

Groups, formerly entitled The National Abstinence Media Campaign (NAMC): Focus Group. The focus group component of the evaluation is designed to complement longitudinal surveys of parents, described in the information collection request published in the November 9, 2006, **Federal Register**. A total of 16 focus groups will be conducted with parents of children aged 10 to 13. Two groups of mothers and two groups of fathers will be conducted for each of the the following groups: non-Hispanic Whites, non-Hispanic African Americans, English-speaking Hispanics, and Spanish-speaking Hispanics. The purpose of the focus group data collection is to help evaluate the Parents Speak Up National Campaign by learning qualitatively why parents may or may not change their attitudes and/or behaviors as a result of exposure to campaign messages. It will provide in-depth understanding of parents' views about their influence on children's sexual attitudes and behaviors, and about parents' reactions to the PSUNC materials.

*Frequency:* Reporting on Occasion.

*Affected Public:* Individuals or Households.

*Annual Number of Respondents:* 1280.

*Total Annual Responses:* 1280.

*Average Burden Per Response:* 15 minutes.

*Total Annual Hours:* 320.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherrette.funncoleman@hhs.gov](mailto:Sherrette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be received within 30 days of this notice directly to the Desk Officer at the address below: OMB Desk Officer: John Kraemer, OMB Human Resources and Housing Branch, Attention: (OMB #0990-New), New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: February 22, 2007.

**Alice Bettencourt,**

*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-07-0406]

#### 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 Joan Karr, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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

State and Local Area Integrated Telephone Survey (SLAITS), (OMB No. 0920-0406)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. The State and Local Area Integrated Telephone Survey (SLAITS) mechanism has been

conducted since 1997. This is a request to continue for three years the integrated and coordinated survey system designed to collect needed health and well-being data at the national, state, and local levels (in accordance with the 1995 initiative to increase the integration of surveys within DHHS).

Using the large sampling frame from the ongoing National Immunization Survey (NIS) and Computer Assisted Telephone Interviewing (CATI), SLAITS has quickly collected and produced household and person-level data to monitor many health-related areas. Questionnaire content is drawn from existing surveys within DHHS as well as other Federal agencies, or developed specifically for an instrument according to the needs of the project sponsor. Examples of topical areas include child and family health and well-being, early childhood health, children with special health care needs (CSHCN), influenza vaccination of children, asthma prevalence and treatment, access to care, program participation, the health and well-being of adopted children, post-adoption support use, knowledge of Medicaid and the State Children's Health Insurance Program (SCHIP), and changes in health care coverage at the national and state levels. The first module covered in this three-year clearance is the 2008 National Survey of Children with Special Health Care Needs (NS-CSHCN). It will provide data to be used for program planning and evaluation at the state and national levels.

Since its inception the SLAITS mechanism has been used by government, university, and private researchers; policymakers; and advocates to evaluate content and programmatic health issues. For example, the CSHCN and Children's Health modules have been used by Federal and state Maternal and Child Health Bureau Directors to evaluate programs and service needs. Several SLAITS modules have provided data for numerous editions of two Congressionally-mandated reports on healthcare disparities and quality. The module on Medicaid and SCHIP was prominently featured in a report to Congress on insuring children. The SLAITS asthma module was featured in two resource guides published by another Federal agency to improve the quality of asthma care at the state-level.

There is no cost to respondents other than their time to participate.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Household screening .....	622,000	1	1/60	10,367
Household interview .....	102,000	11	25/60	42,500
Pilot work, pre-testing, and planning activities .....	6,100	1	35/60	3,558
Total .....	.....	.....	.....	56,425

Dated: March 5, 2007.

**Joan F. Karr,**

*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-07-07AP]

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

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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**

Preventive Medicine Residency and Fellowship Program Evaluation—New—Office of Workforce and Career Development (OWCD), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Preventive medicine is a specialized field of medical practice that works with large populations to promote good health; to prevent disease, injury and disability; and to facilitate early diagnosis and treatment of illness. It is unique because its central focus is population health. Despite the nation's growing need for preventive-medicine skills, numerous studies have demonstrated an increasing shortage of preventive medicine-trained professionals, and that shortage is projected to continue (American College of Preventive Medicine; Council on Graduate Medical Education). The specialty will benefit from attracting new residents, rewarding programs that fill positions with highly qualified candidates, and expanding the specialty into new medical leadership roles (Ducatman, *et al.*, 2005).

The mission of CDC's Preventive Medicine Residency and Fellowship (PMR/F) is to (1) train public health and preventive medicine leaders, and (2) maintain leadership in the field of preventive medicine training. CDC's PMR/F has been training physicians in the residency since 1972 and

veterinarians in the fellowship since 1983. PMR/F consists of a competency-based curriculum, a one-year practicum, and sponsorship for a Master of Public Health degree for qualified applicants before the practicum year. PMR/F provides its residents and fellows with training and experience in leadership, management, program development and evaluation, and the translation of epidemiology to public health practice.

During the past 15 years, the CDC PMR/F has adapted its educational plan and design in response to changing public health needs, feedback from trainees and stakeholders, internal reviews of the residency, changes in Accreditation Council for Graduate Medical Education (ACGME) requirements, and a formal national survey of Preventive Medicine Residency graduates conducted by CDC in 1991. The last formal evaluation of the program occurred as part of the 1991 survey.

CDC proposes a new project to evaluate the PMR/F. The goals of the evaluation are to determine: (1) How well PMR/F is fulfilling its mission to train competent public health practitioners and leaders, (2) the effectiveness of the PMR/F educational program, and (3) PMR/F's contribution to its residents and fellows, the CDC, and the larger public health community.

As part of this project, PMR/F practicum assignment mentors, alumni, and external preventive medicine subject matter experts will be asked to complete a questionnaire to provide information that addresses the evaluation's goals. Below is a description of the questionnaire's response burden. There is no cost to the respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
PMR/F Practicum Assignment Mentors .....	30	1	20/60	10
PMR/F Alumni .....	30	1	20/60	10