

Dated: October 26, 2004.

B. Kathy Skipper,

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

[FR Doc. 04-24318 Filed 10-29-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-04-0422X]

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*. 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

Indicators of the Performance of Local and State Education Agencies in HIV

Prevention and Coordinated School Health Program Activities for Adolescent and School Health Programs—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). This proposed project is an annual Web-based questionnaire to assess programmatic activities among local, state and territorial education agencies (LEA, SEA and TEA) funded by CDC, NCCDPHP, Division of Adolescent and School Health (DASH).

Currently, CDC does not fund a standardized annual reporting process within NCCDPHP that assesses HIV prevention activities or coordinated school health program (CSHP) activities among LEAs, SEAs and TEAs. Data gathered from this questionnaire will: (1) Provide standardized information about how HIV prevention and CSHP funds are used by LEAs, SEAs and TEAs; (2) assess the extent to which programmatic adjustments are indicated; (3) provide descriptive and process information about program activities; and (4) provide greater accountability for use of public funds.

There will be three Web-based questionnaires corresponding to the specific funding sources from the CDC, NCCDPHP, DASH. Two questionnaires pertain to HIV prevention program activities among LEAs, SEAs and TEAs. The third questionnaire pertains to CSHP activities among SEAs.

The two HIV questionnaires will include questions on:

- Distribution of professional development and individualized technical assistance on school policies;
- Distribution of professional development and individualized technical assistance on education curricula and instruction;
- Distribution of professional development and individualized technical assistance assessment of student standards;
- Collaboration with external partners;
- Targeting priority populations;
- Planning and improving projects; and
- Information about additional program activities.

The third questionnaire, CSHP, will also ask the questions above; however, it will focus on physical activity, nutrition, and tobacco-use prevention activities. It will include additional questions on:

- Joint activities of the State Education Agency and State Health Agency (SHA);
- Activities of the CSHP state-wide coalition; and
- Health promotion programs and environmental approaches to Physical Activity, Nutrition and Tobacco (PANT).

There are no costs to respondents except for their time. The approximate annualized burden hours are 718.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
HIV Prevention Questionnaire: Local Education Agency Officials	18	1	7
HIV Prevention Questionnaire: State & Territorial Education Agency Officials	55	1	7
CSHP Questionnaire: State Education Agency Officials	23	1	9

Dated: October 26, 2004.

B. Kathy Skipper,

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

[FR Doc. 04-24319 Filed 10-29-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-04-0497]

Proposed Data Collections Submitted for Public Comment and Recommendations

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Officer at (404) 498-1210 or send an e-mail to *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

Evaluating CDC Funded Health Department HIV Prevention Programs, OMB No. 0920-0497—Revision—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

Background

CDC is requesting approval for the continued use of three currently approved forms (under OMB Control No. 0920-0497) for collecting HIV partner counseling and referral services (PCRS) program data. The current forms expire October 31, 2004. This request is for clearance for use of these forms through April, 2006. The extension of the current forms will allow grantees to continue to collect PCRS data as they transition to the new Program Evaluation and Monitoring System (PEMS) over the next year. This clearance will also allow CDC to collect information on how federal funds are allocated by grantees for HIV prevention.

CDC funds HIV prevention projects in 65 public health agencies (50 states, 6 cities, 7 territories, Washington, DC, and

Puerto Rico) through cooperative agreements. PCRS is one of a number of public health strategies supported by CDC that is designed to control and prevent the spread of HIV.

A fundamental feature of PCRS is informing current and past partners of an HIV-infected person that they have been identified as a sex or injection-drug-paraphernalia-sharing partner, and advising them to be tested for HIV. Informing partners of their exposure to HIV is confidential, and partners are not told who reported their name, or when the reported exposure occurred. Notified partners who may not have suspected their risk can choose whether to have HIV counseling and testing. Those who choose to be tested and are found to be HIV positive can receive a medical evaluation, treatment, and prevention services designed to modify

their high risk behavior, thereby possibly reducing the number of new HIV infections.

HIV prevention programs that conduct PCRS interventions can reach significant numbers of persons at very high risk of contracting HIV. The CDC requires aggregate PCRS program data to determine if interventions are being delivered as intended, gauge the degree to which program performance indicator targets are being achieved, and help agencies improve their programs to better deliver effective PCRS. Until grantees transition to PEMS, it is essential that they be allowed to continue to collect aggregate PCRS data using the existing forms.

Each health department funded to conduct PCRS will prepare and submit aggregate PCRS data to the CDC annually.

ANNUALIZED BURDEN TABLE

Form	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
PCRS Process Monitoring Form	65	1	2
Budget by Major Funding Activities Form	65	1	30/60
Budget by Major Providers Form	65	1	30/60

Dated: October 25, 2004.

Alvin Hall,

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

[FR Doc. 04-24320 Filed 10-29-04; 8:45 am]

BILLING CODE 4163-18-P

mail to 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

2005 National Health Interview Survey, OMB No. 0920-0214—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

The annual National Health Interview Survey (NHIS) is a basic source of general statistics on the health of the U.S. population. Respondents to the NHIS also serve as the sampling frame for the Medical Expenditure Panel Survey which is conducted by the Agency for Healthcare Research and Quality. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, AIDS, and access to health care. Journalists use its data to inform the general public. It will continue to be a

leading source of data for the Congressional-mandated “Health US” and related publications. NHIS is the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, “Healthy People 2010.”

The NHIS has been in the field continuously since 1957. Due to survey integration and changes in the health and health care of the U.S. population, demands on the NHIS have changed and increased, leading to a major redesign of the annual core questionnaire or Basic Module, and a shift from paper questionnaires to computer assisted personal interviews (CAPI). These redesigned elements were fully implemented in 1997. This clearance is for the ninth full year of data collection using the core questionnaire on CAPI, and for the implementation of a supplement sponsored by the National Cancer Institute. There is no cost to the respondents other than their time. The estimated annualized burden is 39,837 hours.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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[30Day-05-0214]

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