request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: August 19, 2009.

Carolyn M. Clancy,

Director.

[FR Doc. E9–20854 Filed 8–31–09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–09–09BU]

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) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Adult Tobacco Survey (NATS)—New—Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Tobacco use remains the leading preventable cause of disease and death in the United States. Although the prevalence of current smoking among adults decreased significantly from 1998 to 2007 in 44 states, the District of Columbia, and Puerto Rico, only one State and one territory have met Healthy People 2010 targets for reducing adult smoking prevalence to 12%, and six States have shown no substantial changes in prevalence after controlling for age, sex, and race/ethnicity.

CDC proposes to conduct the National Adult Tobacco Survey (NATS) in 2009–2010 to help evaluate and improve the effectiveness of CDC's National Tobacco Control Program (NTCP). The NATS will be a one-time, stratified, random-digit dialed telephone survey of non-institutionalized adults 18 years of age and older. Essential information will be collected on key indicators from each of the NTCP's four goal areas: (1) The prevention of initiation of tobacco use among young people, (2) the elimination of nonsmokers' exposure to secondhand smoke, (3) the promotion of quitting among adults and young people, and (4) the elimination of tobacco-related disparities.

In order to yield results that are representative and comparable at both national and state levels, information will be collected from approximately 1,863 land-line telephone users in each state and the District of Columbia. In addition, a total of approximately 3,000 interviews will be conducted from a national sample of cell phone users to include the growing population of households that rely exclusively on cell phones. All interviews will be conducted using computer-assisted telephone interview (CATI) methodology.

Survey results will be used to develop estimates of tobacco use at the national level by gender and race/ethnicity and to evaluate comprehensive Tobacco Control Programs. Study results will have significant implications for the development of policies and programs aimed at preventing or reducing tobacco use. There are no costs to respondents except their time. The estimated annualized burden hours are 38,303.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Adults ages 18 or older	Screener for land-line users (pp 11–18 of the NATS)	166,273	1	2/60
	Screener for cell phone users (pp 2–11 of the NATS)	5,400	1	1/60
	National Adult Tobacco Survey (pp 19–92 of the NATS)—landline.	95,013	1	20/60
	National Adult Tobacco Survey (pp 19–92 of the NATS)—cell phone.	3,000	1	20/60

Dated: August 26, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9–21043 Filed 8–31–09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-09–0730]

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) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Evaluation of the Effectiveness of the Smoke Alarm Installation and Fire Safety Education (SAIFE) Program [OMB No. 0920–0730 Exp. 9/30/2009]—Extension—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This project seeks a one year extension of its OMB PRA clearance for data collection. Due to early project delays in obtaining clearances for data collection, the project was unable to start as planned and missed evaluating one program cycle, with a program cycle running for approximately one year. This extension is necessary in order to complete the project's original design of evaluating three program cycles of the SAIFE program as implemented in the State of North Carolina. An extension will allow completion of the evaluation of the third and final cycle of the program.

This project will use data from in-person interviews, paper and telephone surveys to assess the effectiveness of the Smoke Alarm Installation and Fire Safety Education (SAIFE) program and its efficacy in delivering fire safety information. The data will be collected from a convenience sample of adults 18 years of age or older who volunteer to participate in the SAIFE program. A total of 360 households will complete the evaluation each year of the data collection for a mass total of 1080 households over the next three years. Participants will be asked to complete a 15-minute survey at two points, once immediately before the intervention and then 6 months afterwards. The survey will assess outcome measures including, but not limited to, changes in knowledge, attitudes, beliefs, and behaviors regarding various aspects of fire safety and prevention; changes in reported residential fire-related injuries and deaths; increased or decreased presence of functioning smoke alarms; and the costs associated with the SAIFE intervention. The evaluation will measure these changes across time, between groups and within groups, among communities that will receive the SAIFE intervention.

CDC programs are currently funded in 16 States to provide for home installation of smoke alarms plus general fire safety education in households at high risk for fire and fire related injury and death. Programs of this type are intended to prevent fire related injury and mortality, but have not been studied scientifically to assess their impact on fire-related injury outcomes. The proposed study represents the first formal effort to evaluate the effectiveness and cost implications of the SAIFE program as implemented in North Carolina. The data collected in this study will have the potential to inform other smoke alarm installation programs, as well as indicate future priorities in prevention and preparedness for residential household fires. The only cost to the participant is the time involved to complete the surveys. The total estimated annualized burden hours are 251.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Adult male and female (age 18+ years) screened	425	1	5/60
Adult male and female (age 18+ years) Pre/Post Evaluation survey	360	2	15/60
Adult male and female (age 18+ years) household visit	36	1	1

Dated: August 26, 2009.

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–09–09AF]

Agency Forms Undergoing Paperwork Reduction Act Review

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Proposed Project

Evaluation of Pharmacy Syringe Access Linked to HIV Testing for Injection Drug Users in New York City (Pharm-HIV)—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

HIV continues to be one of the leading causes of illness and death in the US, among injection drug users who are at high risk of acquiring HIV infection. HIV testing may not be readily accessible to this population in areas where they frequent. The New York State Legislature established an Expanded Syringe Access Demonstration Program (ESAP) in 2001 in New York City. ESAP makes sterile syringes available for injection drug users through participating pharmacies, in order to help reduce the burden of HIV. The regular contact between pharmacists and their injection-drug-using syringe customers through ESAP paves the way for pharmacies to act as access points to health and social services among IDU customers. The expansion of pharmacy services to include referrals for injection-drug-using syringe customers is based on the successes of ESAP, which provides many services beyond syringe exchange.

The New York Academy of Medicine (NYAM) has access to the ESAP list of pharmacies. NYAM will identify 12 ESAP pharmacies in East Harlem, New York City that are situated within predefined target neighborhoods where there are high levels of injection drug use. NYAM study staff will screen the ESAP pharmacies for eligibility by calling down a randomly-ordered list of ESAP-registered pharmacies and enrolling pharmacies willing to participate in this study. NYAM anticipates that they will have to contact 24 ESAP-registered pharmacies in the first year of the project (one pharmacy staff member at each pharmacy) in order to identify the 12 that will participate in the study. Recruitment of pharmacies will occur only during the first year.

At the 12 ESAP-registered pharmacies that join the study, over a three year period, 442 adult (age ≥18 yrs) injection-drug-using syringe customers will