comments should be received within 30 days of this notice.

Proposed Project

Development and Testing of an HIV Prevention Intervention Targeting Black Bisexually-Active Men—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and Tuberculosis Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

African Americans continue to be disproportionately affected by HIV/AIDS. Results from the National HIV Behavioral Surveillance Project showed that during 2001–2004 African-Americans accounted for the majority of HIV/AIDS diagnoses in 33 states. Black men who have sex with men (MSM) have been identified as the population with the highest rates of HIV infection in the U.S. and as a population in need of new HIV prevention interventions. Previous research indicates that 20% to 40% of Black MSM also have female sex partners. Interventions developed for gay men may not be relevant or appropriate for men who have sex with men and women (MSMW), many of whom do not self-identify as gay and who may need different prevention strategies for their male and female partners. There are no effective HIV risk reduction interventions for African-American MSMW.

The purpose of the proposed study is to develop and pilot-test three novel behavioral interventions to reduce sexual risk for HIV infection and transmission among African-American MSMW who do not inject drugs. Eligible respondents will be recruited using chain referral sampling techniques. Three study sites (Public Health Management Corporation (PHMC), Nova Southeastern University (NOVA), and California State University (CSU) at Dominguez Hills) will use a randomized controlled trial to evaluate the effectiveness of the intervention. Depending on the site, respondents will be reimbursed up to a total of $305 for their time and effort over the course of the study. If these interventions are found to be effective, organizations that implement risk-reduction interventions will be able to use the curricula to intervene with this population more successfully. Ultimately, the beneficiary of this data collection will be African-American MSMW. There is no cost to respondents other than their time. The total estimated annual burden hours are 2,250.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Type of respondent	Form name	Number of respondents	Responses per respondents	Average burden per response (in hours)
Prospective Participant	Screener	1,250	1	5/60
Enrolled Participant	Locator Form	750	1	10/60
Enrolled Participant—PHMC	Baseline Assessment	250	1	1
Enrolled Participant—Nova	Baseline Assessment	240	1	1
Enrolled Participant—CSU	Baseline Assessment	260	1	1
Enrolled Participant—PHMC	Acceptability/Feasibility Survey	250	6	10/60
Enrolled Participant—Nova	Acceptability/Feasibility Survey	240	1	10/60
Enrolled Participant—CSU	Acceptability/Feasibility Survey	260	1	10/60
Enrolled Participant—PHMC	Immediate Follow-Up Assessment	225	1	30/60
Enrolled Participant—Nova	Immediate Follow-Up Assessment	216	1	30/60
Enrolled Participant—CSU	Immediate Follow-Up Assessment	234	1	30/60
Enrolled Participant—PHMC	3 month Follow-Up Assessment	200	1	1
Enrolled Participant—Nova	3 month Follow-Up Assessment	192	1	1
Enrolled Participant—CSU	3 month Follow-Up Assessment	208	1	1

Dated: May 4, 2010.

Maryam I. Daneshvar,

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

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–10–10CW]

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

Translation and Dissemination of Promising Community Interventions for Preventing Obesity—New—Division of Nutrition, Physical Activity and Obesity (DNPAO), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The need for prevention and reduction of overweight and obesity is compelling. In the U.S., 65% of adults are overweight or obese (obesity is defined as having a body mass index of 30 or more). Obesity contributes to chronic conditions such as

hypertension, Type 2 diabetes, stroke, coronary heart disease, and osteoarthritis. Beyond the human costs, economic costs are extreme and are climbing. One estimate is that medical expenses related to this epidemic accounted for 9.1% of total U.S. medical expenditures in 1998, and the U.S. Surgeon General has estimated that direct and indirect costs related to obesity totaled $117 billion in 2000. Healthy People 2010 established goals for obesity reduction, which included targets of weight reduction of 15% for adults and 5% for children and youth.

Targeting communities at risk of overweight and obesity is an essential step toward realizing the goal of reversing current trends in obesity. Community-based programs to reduce risk of heart disease provide some models; however, outcomes vary and are affected by several confounding conditions. A report on prevention of childhood obesity, prepared by the Institute of Medicine in 2007, concluded that there are insufficient studies to generate recommendations for best practices in obesity prevention. Instead, the report compiles promising practices, including those set in communities.

CDC plans to apply methodology recommended by the CDC Task Force on Community Preventive Services to improve the translation and dissemination of promising practices into community-based obesity prevention programs. Information necessary to this purpose will be collected from the general public by a contractor. Information will be collected concerning respondents' knowledge, attitudes, and beliefs about obesity and physical activity; the need for community leaders to encourage healthier diets and more physical activity; and opportunities for leveraging current community efforts.

Two hundred fifty respondents will be recruited to participate in four on-line, small-group discussions over a period of about one month. The discussions will utilize Voice over Internet Protocol technology and will be facilitated by a moderator. Each discussion will last one hour. In preparation for the initial discussion, respondents will receive a confirmation e-mail and will be asked to review a guide to on-line discussion groups. In addition, discussion group participants will be asked to review a set of briefing materials prior to the first on-line group meeting.

Information will also be collected through an on-line questionnaire administered on two occasions. The questionnaire is designed to measure the relative importance of various proposals for policy and environmental change, and whether change has occurred in perceptions of roles and responsibilities for obesity prevention. The questionnaire will be administered to the 250 discussion group participants before the initial discussion group meeting ("pre-test"), and again after all four discussion groups have been completed ("post-test").

Finally, the on-line questionnaire will be administered to a comparison group of 700 respondents. The comparison group will complete the questionnaire on two occasions; however, this group will not participate in the on-line discussions or review the briefing materials.

The information collection will be used to identify key issues for community obesity prevention programs, to refine promising obesity prevention practices for targeted communities, and to facilitate the dissemination of promising practices for obesity prevention. 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)
General Public	Discussion Group Moderator's Guide.	250	4	1	1,000
	Confirmation e-mail with Guide to On-Line Discussions.	250	1	10/60	42
	Briefing Materials	250	1	10/60	42
	On-Line Questionnaire	950	2	30/60	950
Total					2,034

Date: May 4, 2010.

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

[60 Day–10–0743]

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 D–74, 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