ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (hours)
Clerical	33	2	2.75	182
Directors	33	2	1.5	99
Total				281

Dated: January 11, 2007.

Joan F. Karr,

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

[60Day-07–07AH]

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 404–639–5960 and send comments to Joan Karr, CDC Acting 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) 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

Formative Research to inform the development of new recommendations for Human Immunodeficiency Virus (HIV), Counseling, Testing, and Referral in non-health care settings—New-National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Coordinating Center for Infectious Diseases (CCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This project involves formative research to elicit consumer opinions on HIV counseling, testing, and referral (CTR) in non-health care settings. The study entails conducting focus groups with persons who are either HIV positive or at risk for HIV because of their drug injection or sexual behavior. The purpose of the focus groups is to explore: (1) Facilitators and barriers to using CTR services in non-health care settings; (2) ideal service components to decrease barriers to early diagnosis, decrease risk behaviors, link clients with follow-up care, and ensure client rights; (3) perceived risks and benefits of CTR; and (4) preferences for providing informed consent.

CDC will use study findings to inform the development of new recommendations for HIV CTR in non-health care settings. We expect a total of 450 participants to be screened for eligibility. Of the 450 participants who are screened, we expect that 180 people will participate in a focus group. There are no costs to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Responses per respondent	Average burden per response (In hours)	Total burden hours
Screener	450	1	20/60	150
Focus Group	180	1	2	360
Total				510

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Joan F. Karr,

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

[60Day–07–07AI]

Proposed Data Collections Submitted for Public Comment and Recommendations

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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

Medical Monitoring Project Provider Survey-New-National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting a 3-year approval from the Office of Management and Budget (OMB) to survey randomly selected HIV care providers (e.g., physicians, nurse practitioners and physician's assistants) in the United States regarding their training history, areas of specialization, ongoing sources of training and continuing education about HIV care, and awareness of HIV treatment guidelines and resources. Results from this survey will be used in conjunction with data from CDC's Medical Monitoring Project (MMP) to assess who is providing HIV care, to examine the impact of provider characteristics on the quality and standard of care being provided to patients with HIV, to determine opportunities to improve resources available to HIV care providers, and to evaluate the reasons for sampled providers' participation and non-participation in MMP. Participation in the survey is not contingent upon a provider's involvement with the MMP.

All selected HIV care providers will be asked to participate in the survey, regardless of their participation in the MMP.

For this proposed data collection, MMP project areas have identified all HIV care providers in their jurisdictions and selected a sample of 40–60 providers in each jurisdiction to participate in MMP, including those providers who may not be participating in the MMP. CDC plans to survey these sampled providers. Respondents will have the option to use either a Web-based application or paper survey to participate in the survey. There is no cost to respondents to participate in this survey other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (In hours)	Total burden (Hours)
HIV Care Providers	2,500	1	30/60	1,250

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Centers for Disease Control and Prevention

[60Day–07–07AF]

Proposed Data Collections Submitted for Public Comment and Recommendations

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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

Evaluation of the Safe Dates Project—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The specific aims of this study are to describe the implementation and drivers of implementation of the Safe Dates program (implementation evaluation); to evaluate its impact on desired outcomes, including prevention of and reduction in dating violence victimization and perpetration (including psychological abuse, stalking, physical violence, and sexual violence) among ninth-grade students (experimental effectiveness evaluation); and to evaluate its cost-effectiveness, including cost-utility (cost evaluation). The evaluation will require participation from staff and students at 54 schools (18 treatment schools receiving the Safe Dates program with teacher training and observation, 18 treatment schools receiving the Safe Dates program without teacher training and observation, and 18 control schools not receiving the Safe Dates program).

Implementation evaluation data will be collected primarily through Web questionnaires completed by principals, school prevention coordinators, and teachers delivering the program; effectiveness evaluation data will be collected via classroom scannable forms with ninth-graders who attend treatment or control schools; and cost evaluation data will be collected via a Web survey of teachers delivering the program who receive training and observation. High schools that agree to participation will be matched into sets of three.

Characteristics that will be considered in the matching process include demographics and urban/rural county