

ESTIMATE OF ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form	Number of respondents	Number of responses per respondent	Average burden per response in hours	Total burden hours
Total Burden Hours .....	.....	.....	.....	.....	4007

Dated: March 28, 2008.  
**Maryam I. Daneshvar,**  
*Acting Reports and Clearance Officer, Centers for Disease Control and Prevention.*  
 [FR Doc. E8-7560 Filed 4-9-08; 8:45 am]  
**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-08-08AC]

**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) 371-5960 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**

Racial and Ethnic Approaches to Community Health across the U.S. (REACH US) Evaluation—NEW—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Minority populations in the U.S. experience health disparities and excess deaths due to the burden of disease. Analysis has shown that more than eighty percent of excess deaths in minority populations are accounted for by six disease areas: Cardiovascular disease, diabetes, asthma, infant mortality, breast and cervical cancer, and diseases that can be prevented through immunization. In response, CDC has funded a national, multi-level community intervention program to eliminate health disparities in specific priority areas, entitled “Racial and Ethnic Approaches to Community Health across the U.S. (REACH US).” The REACH US program will serve communities with African American, American Indian, Hispanic American, Asian American, and Pacific Islander citizens. The REACH US program extends previous CDC-funded efforts

funded through the related REACH 2010 program, and is part of the Department of Health and Human Services’ response to the President’s Race Initiative and to the Healthy People 2010 goal of eliminating health disparities in the health status of racial and ethnic minorities.

REACH US will help to continue assessing the prevalence of self-reported risk behaviors associated with cardiovascular disease, diabetes, health disparities in infant mortality, deficits in breast and cervical cancer screening and management, and deficits in adult immunizations. Annual surveys will be conducted in 29 REACH US communities using Computer-Assisted Telephone Interview (CATI) methodology. Information will be collected from 900 respondents in each participating community. The REACH US questionnaire is modeled on the questionnaire previously fielded through the REACH 2010 evaluation, and contains questions that are standard public health performance measures for each health priority area.

There are no costs to respondents except their time to participate in the survey. The total estimated annualized burden hours are 9,875.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Adults ages 18 and older who live in communities participating in the REACH US Program.	Introductory Screening Interview .....	100,500	1	2/60
	Household Member Interview .....	26,100	1	15/60

Dated: March 28, 2008.  
**Maryam I. Daneshvar,**  
*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*  
 [FR Doc. E8-7566 Filed 4-9-08; 8:45 am]  
**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-08-05CL]

**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 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 Acting 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 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

Formative Evaluation of Adults' and Children's Views Related to Promotion of Healthy Food Choices—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

In FY 2004, Congress directed the Centers for Disease Control and Prevention (CDC) to conduct formative research on the attitudes of children and parents regarding nutrition behavior and the characteristics of effective marketing of foods to children to promote healthy food choices. In response, CDC will work with a contractor to conduct focus groups to explore barriers and

motivations to the adoption and maintenance of healthy food choices among children at different developmental stages. Current literature and opinion-leaders both strongly suggest that “tweens” (ages 9–12) greatly influence their parents' and younger siblings' nutritional decisions. The focus groups will also explore the topic of family interactions around decision-making about food choices. The information gathered will be used to develop, refine, and modify messages and strategies to increase healthy food choices by children and parents.

A total of 90 focus groups will be conducted in three phases: Phase 1 will address tweens and parents of tweens; Phase 2 will focus on children 5–8 years old and their parents; and Phase 3 focus

groups will be conducted with parents of children ages 1–4 years old. Thirty-six focus groups will be conducted in Phase 1; 36 focus groups will be conducted in Phase 2; and 18 focus groups will be conducted in Phase 3.

All focus groups will incorporate appropriate representation of diverse ethnic groups, and the groups will be held in several cities to ensure broad geographic representation. Participants will be recruited by focus group facilities utilizing their database to solicit and screen interested parties. Each focus group discussion will be limited to no more than two hours.

There is no cost to respondents other than their time. The total estimated annualized burden hours are 1,556.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	No. of respondents	No. of responses per respondent	Average burden (in hours)
Children .....	Screener D1 for Parent & Child Groups .....	384	1	3/60
	Screener D2 for Child Only Groups .....	384	1	3/60
	Focus Group Moderator's Guide for Children/ Youth.	384	1	2
Parents .....	Screener D1 for Parent & Child Groups .....	192	1	7/60
	Screener D2 for Child Only Groups .....	192	1	7/60
	Screener D3 for Parent Only Groups .....	288	1	7/60
	Focus Group Moderator's Guide for Parents	336	1	2

Dated: April 1, 2008.

**Maryam I. Daneshvar,**

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

[FR Doc. E8-7571 Filed 4-9-08; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-08-08AX]

**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 or send comments to Maryam Daneshvar, Acting CDC 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**

Nationally Notifiable Sexually Transmitted Disease (STD) Morbidity Surveillance—New—Division of STD Prevention (DSTDP), National Center for HIV, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Because the STD epidemiology in the United States is changing rapidly, CDC must monitor disease indicators that are not currently included in the STD surveillance currently being implemented. CDC is proposing a new electronic information collection which will include information elements that will be integrated into the existing nationally notifiable STDs. These new information elements are beyond the scope of the OMB-approved collection called Weekly and Annual Morbidity and Mortality Reports (MMWR, OMB #0920-0007). The new collection will be epidemiologically superior to the existing system and will provide evidence to better define STD distribution and epidemiology in the United States. The proposed surveillance system will modify several data elements currently included in the MMWR collection and add others to produce a new set of sensitive indicators. This new surveillance will provide the evidence to enhance our understanding of STDs, develop intervention strategies, and evaluate the impact of ongoing control efforts.

CDC works closely with state and local STD control programs to monitor