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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

[30Day–06–05CM]

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) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

2006 Hispanic/Latino Adult Tobacco Survey (ATS)—new—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this project is to conduct a culturally appropriate Adult Tobacco Survey questionnaire with Hispanic/Latino persons. The survey results will expand data and existing knowledge of tobacco use among Hispanics/Latinos in order to benefit tobacco use surveillance and prevention programming at the local, state, and regional levels. The questions will help to narrow existing gaps in knowledge concerning tobacco use in the Hispanic/Latino population and inform development of Hispanic/Latino-specific interventions.

The Hispanic/Latino population is fast growing in the United States. It is expected that the number of Hispanic/Latino persons residing in the U.S. will increase from 39.9 million in the year 2003 to 102.6 million in the year 2050, almost 3 times the current population. The large expected growth in the Hispanic/Latino population, especially in non-traditional states, will have important implications for tobacco control activities in the years to come.

The Office of Smoking and Health (OSH) is conducting a survey project that includes administering the Adult Tobacco Survey in three locations that have high concentrations of Hispanic/Latino persons, each location with a distinct Hispanic/Latino subpopulation. The locations are New York City (New York), Miami (Florida), and El Paso (Texas). Within each location, the survey will be conducted annually with approximately 750 participants, for a total of 2,250 survey participants. In order to select survey respondents, screeners will be administered to a larger number of household respondents. The estimated number of screener respondents depends on whether the screener is done over the telephone (New York and Florida) or in person (Texas). The screener and the survey will be conducted in both English and Spanish.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 1,833.

ESTIMATED ANNUALIZED BURDEN

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
New York—screener	1,500	1	10/60
New York—survey	750	1	30/60
Miami, Fl—screener	1,500	1	10/60
Miami, Fl—survey	750	1	30/60
El Paso, TX—screener	1,250	1	10/60
El Paso, TX—survey	750	1	30/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–06–0651)

Agency Forms Undergoing Paperwork Reduction Act Review

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Proposed Project

Evaluation of Educational Materials Promoting Informed Decision-Making About Prostate Cancer Screening—Revision—National Center for Chronic Disease and Public Health Promotion (NCDDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Prostate cancer is the second most commonly diagnosed cancer among men in the United States. Current estimates project that 234,460 new cases of prostate cancer will be diagnosed, and 27,350 men will die of this disease in 2006. The effectiveness of prostate cancer screening has not been established. A number of clinical guidelines recommend that the potential risks and benefits of prostate cancer screening be explained to patients so that they may make informed decisions about screening. The purpose of this study is to test the effectiveness of a decision aid intended as an informed decision making tool to impart knowledge and promote provider-patient discussion about prostate cancer screening.

The proposed study will test the effectiveness of a nationally distributed decision aid developed by CDC, and extend the existing literature on informed decision making. No past trials of prostate cancer screening decision aids have evaluated the role of primary care provider practice style. The proposed study results may inform the national discussion about informed decision-making and prostate cancer screening, and influence the clinical guidelines and primary care provider practices on prostate cancer screening. Moreover, the data may inform revisions to the current line of prostate cancer screening educational materials and influence the development of new materials.

The randomized control trial (RCT) will recruit 400 men between the ages of 50–70 years reporting for health maintenance exams with primary care providers. The intervention being tested in this project will be the decision aid entitled, *Prostate Cancer Screening: A Decision Guide,* used to assess the main and interactive effects of primary care provider practice style and exposure to the decision aid on prostate cancer screening.

In 2005, CDC conducted a replicated measures validation study (OMB# 0920–0651); Expiration date: 11/30/07, in which measures were validated with the target audiences to both versions of the decision aid: (1) men eligible for screening in the general population (N=200) and (2) African American men eligible for screening (N=200). The estimate of burden for the instrument is based on results from this study.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 210.

Estimated Annualized Burden

Types of responses or kinds of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Men, all races aged 50–70 years	240	1	60
Men, all races aged 50–70 years (intervention group)	100	1	100
Men, all races aged 50–70 years (control group)	100	1	50

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–06–0556]

Agency Forms Undergoing Paperwork Reduction Act Review

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Proposed Project

Assisted Reproductive Technology (ART) Program Reporting System—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCDDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 2(a) of Public Law 102–493 (known as the Fertility Clinic Success Rate and Certification Act of 1992 (FCSRCA), 42 U.S.C. 263a–1(a)) requires that each assisted reproductive technology (ART) program shall annually report to the Secretary through the Centers for Disease Control and Prevention—(1) pregnancy success rates achieved by such ART program, and (2) the identity of each embryo laboratory used by such ART program and whether the laboratory is certified or has applied for such certification under this act.

The Centers for Disease Control and Prevention (CDC) is seeking a 3 year Office of Management and Budget (OMB) approval for a revision of a reporting system for the Assisted Reproductive Technology (ART) Program. This reporting system has been designed by Westat for CDC to comply with the requirements of the FCSRCA. The reporting system includes all ART cycles initiated by any of the approximately 400 ART programs in the United States, and covers the pregnancy outcome of each cycle, as well as a number of data items deemed important to explain variability in success rates across ART programs and across individuals. (An ART cycle is considered to begin when a woman begins taking ovarian stimulatory drugs or starts ovarian monitoring with the intent of having embryos transferred. The data file is organized with one record per cycle.) Data is to be collected through Web-based data collection system developed by Westat in consultation with CDC.

In developing the definition of pregnancy success rates and the list of data items to be reported, CDC has consulted with representatives of the Society for Assisted Reproductive Technology (SART), the American Society for Reproductive Medicine, and RESOLVE, the National Infertility Association (a national, nonprofit consumer organization), as well as a variety of individuals with expertise and interest in this field.

Approximately 400 ART programs reported data in 2002. The average number of ART cycles (responses) per ART program was 288. Using these numbers as a baseline, approximately 10% of the ART programs will be selected for data validation. An average of 50 ART cycles per ART program will be selected for full validation. In addition, an average of 33 ART cycles per selected ART program that resulted in a live birth will be selected for an abbreviated validation.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 72,313.