and Budget (OMB) to continue data collection activities of the HIV rapid testing performance evaluation program (MPEP HIV RT) and to make changes to the results form.

This program offers external performance evaluation (PE) twice a year for rapid HIV tests approved by the U.S. Food and Drug Administration (FDA). Participation in PE programs is expected to lead to improved HIV testing performance because participants have the opportunity to identify areas for improvement in their testing practices. This program helps to ensure accurate HIV rapid testing which is the foundation for HIV prevention and intervention programs.

This program offers laboratories/testing sites opportunities for:

(1) Assuring that the laboratories/testing sites are providing accurate test results through external quality assessment;

(2) Improving testing quality through self-evaluation in a non-regulatory environment;

(3) Testing well characterized samples from a source outside the test kit manufacturer;

(4) Discovering potential testing problems so that laboratories/testing sites can adjust procedures to reduce and eliminate errors;

(5) Comparing individual laboratory/testing site results to others at the national and international level, and;

(6) Consulting with CDC staff to discuss testing issues.

Program participants receive PE samples twice each year and report testing results to CDC. In addition to conducting the performance evaluation, participants in the MPEP HIV Rapid Testing program are required to complete a biennial (every other year) laboratory practices questionnaire. The burden for the Laboratory Practices Questionnaire has been adjusted for the average per year, since respondents complete the survey every two years. In addition, with this request, CDC is adding an Enrollment Form for new participants and an Information Change Form to enable participants to update current contact information. CDC does not charge any fees to sites participating in this external quality assessment program.

There is no cost to respondents to participate in this program. The total annualized burden for this data collection is 387 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

| Form | Respondents | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---|---|---|---|---|
| HIV Rapid Testing Results Form | Labs | 660 | 2 | 10/60 |
| HIV Rapid Testing Questionnaire | Labs | 330 | 1 | 30/60 |
| Enrollment Form | Labs | 10 | 1 | 3/60 |
| Information Change Form | Labs | 20 | 1 | 3/60 |

Dated: December 9, 2009.

**Maryam I. Daneshvar,**

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

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**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60Day–10–0739]**

### 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 I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS D–74, 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**

CDC Oral Health Management Information System (OMB No. 0920–0739 exp. 6/30/2010)—Revision—Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The CDC seeks to improve the oral health of the Nation by targeting efforts to improve the infrastructure of State and territorial oral health departments, strengthening and enhancing program capacity related to monitoring the population's oral health status and behaviors, developing effective programs to improve the oral health of children and adults, evaluating program accomplishments, and informing key stakeholders, including policy makers, of program results. Through a cooperative agreement program, CDC provides funding to oral health programs in states and territories. Funding is used to strengthen the states' core oral health infrastructure and capacity and to reduce health disparities among high-risk groups.

The CDC collects information from State- and territory-based awardees to support oral health program management, consulting and evaluation. Information is submitted through and stored in an electronic management information system (MIS), which provides a central, standardized and searchable repository of information about the awardee's objectives, programmatic activities, performance indicators, and financial status. The MIS increases the efficiency and consistency with which applications, budgets, and reports are prepared and reviewed; facilitates program evaluation; reduces

data/information redundancy by integrating existing information from other sources; and improves accountability to management officials, funders, and stakeholders. The MIS also allows CDC staff to record information related to technical assistance, consultative plans, communication and site visits, thus improving the effectiveness and timeliness of technical assistance and communication between CDC and oral health programs. Finally, the reporting functions of the MIS facilitate rapid retrieval of information and summary reports, allowing CDC and awardees to respond to time-sensitive inquiries in a timely fashion and to make programmatic decisions in a more efficient, informed manner.

The information collected in the oral health MIS facilitates CDC staff's ability to fulfill its obligations under the cooperative agreement; to monitor, evaluate, and compare individual programs; and to assess and report aggregate information regarding the overall effectiveness of the oral health infrastructure and capacity at the state and territorial level. It supports CDC's broader mission of reducing oral health disparities by enabling CDC staff to more effectively identify the strengths and weaknesses of individual state and territorial oral health programs; to identify national progress toward reaching the goals of *Healthy People 2010;* and to disseminate information related to successful public health interventions implemented by state and territorial programs to prevent and control the burden of oral diseases.

Information will be collected electronically twice per year. No changes to the MIS or the estimated burden per response are proposed. There is a small increase in the total estimated annualized burden due to the addition of one new CDC-funded oral health program. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden (in hours) |
|---|---|---|---|---|
| State Oral Health Programs | 16 | 2 | 11 | 352 |

Dated: December 8, 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

**[60Day–10–10AJ]**

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

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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**

Evaluation of Childhood Obesity Prevention and Control Initiative: New York City Health Bucks Program—New—Division of Nutrition, Physical Activity, and Obesity (DNPAO), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The Division of Nutrition, Physical Activity, and Obesity (DNPAO) at the Centers for Disease Control and Prevention (CDC), is working to reduce obesity and related health conditions via a multi-pronged approach including active identification of promising local programs and policies designed to prevent childhood obesity. Priority is being given to programs and policies targeting improved eating habits and physical activity levels among children in low-income communities.

The New York City Health Bucks program, operated by the New York City Department of Health and Mental Hygiene (DOHMH), is one example of this type of initiative. The program operates in three high-need, underserved New York City neighborhoods: The South Bronx, North and Central Brooklyn, and East and Central Harlem. Through the program, targeted neighborhood residents are provided with $2 ''Health Bucks'' that can be redeemed at local farmers' markets for the purchase of fresh, locally-grown fruits and vegetables. As an added incentive for Food Stamp/Supplemental Nutrition Assistance Program (SNAP) participants, individuals using an Electronic Benefits Transfer (EBT) card at participating farmers' markets receive one $2 Health Buck for every $5 spent. The Health Bucks program is intended to increase fresh fruit and vegetable purchases and consumption, and to increase access at the community level by attracting local farmers to these underserved areas.

CDC plans to sponsor an evaluation of the NYC Health Bucks program to assess changes in consumer behavior and to identify factors serving as barriers or facilitators to program implementation. The evaluation will involve vendors, managers and consumers at 90 farmers' markets in New York City, residents in the neighborhoods near markets that accept Health Bucks, and approximately 200 organizations expected to participate in the NYC Health Bucks program during 2010.

The evaluation will include seven information collection activities: (1) A Web-based survey of local community organizations that distribute Health