

Dated: July 20, 2005.

**Betsey Dunaway,**

*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-05-0466X]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

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) 371-5983 or send an email to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

Validating Autism Surveillance Methodology in Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP)—New—National

Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

MADDSP was established in 1991 as an ongoing active surveillance system for select developmental disabilities (mental retardation, cerebral palsy, vision impairment, and hearing loss) in 3 to 10 year old children. In 1996, autism spectrum disorders (ASD) was added to MADDSP due to growing concern about the prevalence of the condition. MADDSP defines ASD as a constellation of social, communicative, and behavioral impairments consistent with the DSM-IV-TR diagnostic criteria for Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorders not otherwise specified.

MADDSP relies on an extensive review of records to identify children with an ASD. Potential case records are identified from multiple sources which are likely to maintain evaluation or treatment records for children with ASD. Pertinent ICD-9, DSM-IV codes and predetermined behavioral descriptions are used to trigger records for abstraction. Clinical experts then review the abstracted data and determine case status based on a behavioral coding scheme that is in accordance with the DSM-IV-TR definition for Pervasive Developmental Disorders.

This record review methodology for ASD surveillance has been executed and

is being used; however, the method is not currently validated by a clinical sample which is considered the gold standard for identifying ASD. For this reason, it is important to validate surveillance methods in a clinical sample in order to determine whether current surveillance methodology accurately captures prevalence estimates for this developmental outcome. The sensitivity and specificity of MADDSP will be measured using judgments from the clinical exam as the gold standard. The results from this study will provide important implications for how ASD surveillance is maintained.

Primary caregivers of children already identified through surveillance methods will be contacted, informed of the study, and asked to participate through telephone contact. Clinic visits will be scheduled for all children whose primary caregiver agrees to take part in the study and who signs a written informed consent; child assent will be obtained at the time of the clinic visit. Data collection methods will consist of: (1) Parental questionnaires, which will focus on questions about their child's behavior and developmental history; and, (2) a developmental evaluation for the child participant, which includes a play based assessment specific to ASD and a measure of cognitive development. There is no cost to respondents other than their time. The total estimated annualized burden hours are 646.

**ESTIMATED ANNUALIZED BURDEN TABLE**

Survey instruments	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)
Telephone Contact .....	500	1	10/60
Parental Interviews and Questionnaires .....	125	1*2.5	
Developmental Evaluation of the Child .....	125	1	2

\* One response per hour for an estimated 2.5 hours of clinic time; estimation of clinic time takes into consideration that parents and children will be encouraged to complete assessment simultaneously and that additional clinic time may be required due to individual differences.

Dated: July 20, 2005.

**Betsey Dunaway,**

*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-05-04JN]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

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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) 371-5974 or send an email to *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**

Internet Survey on Household Drinking Water—New “National Center

for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Drinking water in the United States comes from many different sources. A recent survey of the public's perceptions of water quality reports that 86% of adults have some concern about drinking water quality and more than half worry about possible contaminants in water (Water Quality Association, 2001 National Consumer Water Quality Survey). Public concern about drinking water quality has given rise to the increased use of bottled water, vended water, and water-treatment devices. The same survey reported that in the past six years, use of home water-treatment systems rose 60%. Bottled water consumption has risen from 10.5 gallons

per capita in 1993 to 22.6 gallons per capita in 2003, making bottled water the second largest commercial beverage category, accounting for \$8.3 billion in sales for 2003 (Beverage Marketing Corporation, News Release, April 8, 2004). Many consumers believe that bottled water is 'healthier' than tap water. However the Food and Drug Administration (FDA), the agency responsible for regulating the quality of bottled water, reports that the relative safety of bottled vs. tap water remains under debate (FDA Consumer Magazine, July–August 2002).

The proposed internet survey is designed to obtain information about why the public is using water-treatment devices, bottled water, and vended water as alternatives to tap water. The survey asks both opinion and knowledge questions about the safety of

each type of water and requests information on the frequency and costs of using bottled water, vended water, and water-treatment devices. The survey also contains knowledge and opinion questions about general water topics, including perceptions of the chemical and microbial quality of water and any health incidents participants have experienced associated with drinking various types of water. The survey will be posted on the CDC Web site and recruitment will be sought through an announcement on the Web site inviting visitors to complete the survey. We anticipate that survey participants will come from all regions of the United States. No personal identifiers are requested as part of the survey. There are no costs to the respondents other than their time. The total annual burden hours are 333.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response
CDC Internet Survey Respondents .....	1,000	1	20/60

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**Betsy Dunaway,**

*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**

**Strengthening Existing National Organizations Serving Racial and Ethnic Populations Capacity Development Programs: Strategies To Advance Program Implementation, Coordination, Management, and Evaluation Efforts**

*Announcement Type:* New.  
*Funding Opportunity Number:* RFA 05055.

*Catalog of Federal Domestic Assistance Number:* 93.283.

*Key Dates:* Application Deadline: August 19, 2005.

**I. Funding Opportunity Description**

**Authority:** This program is authorized under sections 317(k)(2)) of the Public Health Service Act, [42 U.S.C. section 241b(k)(2)], as amended.

**Purpose:** The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year

(FY) 2005 funds to support and strengthen existing National and Regional Minority Organizations (NMOs/RMOs) that engage in health advocacy, promotion, education and preventive health care with the intent of improving the health and well-being of racial and ethnic minority populations. National and Regional Minority Organizations (NMOs/RMOs) serving racial and ethnic populations are those with a proven track record of providing direct or indirect service to minority and high-risk populations through a community-based approach and proven delivery system channels. They support national and/or regional initiatives to develop, expand, and enhance health promotion, educational, and community-based programs targeting racial and ethnic populations.

**Note:** For the purpose of this program announcement, racial and ethnic minority populations are African-American, American Indian and Alaska Native, Asian-American, Hispanic or Latino, and Native Hawaiian and Other Pacific Islander.

If the applicant is an NMO, it must serve at least four (4) HHS regions either independently or as the lead agency within a coalition or collaboration. If the applicant is an RMO, it must serve at least two (2) HHS regions either independently or as the lead agency within a coalition or collaboration.

Specifically, the program is intended to assist existing NMOs and/or RMOs in:

- Expanding and enhancing culturally and linguistically appropriate health educational and community-based programs targeting racial and ethnic minorities, thereby contributing to the goal of eliminating health disparities within the racial and ethnic minority population.
- Promoting and advancing policy analysis efforts, program assessment and program development activities, formative evaluation, training and technical assistance programs, and project management.
- Strengthening coalition building and collaboration and leadership that improve the health status and access to programs for racial and ethnic minority populations.
- Providing innovative capacity-building assistance to support and strengthen minority community-based organizations in management, fiscal management, and program operations.

This program addresses the “Healthy People 2010” focus areas of Educational and Community-Based Programs and Health Communication targeting a variety of public health issues affecting the racial and ethnic minority populations.

Directions and guidance for the implementation and execution of this program will be facilitated by the Office