treatment. Additional data from the National MI Registry suggest that the greatest disparity for time to treatment exists among racial and ethnic minorities and that the American Indian/Alaska Native (AI/AN) group has the longest delay times.

CDC requests OMB approval to conduct a study to address gaps in knowledge about MI and to develop a key health message for reducing time to treatment in AI/AN populations. Respondents will be recruited from three regions of the U.S. Information about knowledge, attitudes and behaviors will be collected through interviews with key informants including medical care providers, tribal community leaders, and individual AI/AN community members. In addition, more detailed information will be collected through extended focus group discussions with AI/AN community members who have experienced an MI or who are considered at high risk for MI.

The information to be collected will be used to improve understanding of the barriers and facilitators that impact recognition of MI signs in AI/AN communities and decisions to seek treatment; to develop culturally appropriate health messages; and to identify effective message delivery methods. The messages will be consistent with those developed for the ''Act In Time'' action plan funded by HHS/National Heart, Lung and Blood Institute/National Heart Attack Alert Program (HHS/NHLBI/NHAP). The overall objective is to improve MI outcomes in AI/AN populations.

There are no costs to respondents other than their time. The total estimated annualized burden hours are 233.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden (in hours)
Medical Providers	Interest Form	54	1	3/60
	Interview Guide for Providers	27	1	1
Tribal Community Leaders	Interest Form	30	1	3/60
	Interview Guide for Community Leaders	15	1	45/60
Individual Tribal Community Members	Interest Form	252	1	3/60
	Interview Guide for Individuals	126	1	45/60
AI/AN Community Members with Prior MI	Interest Form	12	1	3/60
	Discussion Guide for MI Group	8	1	5
AI/AN Community Members without Prior MI	Interest Form	12	1	3/60
	Discussion Guide for non-MI Group	8	1	5

Dated: July 16, 2008.

Maryam I. Daneshvar,

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–08–08AZ]

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) 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

Health Marketing—New—National Center for Health Marketing (NCHM), Coordinating Center for Health Information and Service (CCHIS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Today, CDC is globally recognized for conducting research and investigations and for its action oriented approach. CDC applies research and findings to improve people's daily lives and responds to health emergencies—something that distinguishes CDC from its peer agencies.

CDC is committed to achieving true improvements in people's health. To do this, the agency is defining specific health protection goals to prioritize and focus its work and investments and measure progress.

It is imperative that CDC provide high-quality timely information and programs in the most effective ways to help people, families, and communities protect their health and safety. Through continuous consumer feedback, prevention research, and public health information technology, we identify and evaluate health needs and interests, translate science into actions to meet those needs, and engage the public in the excitement of discovery and the progress being made to improve the health of the Nation. In our outreach to partners, we build relationships that model shared learning, mutual trust, and diversity in points of view and sectors of society.

The National Center for Health Marketing (NCHM) of the Coordinating Center for Health Information and Service (CCHIS) was established to help ensure that health information, interventions, and programs at CDC are based on sound science, objectivity, and continuous customer input.

NCHM is requesting a 3-year approval for the generic concept of health marketing to provide feedback on the development, implementation and satisfaction regarding public health services, products, communication campaigns and information. The information will be collected using standard qualitative and quantitative methods such as interviews, focus groups, and panels, as well as questionnaires administered in person, by telephone, by mail, by email, and online. More specific types of studies may include: user experience and user-testing; concept/product/package development testing; brand positioning/identity research; customer satisfaction surveying; ethnography/observational studies; and mystery shopping. The data will be used to provide input to the

development, delivery and communication of public health services and information at CDC and to address emerging programmatic needs.

Every National Center and Office at CDC will have the opportunity to utilize this generic clearance. There is no cost to the respondents other than their time. The total estimated burden hours are 38,700.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
CDC Partners, Public Health Professionals, Health Care Professionals, General Public	86,000	1	27/60

Dated: July 16, 2008.

Maryam I. Daneshvar,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number NIOSH 099-A]

Revised Draft Document ''Asbestos Fibers and Other Elongated Mineral Particles: State of the Science and Roadmap for Research''

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of Draft Document Available for Public Comment.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the following revised draft document available for public comment entitled ''Asbestos Fibers and Other Elongated Mineral Particles: State of the Science and Roadmap for Research.'' The document and instructions for submitting comments can be found at *http://www.cdc.gov/niosh/review/public/099-A/*.

Public Comment Period: July 24, 2008 through September 30, 2008.

Status: Written comments may be mailed to the attention of Diane Miller, NIOSH Docket Office, Robert A. Taft Laboratories, 4676 Columbia Parkway, MS-C34, Cincinnati, Ohio 45226, telephone (513) 533–8450, facsimile (513) 533–8285. Comments may also be submitted by e-mail to *nioshdocket@cdc.gov*. All material submitted to the Agency should reference the NIOSH Docket number 099-A. All electronic comments should be formatted as Microsoft Word.

All information received in response to this notice will be available for public examination and copying at the NIOSH Docket Office, 4676 Columbia Parkway, Cincinnati, Ohio 45226.

Purpose: To obtain comments from the public on the revised draft document entitled, ''Asbestos Fibers and Other Elongated Mineral Particles: State of the Science and Roadmap for Research,'' referred to as *Roadmap*. Asbestos has been a highly visible issue in public health for over three decades. Many advances have been made in the scientific understanding of worker health effects from exposure to asbestos and other elongated mineral particles (EMPs), and it is now well documented that fibers of asbestos minerals, when inhaled, can cause serious diseases in exposed workers. Yet, many questions and areas of scientific uncertainty remain.

Background: As the Federal agency responsible for conducting research and making recommendations for the prevention of worker injury and illness, NIOSH is undertaking a reappraisal of how to ensure appropriate protection of workers from exposure to asbestos fibers and other EMPs. NIOSH prepared a first draft of the document ''Asbestos and Other Mineral Fibers: A Roadmap for Scientific Research,'' and invited comments at a public meeting, from the Internet, and from selected expert peer reviewers on the occupational health issues identified and the framework for research. As a result of comments received during the public and expert peer review process, NIOSH has substantially revised the earlier draft and is now inviting comments on a revised draft of the document with the new title ''Asbestos Fibers and Other Elongated Mineral Particles: State of the Science and Roadmap for Research.'' The previous draft, public comments, peer review comments, and the responses to peer reviewers' comments on the previous draft can be found at *http://www.cdc.gov/niosh/docket/NIOSHdocket0099.html*.

The purpose of the revised draft *Roadmap* is to outline major areas of controversy and to recommend a research agenda that can serve as a guide for the development of specific research programs within and across disciplines. The intended goal is to provide answers to current scientific questions, reduce scientific uncertainties, and provide a sound scientific foundation for future policy development so that optimal health protection can be assured.

NIOSH is seeking comments on the scope and information used to support the development of a research framework for asbestos fibers and other EMPs. Of special interest are comments on the following revisions to the draft document:

1. A discussion of particle characteristics (e.g., dimension, chemistry) and their potential influence on biological responses (Sections 1.6.1, 1.6.2, 1.6.3, and 1.6.4).

2. Toxicological research with EMPs (Section 2.2).

3. Epidemiological studies of workers exposed to EMPs (Section 2.3.3).

4. Capabilities and limitations of analytical instruments used to identify EMPs (Section 2.4.2).

Also of special interest are comments on the entirely new content in the document:

1. A rephrasing of the NIOSH recommended exposure limit (REL) for asbestos and related EMPs (Section 1.8.2).

2. The inclusion of ''How the proposed research could lead to the development of improved public health policies for asbestos and other EMPs'' (Section 2.5).

3. Clinical issues (Section 1.4).

4. Recommendations for clinical research (Section 2.3.4).

NIOSH continues to be interested in available and forthcoming research results that can help answer the questions set forth in the *Roadmap*, as well as information on existing