection and Advocacy Program Performance Report.

OMB No.: 0980-0160.

Description: This information collection is required by federal statute. Each State Protection and Advocacy System must prepare and submit a Program Performance Report for the preceding fiscal year of activities and accomplishments and of conditions in the State. The information in the Annual Report will be aggregated into a national profile of Protection and Advocacy Systems. It will also provide Administration on Developmental Disabilities (ADD) with an overview of program trends and achievements and will enable ADD to respond to