Childhood lead poisoning, while on the decline, remains a threat to the health and well-being of young children across the United States. In accordance with the Healthy People 2010 goal to ''eliminate elevated blood lead levels in children,'' there is a need for primary prevention of childhood lead poisoning. Primary prevention is the removal of lead hazards from a child's environment before the child is exposed. Ensuring compliance with the Lead Disclosure Rule is one component of a primary prevention strategy.

As part of this evaluation effort, CDC is interested in the perception of the Lead Disclosure Rule by sectors of the property owner population that have been targeted less often for enforcement of the rule. This survey of small and medium-sized rental property owners (owning fewer than 50 rental units) is the first effort of its kind to capture this particular population's self-reported awareness of and compliance with the Lead Disclosure Rule.

Approval was granted for the information collection request, set to expire 01/31/2008. However, due to unforeseeable and unavoidable delays in coordinating the interventions, an extension of the approved information request is required to complete data collection. An extension of 2 years is requested to allow for further unavoidable delays. There are no proposed changes to the survey design or questionnaire.

The survey was to be administered twice in four U.S. cities during 2005 and 2006. Two of the cities are involved in a compliance assistance and enforcement intervention by HUD. The other two cities are control cities (without such an intervention). For all four cities, CDC is conducting a cross-sectional, ''before and after'' study design. Each respondent is surveyed only once, and participation is voluntary. Respondents are asked to complete a brief written survey and return the survey anonymously via the addressed, stamped envelope CDC will provide. There is no cost to respondents except the time to complete the survey.

The population surveyed using this questionnaire are small and medium property owners who rent housing units to tenants. These owners may not consider themselves to be in business or may not have leasing offices. Regardless, they are technically small business owners. They have been identified by publicly-available tax assessor records. A sample of 3,000 such owners will be surveyed, with a likely response from approximately 1,000 small and medium property owners. We believe this is a good use of public burden because this particular population has never been surveyed as to their awareness of and compliance with the Lead Disclosure Rule. The anticipated burden per respondent has been kept to a minimum by asking only a small number of essential questions. Additionally, the questionnaire is anonymous so that no individual property owner or small business can be identified. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Targeted Property Owners	1000	1	15/60	250

Dated: August 8, 2007.

Maryam I. Daneshvar,

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

[FR Doc. E7–15895 Filed 8–13–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–07–07BF]

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

Formative Research on Lung Cancer Screening—New—Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Currently, there is scientific debate about the value of lung cancer screening. For people in whom lung cancer is found and treated at an early, localized stage, the five-year survival rate is roughly 49%. However, only 16% of people with lung cancer are diagnosed at this early, localized stage. Screening for lung cancer using chest x-rays (CXR) was widely practiced, but studies have shown that CXR with or without sputum cytology does not reduce mortality from lung cancer. Studies are currently underway to provide more information about the effectiveness of other types of screening tests, such as computed tomography (CT) scans and spiral CT scans.

The purpose of this project is to conduct formative research to gather information from adult consumers and primary care physicians about experiences and practices related to lung cancer screening and testing as well as their knowledge, attitudes, and behaviors related to preventive cancer

screenings overall. Of particular interest are adults aged 40–70 years of various races and ethnicities who are at high risk for lung cancer (i.e., long-term heavy smokers).

The proposed project will use focus groups to gather information about the target audiences' experiences and practices related to lung cancer screening and testing. If warranted from focus group data with adult consumers, follow-up personal interviews will be conducted with selected focus group participants, especially those reporting experience with screening tests, such as spiral computed tomography (CT).

A total of 16 focus groups will be conducted at professional focus group facilities with long term heavy smokers aged 40–70. The data will be collected from a convenience sample of adults who will be screened and recruited using lists maintained by the focus group facilities. Each focus group will include approximately nine participants and last two hours. If warranted, one-hour telephone follow-up interviews will be conducted with up to 16 participants within one month of the focus groups.

Four telephone focus groups will be conducted with primary care physicians. The American Medical Association Physician Masterfile list will be used to recruit a random sample of physicians for participation in the focus groups. Potential participants (physicians) will be mailed a screening packet to complete and return. Each of the four focus groups will include approximately eight participants and last 75 minutes.

There are no costs to respondents except their time to participate in the survey.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses/ respondent	Average burden/response (in hours)	Total burden (in hours)
Patient Participants Screener	288	1	2/60	10
Patient Focus Group Participants	144	1	2	288
Patient Follow-up Interview In Depth Participants	16	1	1	16
Physician Participants Screener	96	1	5/60	8
Physician Focus Group Participants	32	1	1.15	40
Total	362			362

Dated: August 8, 2007.

Maryam I. Daneshvar,

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

[FR Doc. E7–15896 Filed 8–13–07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Interagency Committee on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting for the aforementioned committee:

Time and Date: 11:30 a.m.–4:30 p.m., September 18, 2007.

Place: Grand Hyatt Washington, 1000 H. Street, NW., Burnham Room, Washington, DC 20001, Telephone: (202) 582–1234.

Status: Open to the public, limited only by the space available. Those who wish to attend are encouraged to register with the contact person listed below. If you will require a sign language interpreter, or have other special needs, please notify the contact person by 4:30 p.m., E.S.T. on September 7, 2007.

Purpose: The Committee advises the Secretary, Department of Health and Human Services, and the Assistant Secretary for Health in the (a) coordination of all research and education programs and other activities within the Department and with other federal, state, local and private agencies and (b) establishment and maintenance of liaison with appropriate private entities, federal agencies, and state and local public health agencies with respect to smoking and health activities.

Matters To Be Discussed: The agenda will focus on ''Reducing Children's Exposure to Second Hand Smoke.''

Agenda items are subject to change as priorities dictate.

Substantive program information as well as summaries of the meeting and roster of committee members may be obtained from the Internet at *http://www.cdc.gov/tobacco.*

Contact Person for More Information: Ms. Monica L. Swann, Management and Program Analyst, Office on Smoking and Health, CDC, 4770 Buford Highway, M/S K50, Atlanta, GA 30341, Telephone: (770) 488–5278.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Diane C. Allen,

Acting Director, Management Analysis and Service Office, Centers for Disease Control and Prevention.

[FR Doc. E7–15873 Filed 8–13–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 72 FR 38600—38601, dated July 13, 2007) is amended to reflect the reorganization of the Coordinating Office for Global Health, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows: Delete in their entirety the titles and functional statements for the