ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
NHANES Respondents	18,813	1	2	37,626
Special study/pretest participants	4,000	1	3	12,000
Total				49,626

Dated: April 13, 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

[60Day–10–10CM]

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 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

HIV/AIDS Risk Reduction Interventions for African-American Heterosexual Men—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

African Americans continue to be disproportionately affected by HIV/AIDS. Although they account for approximately 13 percent of the U.S. population, surveillance data indicate that in 2007, African Americans accounted for the majority (51 percent) of HIV/AIDS diagnoses in 34 states (CDC, 2009). When compared to other racial and ethnic groups, rates of heterosexually transmitted HIV are substantially higher among African Americans.

Presently, there is insufficient knowledge regarding African American heterosexual men's sexual risk behaviors and the context in which they occur. Increasing the number of evidence-based prevention interventions is a necessary requisite to decreasing HIV/AIDS among this target population. Thorough examinations of sexual risk behaviors and the context in which they occur is essential for developing effective HIV/AIDS prevention interventions and for informing policies and programs that will more effectively protect African American men and their partners from infection.

This research is being conducted by three sites to pilot test three unique HIV risk reduction interventions for feasibility, acceptability, and to provide preliminary evidence of intervention efficacy in reducing HIV risk behaviors. Findings from this research will also contribute knowledge on how to design culturally appropriate interventions for this target population.

The intervention evaluations are a pre-post test design (*i.e.*, baseline assessment and 3-month follow-up assessment) with three convenience samples of African American heterosexual men, ages 18 to 45, living in New York and North Carolina.

Three sites will participate in this project. Each site will use a screener form to determine participant eligibility for inclusion in the study. Additionally, each site will use a locator form to collect contact information from participants so that staff can follow up to schedule future appointments. A baseline and three-month follow-up assessment will also be administered to participants enrolled at each site. The baseline and follow-up assessments will contain questions about the participants' socio-demographic background, sexual health, substance use, history of incarceration, HIV testing history, self-efficacy, perceptions of sex roles, HIV communication, access to healthcare, and intervention acceptability and feasibility. The pilot intervention evaluation will be conducted with 50 to 80 African American heterosexual men at each site. There is no cost to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Types of data collection	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Screener—Site A	200	1	10/60	33
Locator—Site A	80	1	5/60	7
Baseline Assessment—Site A	80	1	20/60	27
Follow-up Assessment—Site A	80	1	20/60	27

ESTIMATE OF ANNUALIZED BURDEN TABLE—Continued

Types of data collection	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Screener—Site B	214	1	10/60	36
Locator—Site B	80	1	5/60	7
Baseline Assessment—Site B	80	1	45/60	60
Follow-up Assessment—Site B	80	1	45/60	60
Screener—Site C	200	1	5/60	17
Locator—Site C	80	1	5/60	7
Baseline Assessment—Site C	80	1	20/60	27
Follow-up Assessment—Site C	80	1	20/60	27
Total	.....	.....	.....	335

Dated: April 14, 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

[30Day–10–09CK]

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*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Asthma Information Reporting System (AIRS)—New—Air Pollution and Respiratory Health Branch (APRHB), National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 1999, the CDC began developing its National Asthma Control Program, a population-based, public health approach to addressing the burden of asthma. The program supports the goals and objectives of "Healthy People 2010" for asthma and is based on the public health principles of surveillance, partnerships, and interventions. This data collection request will provide NCEH with routine information, through a semi-annual Management Information System, AIRS, about the activities and performance of the State and territorial grantees funded under the National Asthma Control Program.

The primary purpose of the National Asthma Control Program is to develop program capacity to address asthma from a public health perspective to bring about: (1) A focus on asthma-related activity within States; (2) an increased understanding of asthma-related data and its application to program planning and evaluation through the development and maintenance of an ongoing asthma surveillance system; (3) an increased recognition, within the public health structure of States, of the potential to use a public health approach to reduce the burden of asthma; (4) linkages of State health agencies to other agencies and organizations addressing asthma in the population; and (5) implementation of interventions to achieve positive health impacts, such as reducing the number of deaths, hospitalizations, emergency department visits, school or work days missed, and limitations on activity due to asthma.

The proposed AIRS management information system will be comprised of multiple components that enable the electronic reporting of three types of data/information from State asthma control programs: (1) Information that is currently collected as part of interim (semi-annual) and end-of-year progress reporting, (2) Aggregate level reports of surveillance data on long-term program outcomes, and (3) Specific data indicative of progress made on: Partnerships, surveillance, interventions, and evaluation.

Currently, data is collected on an interim (semi-annual) basis from State asthma control programs as part of regular reporting of cooperative agreement activities. Programs report information such as progress to date on accomplishing intended objectives, programmatic changes, changes to staffing or management, and budgetary information. Regular reporting of this information is a requirement of the co-operative agreement mechanism utilized to fund State asthma control programs. Information in this section will be consistent with previous reporting by States through Grants.gov. States will be required to submit interim (semi-annual) and year-end progress report information into AIRS, thus this type of programmatic information on activities and objectives will be collected twice per year (interim report and end-of-year report).

The National Asthma Control Program at CDC has access to and analyzes national-level asthma surveillance data (*http://www.cdc.gov/asthma/asthmadata.htm*). With the exception of data from the Behavioral Risk Factor Surveillance System (BRFSS), analyses cannot be conducted at the level of the State. Therefore, as part of AIRS, State asthma control programs will be asked to submit aggregate surveillance data to allow calculation of State asthma surveillance indicators across all funded States (where data is available) in a standardized manner. Data likely to be requested through this system include: Hospital discharges (with asthma as first listed diagnosis), and emergency department visits (with asthma as first listed diagnosis). States will be required to submit this information into AIRS once per year, in conjunction with the end of year reporting of activities and objectives described above.

National and State asthma surveillance data provide information useful to examining progress on long-term outcomes of State asthma programs. To identify appropriate indicators of program implementation and short-term outcomes, CDC convened and facilitated workgroups