Home Supportive Services (IHSS) Program in Alameda County, California.

NIOSH has obtained input on the content and operational aspects of the survey through local stakeholder meetings. The survey instrument has been reviewed by subject matter experts and cognitive interviews have been conducted using the survey instrument. Input received was used to guide development of the survey instrument and plans for survey implementation.

Rather than inviting all 15,000 home care workers to participate through a mailing, as was stated in the 60 day notice, instead we will recruit participants through a mailing to a stratified random sample of 5000 current home care workers extracted from the regularly updated Alameda County IHSS program employee database. The sample will be stratified to reflect approximately equal numbers of English, Spanish and Chinese speaking home care workers using the preferred language variable included in the employee database. The mailing will include a letter explaining the study and an interest response form. Interested workers who would like to volunteer to participate in the study will complete the interest response form and return it in a self addressed envelope to the study contractor. The first 107 home care worker volunteers from each of the three language groups (320 total home care workers) who return their interest response forms will be randomized in equal groups into either an intervention or a control group and will be called and enrolled in the study by the survey contractor. The change from sending recruitment letters to all 15,000 workers to a more targeted recruitment pool of 5,000 English, Spanish, and Chinese speakers was made following additional input from our community partners. They considered the 5,000 to be sufficient to recruit the necessary 320 volunteers.

The primary client for each home care worker participant will also be called by the contractor and invited to participate in the study but the clients' willingness to participate will not affect whether a home care workers can remain as a study participant. Both the home care worker and their primary client will complete a pre- and a post-intervention telephone survey with a two-month interval between the two surveys. Data from the telephone surveys will be captured directly into an electronic database. Home care workers in the intervention group will receive the intervention materials and training during the interval between the pre and the post surveys. Home care workers in the control group will receive the intervention materials and training after the completion of the post survey. Each telephone survey will last approximately 30 minutes for home care workers and 15 minutes for clients. Because of the demographics of the population intervention materials as well as the evaluation surveys are in three languages: English, Spanish and Chinese.

Information will be collected on demographic variables including age, sex, race, education, income, primary language, and marital status. Information will be collected on the number of years a worker has been employed as a home care worker and the number of years a client has received home care services. Information will also be collected on working conditions and occupational exposures, work related injuries, knowledge of work-related health risks and workers' perception of the ease of controlling hazards. Finally, information will be collected from workers on their job satisfaction and clients on their satisfaction with caregiver services, on the quality of the caregiver and client relationships, and specific questions regarding use of the intervention materials.

The purpose of this information collection is to evaluate whether or not the educational materials (the Home Care Worker Handbook and training session) are effective in (1) conveying the intended message and (2) encouraging home care workers and their clients to make changes to reduce hazards. Without benefit of the evaluation, CDC will be unable to determine the effectiveness of the materials or formulate recommendations on their appropriate use and broader dissemination.

Once the study is completed, results will be made available via various means including the NIOSH internet site. NIOSH expects to complete data collection no later than spring of 2011. There is no cost to respondents other than their time.

The total estimated annual burden hours are 842.

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Home care workers	Home care worker interest response form	500	1	5/60
	Home care worker pre survey	320	1	30/60
	Home care worker training program	320	1	1
	Home care worker post survey	320	1	30/60
Home care clients	Client pre survey	320	1	15/60
	Client post survey (post)	320	1	15/60

Dated: October 27, 2010.

Carol Walker,

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–11–0794]

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 and send comments to Carol E. Walker, 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

Transgender HIV Behavioral Survey (THBS) (0920–0794 exp. 12/31/2010)—Reinstatement with change—National Center for HIV, Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Transgender persons, who were born male (male-to-female) are considered to be a high risk group for acquiring Human Immunodeficiency Virus (HIV) infection. The National HIV/AIDS Strategy for the United States calls for reducing new infections, in part, by intensifying HIV prevention efforts in communities where HIV is most heavily concentrated. The strategy also calls for state and local health departments as well as federal agencies to monitor progress towards the strategy's goal. This project addresses national goals by providing a mechanism for describing and monitoring the HIV risk behaviors and HIV prevention experiences of transgender persons.

The Centers for Disease Control and Prevention request approval for a 3-year reinstatement with change of the previously approved Transgender HIV Behavioral Survey (THBS)—(OMB No. 0920–0794, expires December 31, 2010). The previously approved project was a pilot. The purpose of this request is to conduct a behavioral survey among male-to-female transgender persons to assess prevalence of and trends in: (1) Risk behaviors for HIV infection, (2) HIV testing behaviors, and (3) exposure to, use of, and impact of HIV prevention services. The results of this data collection will be used to assess progress toward CDC's goals to increase the proportion of people who consistently engage in behaviors that reduce risk of HIV transmission or acquisition; and to monitor behaviors that increase the risk of HIV infection (among those who are not infected).

For the proposed data collection, the questionnaire used for the previously approved pilot has been shortened and a recruiter debriefing instrument has been added. The project activities and methods will remain the same as those used in the previously approved pilot.

Data will be collected through in-person, computer-assisted interviews conducted by trained interviewers in 5 Metropolitan Statistical Areas (MSA) or MSA Divisions in the United States. The MSAs chosen will be among those currently participating in the National HIV Behavioral Surveillance system (*see* **Federal Register** dated January 19, 2007: Vol. 72, No. 12, pages 2529–2530).

Respondent Driven Sampling (RDS) will be used to recruit participants. Except for a few initial ("seed") recruits, persons will be recruited by peers for participation in THBS. A screener questionnaire will be used to determine eligibility for participation. In one year, approximately 1,100 individuals will be approached and screened (through a 5-minute interview) for eligibility to participate. Approximately 1,000 individuals are expected to be eligible and participate in the 40-minute behavioral assessment interview each year. After the interview, the interviewer will train the respondent to recruit up to five of her peers. When she returns to the field site, she will be debriefed using a computer-assisted, interviewer-administered recruiter debriefing instrument. Approximately 600 peer recruiters are expected to participate as peer recruiters, about 500 of whom will return to be debriefed through a 2-minute interview. Participation of respondents is voluntary and there is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Persons Referred by Peer Recruiters.	Screener	1,100	1	5/60	92
Eligible Transgender Persons	Behavioral assessment	1,000	1	40/60	667
Peer Recruiters	Recruiter Debriefing	500	1	2/60	17
Total					776

Dated: October 27, 2010.

Carol E. Walker,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

Title: Tracking of Participants in the Early Head Start Research and Evaluation Project.

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS) will conduct tracking of children/families who participated in the Early Head Start Research and Evaluation Project (EHSREP). The purpose of tracking these participants is to maintain up-to-date contact information for the children/families in the event that the Administration for Children and Families (ACF) determines that a future follow-up to the EHSREP will take place.

The EHSREP is a longitudinal study designed to meet the requirement in the 1994 reauthorization (continued in the 1998 reauthorization) for a national evaluation of the new infant-toddler