effectively into overall health planning. In response, CDC awarded funds for cooperative agreements to 13 demonstration sites for the planning and implementation of oral health capacity infrastructure building and demonstration delivery programs.

Building infrastructure enables the demonstration sites to develop the capacity to achieve Healthy People 2010 objectives and reach many more Americans than a single local program could reach by sustaining health gains beyond the funding cycle. Infrastructure development encompasses many activities, each of which can be accomplished in a myriad of methods by the grantees. To summarize and track vital development information across grantee sites, a performance measurement tracking project must be established for the demonstration sites. Obtaining uniform data on performance will allow the construction of summary reports to assist future sites and not-yet-funded oral health infrastructure development programs. Performance measurement and tracking for this project would describe the implementation of each site's infrastructure model in relation to environmental context and state characteristics. The results would provide evidence for the essential implementation strategies for effective infrastructure development as defined by the consensus-based Association of State and Territorial Dental Directors' (ASTDD) model. The results would be used to structure flexible guidelines for infrastructure development and identify high-priority activities enabling additional sites to efficiently plan and implement cost-effective oral health improvement activities.

Additionally, this project will assist in the development of objectives and indicators of sustainability resulting in the ability of these demonstration programs to meet the needs of their constituents beyond the seed-funding period. The objectives of the Performance Measurement Tracking project are to:

1. Evaluate infrastructure development activity characteristics among the funded sites.
2. Synthesize progress and promote cross-collaboration among grantees.
3. Make progress indicators available to non-funded sites.
4. Promote positive infrastructure growth among funded and non-funded sites.

These objectives will be attained through a family of uniform evaluation reporting documents designed to evaluate demographic, extent, and culture climate of infrastructure development activities. One respondent from each site will submit the activity-tracking document semiannually. Non-funded sites actively involved in infrastructure development are welcome to submit tracking information to further provide information for all sites.

Annualized Burden Table:

Respondents	Number of respondents per year	Number of responses per respondent	Avg. burden per response (in hours)	Total annual burden (in hours)
Demonstration Site Grantees	13	2	45/60	20
Total				20

Dated: December 3, 2004.

Alvin Hall,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–05–0461X]

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 email 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

Sexually Transmitted Diseases Laboratory Test Method Survey—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

CDC is requesting OMB approval to survey public health laboratories about the volume of testing and type of laboratory testing methods for sexually transmitted diseases (STD). In October 2002, CDC published ''Screening Tests to Detect *Chlamydia trachomatis* and *Neisseria gonorrhoeae* Infections'' (MMWR 2002:51 (No. RR–15)). The purpose of this publication was to provide information for public health laboratories regarding the most effective testing methodologies for *Chlamydia trachomatis* and *Neisseria gonorrhoeae.* Because testing practices could affect the resources available to public health departments for STD screening and surveillance programs, it is critical to monitor the capacity and current practices of public health laboratories to appropriately test for these diseases.

The objectives of this proposed data collection are to: (1) Collect information about the volume of and type of testing for chlamydia and gonorrhea performed in laboratories; (2) collect information about antimicrobial susceptibility testing for gonorrhea; and (3) collect information about the volume and type of testing for herpes simplex virus (HSV), syphilis, human papillomavirus (HPV), bacterial vaginosis, and trichomoniasis performed in laboratories. This survey will build on data collected in 2001 by the Association of Public Health Laboratories on laboratory test methods and the volume of testing.

CDC anticipates collecting this data using an on-line survey of 140 public health laboratories. The survey will take approximately 20 minutes to complete; there is no cost to respondents except their time to participate. The annualized burden for this data collection will be 47 hours.

Annualized Burden Table:

Respondents	No. of respondents	Responses per respondent	Average burden per response (in hours)
State labs	50	1	20/60
City/County labs	80	1	20/60
Other Infertility Prevention Project Labs	10	1	20/60

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Alvin Hall,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–05–0395X]

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

Increasing Cervical Cancer Screening in Never or Rarely Screened Black Women: Phase 1—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Black women in the United States have higher incidence of cervical cancer than White women and higher mortality from cervical cancer than White women. Cancer mortality data from 1974–1994 for Black women show stable, geographic patterns of cervical cancer mortality predominantly in the southeastern part of the United States. While screening rates of Black women are shown to be similar to White women, subgroups of Black women may remain unscreened or under-screened (more than three years since the last Pap test), specifically those who are medically uninsured or underinsured or live in rural areas of the country. Screening rates are particularly low for women without access to health care.

The purpose of this project is to conduct formative research to better understand why some Black women ages 50 to 64 do not participate in cervical cancer screening. The proposed study will use focus groups and personal interviews to gather information that will be used to guide future intervention strategies to increase cervical cancer screening in never or rarely screened Black women. There is no cost to respondents except their time to participate. The estimated annualized burden is 158 hours.

ANNUALIZED BURDEN TABLE

Respondents	Form	No. of respondents	No. of responses per respondent	Avg. burden per response (in hours)
Women potentially eligible	Initial eligibility screening for focus group	270	1	7/60
Eligible women	Confirmation of eligibility for focus group	90	1	10/60
Eligible women	Reminder phone call for focus group participant.	90	1	3/60
Focus group participants	Informed consent form	60	1	5/60
Focus group participants	Focus group participant	60	1	1.5
Focus group participants	Health literacy assessment	60	1	12/60

Dated: December 3, 2004.

Alvin Hall,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05AP]

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 404–371–5976 or send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, 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)