

(SFACES) have shown that a strategy that combines local outreach efforts and paid/earned media efforts is effective. However, CDC does not anticipate budgetary increases that could make a national-level Spanish language campaign possible. Also, CDC is concerned that the SFACES campaign materials, which were developed in 1999, may be becoming "dated." While CDC has no hard evidence that they are no longer effective, CDC does want to examine their effectiveness in a robust manner before decisions are made about whether to keep using them in outreach efforts in selected communities throughout the U.S. CDC is also interested in developing a deeper understanding of sub-groups of women within the Spanish-speaking Hispanic population and developing effective communication strategies for reaching them.

This project includes a systematic communication research and product development process involving, and ultimately serving, Spanish-speaking Hispanic women. These activities include:

- a. Developing a multivariate audience-segmentation scheme using existing data from Spanish-speaking Hispanic women;
- b. Assessing the effectiveness of current campaign materials with the identified audience segments;
- c. Conducting qualitative research with audience segments;
- d. Developing audience profiles for each audience segment;
- e. Developing draft communication plans based on audience profiles that outlines potential outreach strategies;
- f. Presenting the possibilities to key internal and external stakeholders to solicit input;
- g. Developing and testing concepts, messages, and materials along with implementation plans for their use; and,
- h. Producing master quality copies of each material in formats that CDC and partners can use for mass production and dissemination.

Since the 60 day **Federal Register** notice on this project was published, the first step—developing a multivariate audience-segmentation scheme using existing data from Spanish-speaking Hispanic women—has been completed. Three distinct audience groups of

Spanish-speaking Hispanic women of childbearing age have been identified as needing extra outreach efforts, so they are the focus of this request. The three groups are:

(1) Unacculturated mothers (Spanish-speaking Hispanic women between the ages of 26–35 years old, who have less than a high school education and report having a child),

(2) Unacculturated young adults (Spanish-speaking Hispanic women between the ages of 18–25 years old who have less than a high school education and report NOT having a child), and

(3) Acculturated young adults (Acculturated young adults are Spanish-speaking Hispanic women between the ages of 18–24 who have a high school education and report not having any college education and not having any children).

The annual burden table has been updated to reflect research activities in all three of these important audience segments. There are no costs to the respondents other than their time. The total estimated annualized burden hours are 935.

ESTIMATED ANNUALIZED BURDEN TABLE

Respondents and data collection types	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Telephone contact	2200	1	5/60
Hispanic women, 18–35 (evaluate existing materials interviews)	90	1	30/60
Hispanic women, 18–35 (18 exploratory focus groups)	216	1	2
Hispanic women, 18–35 (9 concept testing focus groups)	108	1	2
Hispanic women, 18–35 (new materials pre-testing interviews)	90	1	30/60
Testing of new materials with distributors (brief interviews)	50	1	15/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–06–05BI]

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) 639–4766 or send an e-mail 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

Surveys of Past HIV Prevention Technology Transfer Efforts—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of these surveys is to study the effectiveness of providing HIV prevention agencies with packages intervention, training, and technical assistance to ensure the agencies'

maintenance of the intervention. CDC will use the results of the surveys to develop a national program for dissemination and support of packaged interventions that will increase the likelihood that agencies will conduct them with total fidelity for several years. The respondents are staff members of 16 prevention agencies that implemented one of five unique, packaged interventions between 1997 and 2000 as part of CDC's ongoing Replicating Effective Programs (REP) project.

A survey will be administered over the telephone to agency administrators of the 16 prevention agencies that implemented intervention packages by the REP project. Additional surveys will be administered in-person to one Intervention Supervisor and two Intervention Facilitators at agencies that are continuing to implement the REP-packaged intervention. The objectives of the surveys include, but are not limited

to (a) identification of factors associated with maintenance and termination of REP-packaged interventions; (b) determination of why and how agencies adapted the packaged interventions; (c) examination of the impact of elapsed time on maintenance of the intervention and fidelity to intervention protocols; (d) identification of any differences between the type of agency (e.g., community-based organization or health department) on maintenance and fidelity; (e) identification of any

difference between the type of original researcher (e.g., academic or non-profit) on maintenance and fidelity; (f) identification of perceived and actual benefits as well as instrumental and conceptual utility of REP-packaged interventions that can be used in marketing the intervention packages to other HIV prevention providers. Researchers administering the in-person surveys will also assess fidelity to intervention protocols by observing facilitators delivering the intervention

and by recording their observations on a checklist designed for the particular intervention being observed.

Survey questionnaire data will be collected once from each respondent (i.e., agency administrator, intervention supervisor, intervention facilitator). CDC is requesting OMB approval to collect this data for one year. There are no costs to the respondents other than their time. Total burden hours for this data collection are 105 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Agency Administrators (content review)	16	1	20/60
Agency Administrators (questionnaire)	16	1	1.5
Intervention Supervisors	15	1	1.5
Intervention Facilitators	30	1	1.75

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Betsey Dunaway,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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mail 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

Health Communication Planning, Implementation, and Evaluation for People with Disabilities—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Center on Birth Defects and Developmental Disabilities (NCBDDD) at CDC promotes the health of babies, children, and adults with disabilities. As part of these efforts the Center is actively involved in improving the health and wellness of people with disabilities. Of particular interest is how health information is communicated to people with disabilities. This project involves the conduct of an e-mail survey

for an initiative evaluating the effectiveness of health communication materials and strategies developed for people with disabilities by North Carolina, New Mexico, and New York with the support of health promotion grants from CDC. The survey data will be analyzed to evaluate awareness of the state-developed materials among health care providers, human services providers and consumer advocates using these materials, their impressions of and satisfaction with the materials, the impact of the materials, and suggestions for improvement. Data will be collected using an on-line self-reporting survey distributed via e-mail and administered by linking to a web-based questionnaire. The results will be used to develop a training handbook to assist state agencies and public health officials in planning, developing, and implementing health communication materials for people with disabilities. There are no costs to respondents except their time to participate in the survey. The total estimated annualized burden hours are 45.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Type of respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Health Care Providers	50	1	18/60
Human Services Providers	50	1	18/60
Consumer Advocates	50	1	18/60