

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**

Process Evaluation of CDC's Youth Media Campaign—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background:* In FY 2001, Congress established the Youth Media Campaign at the Centers for Disease Control and Prevention (CDC). Specifically, the House Appropriations language said, "The Committee believes that, if we are to have a positive impact on the future health of the American population, we must change the behaviors of our children and young adults by reaching them with important health messages." CDC's response to this mandate was to design and implement a mass media campaign based on social marketing principles that is focused on increasing physical activity levels in children ages 9 to 13. The Campaign is based on

principles that have been shown to enhance success, including: designing messages based on research; testing messages with the intended audiences; involving young people in all aspects of Campaign planning and implementation; and enlisting the involvement and support of parents and other influencers. Evaluation of the campaign is occurring through various process and outcome measures.

Part of the campaign strategy is to develop materials for influencers and stakeholders. Influencers include teachers, coaches, and youth-serving organizations. Stakeholders include community leaders, corporate partners, and non-governmental organizations. Campaign planners are interested in understanding how effective the Campaign is in delivering the supporting message of regular youth physical activity to these multiple groups. This understanding will facilitate any strategy changes that may be necessary to increase the effectiveness of tools and resources to facilitate sustainability of the campaign.

The Youth Media Campaign plans to conduct a process evaluation with convenience samples drawn from Campaign promotional requests,

Campaign Web site/inquiries and listservs. This process evaluation will examine the implementation of Campaign strategies, promotions, and tools through community partners that directly work with youth and adult influencers. This process includes gathering information from influencers and stakeholders through: in-person and telephone interviews; mail surveys; focus groups; Internet online surveys; bounce-back Web surveys with users of Web site; and feedback forms included in promotional kits. Surveys will be administered beginning in the winter of 2005 to adult influencers, community stakeholders, and partners.

The overall purpose of this process evaluation is to determine the extent to which the VERB campaign was implemented as planned, the challenges that occurred, and solutions to specific challenges. Data collected will assist campaign planners in refining campaign strategies and in developing materials. Additionally, the process evaluation will examine to what extent partnerships were formed and the effectiveness of the partnership activities. There are no costs to the respondents.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
Adult Influencers .....	5,000	1	15/60	1,250
Community Stakeholders .....	1,000	1	15/60	250
Focus Groups: Adult influencers .....	100	1	1	100
Focus Groups: Community Stakeholders .....	100	1	1	100
<b>Total .....</b>				<b>1,700</b>

Dated: August 12, 2004.

**Alvin Hall,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 04-19215 Filed 8-20-04; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-04-04JZ]

**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, or to send comments contact Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, 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**

Heart Health Matters for Duchenne Muscular Dystrophy (DMD) Carriers Too—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description:* Duchenne Muscular Dystrophy (DMD) is the most common form of fatal muscular dystrophy in children. It

affects about 1 in 3,500 boys. Although almost all cases of DMD are diagnosed in young males, the genetic condition that causes DMD is carried by females. Today, there are about 40,000 female DMD carriers in the United States. Females who carry this genetic condition generally do not have symptoms, but some may experience muscle weakness and fatigue. Sometimes, they may also develop heart problems that are characterized by shortness of breath or an inability to do moderate exercise. The chance that a female carrier will develop heart problems is unknown, but these heart problems are serious and can be life threatening. To learn more about the

heart health behaviors of adult female DMD carriers, CDC, National Center on Birth Defects and Developmental Disabilities proposes to conduct a national survey.

A large sample of adult female carriers of DMD will be recruited for the study from the mailing lists of local, regional, and national organizations that work with DMD families.

Approximately 1,500 individuals who agree to participate in the study will complete a confidential, one-time, self-administered questionnaire that will be mailed to their homes and will take approximately 30 minutes to complete. Respondents will also be given the option of responding to an electronic

version of the survey accessed via the World Wide Web. Survey participants will be asked about social and psychological aspects of their genetic carrier status, their sources of social support, their awareness and knowledge of the link between genetic carrier status and heart health, issues about access to specialized cardiac health care, and sources of health information that they find trustworthy, accessible, and understandable.

There will be no costs to the respondent. Postage and a return envelope will be provided for participants who choose to complete and return their survey by mail.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
Complete Questionnaire .....	1,500	1	30/60	750
Total .....	.....	.....	.....	750

Dated: August 12, 2004.

**Alvin Hall,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 04-19216 Filed 8-20-04; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-04-04EE]

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

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) 498-1210 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

Pregnancy Risk Assessment Monitoring System (PRAMS) Program Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

**Background**

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project of CDC, National Center for Chronic Disease Prevention and Health Promotion and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences prior to, during, and immediately following pregnancy.

The goal of the PRAMS project is to improve the health of mothers and infants by reducing adverse outcomes such as low birth weight, infant mortality and morbidity, and maternal morbidity. PRAMS provides state-specific data for planning and assessing health programs and for describing maternal experiences that may contribute to maternal and infant health.

PRAMS collects data that are unavailable through other surveillance systems; and it has become a critical mechanism for identifying and monitoring trends, informing program evaluations and policy decisions, and tracking progress toward Healthy People 2010 objectives that are related to maternal and child health (MCH).

Currently 31 states and New York City administer PRAMS, representing 62% of all U.S. births. The objectives of the program evaluation are threefold:

1. To inform the operational, analytic, translation, and capacity building functions of the current PRAMS system and make them more efficient, effective and capable of meeting future needs.
2. To provide information that will guide the expansion and support of additional state PRAMS programs.
3. To provide information that will enable the PRAMS system to be more responsive to changes in public health priorities and policies, including the needs of the state programs and the wider MCH community.

A key component of the PRAMS evaluation is a semi-structured mail survey of all 32 PRAMS program directors. The focus of the mail-in survey will be to examine ways to make PRAMS data accessible for analysis, factors promoting capacity and utilization, costs, indicators of success, and additional resources needed to improve quality and responsiveness.

Prior to fielding the survey, a research contractor will conduct one- to two-hour interviews with 3 to 4 program representatives. These interviews will help to reduce overall respondent burden by assessing whether the survey is comprehensible and relevant, whether the terms and phrases are understood as intended, and whether it is easy to read.