Dated: June 30, 2010.

Maryam I. Daneshvar,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–16604 Filed 7–7–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–10–09AH]

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

Improving the Quality and Delivery of CDC's Heart Disease and Stroke Prevention Programs—New—Division for Heart Disease and Stroke Prevention (DHDSP), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Heart disease and stroke are among the most widespread and costly causes of death and disability in the U.S., but are also among the most preventable health problems. In 2006, CDC created the Division of Heart Disease and Stroke Prevention (DHDSP) to provide national leadership for efforts to reduce the burden of disease, disability, and death from heart disease and stroke.

Many heart disease and stroke prevention and control activities are conducted through DHDSP-funded heart disease and stroke prevention programs. The DHDSP's key partners include state and local health departments, public health organizations, community organizations, nonprofit organizations, and professional organizations. The DHDSP supports partners by conducting trainings, providing scientific guidance and technical assistance, and producing scientific information and supporting tools. For example, the DHDSP provides training to States on how to implement and evaluate their programs and provides guidance on how to best apply evidence-based practices. In addition, the DHDSP translates its scientific studies into informational products, such as on-line reports and trend data.

The DHDSP requests OMB approval of a generic clearance to support a variety of information collections needed to assess the relevance, quality and impact of DHDSP trainings, technical assistance, and products. The generic clearance will provide a common framework for many of DHDSP's planning and evaluation activities and enhance DHDSP's ability to coordinate information collection with product releases, professional conferences, and other events. The information to be collected will allow the DHDSP to identify new programmatic opportunities and respond quickly to partners' concerns in a timely manner. Whenever feasible, DHDSP will collect information electronically to reduce burden. Information may also be collected through in-person or telephone interviews or focus groups when web-based surveys are impractical or when in-depth responses are required.

Respondents will be DHDSP's partners in State and local government as well as partner organizations in the private sector. The DHDSP estimates that it will collect information each year from approximately 506 respondents through web-based surveys, approximately 406 respondents through interviews, and approximately 64 respondents through focus groups. No one type of respondent will be asked to participate in more than two surveys, interviews, or focus groups annually. The length of online surveys will be limited to 30 minutes and in-person interviews and focus groups limited to one hour or less.

CDC requests OMB approval of the generic clearance for three years. The initial generic information collection request describes plans to conduct two specific surveys. An additional information collection request, outlining purpose, respondents and methodology, will be submitted to OMB for each subsequent information collection activity.

The information to be collected will be used to determine whether DHDSP activities and products are reaching the intended audiences, whether they are deemed to be useful by those audiences, and whether DHDSP efforts improve public health practice.

There are no costs to respondents other than their time. The total estimated annualized burden hours are 723.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form type	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State and Local Health Departments	Web-based survey	306	1	30/60
	Interview	306	1	1
	Focus group	32	1	1
Private Sector Partners	Web-based survey	200	1	30/60
	Interview	100	1	1
	Focus group	32	1	1

Dated: June 30, 2010.

Maryam I. Daneshvar,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–16602 Filed 7–7–10; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–10–09AL]

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 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

The Green Housing Study: Environmental health impacts on women and children in low-income multifamily housing—New—National Center for Environmental Health (NCEH) and Agency for Toxic Substances and Disease Registry (ATSDR)/Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This study directly supports the Healthy Homes' health protection goal of the Centers for Disease Control and Prevention (CDC). This investigation is also consistent with CDC's Health Protection Research Agenda, which calls for research to identify the major environmental causes of disease and disability and related risk factors.

The efficacy of green building design features in reducing allergens and toxic substances within the home has been assumed based on conventional wisdom. A better understanding is needed of the extent to which green-built, low-income housing actually reduces exposures to these compounds when compared to standard-built, low-income housing. In addition, this study may provide insight into how specific green building practices (e.g., use of low chemical-emitting paints and carpets) may influence levels of substances in the home (such as volatile organic compounds (VOCs). A study investigating these topics would provide a solid foundation upon which to explore green affordable housing's potential to promote healthy homes principles.

The title of this study has changed since publication of the initial 60-day **Federal Register** Notice (FRN); however, the goals remain the same. These goals will be accomplished in ongoing building renovation programs sponsored by the Department of Housing and Urban Development (HUD). In partnership with HUD, the CDC will leverage opportunities to collect survey and biomarker data from residents and to collect environmental measurements in homes in order to evaluate associations between green housing and health.

Participants will include pregnant women and children living in HUD-subsidized housing that has either been rehabilitated in a green (*e.g.,* case) or a traditional manner (*e.g.,* control) from study sites across the United States. The following are eligible for the study: (1) 688 children (age 7–12 years with asthma); (2) 688 children (less than or equal to 6 years); (3) 688 pregnant women; and (4) 688 mothers of the children enrolled. Pregnant women and children with asthma (ages 7–12 years) will donate blood samples (for assessment of allergy) and urine samples (for assessment of pesticide and VOC exposures). The children with asthma (ages 7–12 years) will be also tested for lung function and lung inflammatory markers. The length of follow-up is one year. Questionnaires regarding home characteristics and respiratory symptoms will be administered at 6-month intervals. Environmental sampling of the air and dust in the participants' homes will be conducted over a 1-year period (once in the home before rehabilitation (baseline I), and then at three time points after rehabilitation has been completed: Baseline II, 6 months, and 12 months). Environmental sampling includes measurements of air exchange rate, pesticides, VOCs, indoor allergens, fungi, temperature, humidity, and particulate matter.

Approximately 1,600 adults (800 mothers and 800 pregnant women) will complete the screening forms. We assume after screening, some women will not be eligible (an estimate of roughly 15%). With an anticipated loss to follow-up in our study of 20%, we will recruit 688 asthmatic children (age 7–12 years) and their mothers. We will also recruit 688 pregnant women. In addition, children age 0–6 years could also be enrolled if a household already has an enrolled participant. In summary, expected overall response rate could range from 69%–86% for each of the eligible types of women participating in the study from screening through the end of data collection. The number and type of respondents that will complete the questionnaires are as follows: (1) 688 mothers of enrolled children—from ages 0–6 yrs and/or children with asthma (ages 7–12 years) and (2) 688 pregnant women—with or without eligible children. All health and environmental exposure information about children will be provided by their mothers (*i.e.,* no children will fill out questionnaires). Children ages 0–6 years are only recruited if their enrolled mother is pregnant or their mother also has an enrolled child with asthma between the ages 7–12 years. The total estimated annual burden hours equals 3,878.

There is no cost to the respondents other than their time to participate in the study.

ESTIMATED ANNUALIZED BURDEN HOURS

Forms	Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Screening Questionnaire	Mothers of enrolled children/Pregnant Women.	1,600	1	10/60
Baseline Questionnaire (Home Characteristics)	Mothers of enrolled children/Pregnant Women.	1,376	1	15/60
Baseline Questionnaire (for Mother or Pregnant Women).	Mothers of enrolled children/Pregnant Women.	1,376	1	15/60