

comments should be received within 30 days of this notice.

**Proposed Project**

Formative Research to Develop the Routine HIV Testing for Emergency Medicine Physicians, Prevention Is Care (PIC), and Partner Services Social Marketing Campaigns—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 towards the development of three CDC-sponsored social marketing campaigns: Social Marketing Campaign to Make HIV Testing a Routine Part of Medical Care for Emergency Medicine Physicians (Routine HIV Testing), Prevention Is Care (PIC), and Partner Services (Partner Services). The title has changed since publication of the 60-day **Federal Register** Notice (previous title “Formative Research to Develop Social Marketing Campaigns: Routine HIV Testing for Emergency Medicine Physicians, Prevention Is Care (PIC), and Partner Services”). The goals remain the same but the Gynecologists

and Obstetricians have been replaced with emergency medicine physicians for the Routine HIV Testing Campaign; a new component (“partner services”) was added along with a paper and pencil survey; focus groups were eliminated and the number of individual interviews increased; overall the estimated annualized burden hours decreased. The goal of the Routine HIV Testing Campaign is to increase HIV testing rates among individuals who receive care through the emergency department and the objective of the campaign is to make HIV testing a routine part of care provided by emergency medicine physicians. PIC entails encouraging primary care physicians (PCP) and Infectious Disease Specialists who deliver care to patients living with HIV to screen their HIV patients for HIV transmission behaviors and deliver brief messages on the importance of protecting themselves and others by reducing their risky behaviors. The long-term objective of the PIC campaign is to establish PIC as the standard of care for persons living with HIV. The goal of the Partner Services component of the PIC social marketing campaign is to make HIV partner services a routine part of

medical care. Partner services will greatly enhance the detection and early referral of individuals with HIV infection and will greatly reduce the number of new infections. The study entails conducting interviews to test creative materials with a sample of emergency medicine physicians for Routine HIV Testing and with PCP and Infectious Disease Specialists for PIC and Partner Services. Findings from this study will be used by CDC and its partners to inform current and future program activities.

Routine HIV Testing will screen 36 physicians a year, for eligibility. Of the 36 physicians screened annually, it is expected that 24 will participate in an interview annually.

PIC will screen 81 physicians annually for eligibility. Of the 81 physicians who are screened, it is expected that 54 will participate in an interview annually.

Partner Services will screen 87 physicians for eligibility each year. Of the 87 physicians who are screened, it is expected that 58 will participate in an interview annually.

There are no costs to the respondents other than their time. The total estimated annual burden hours are 194.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Form name	Number of respondents	Responses per respondent	Average burden per response (in hours)
Emergency Medicine Physicians.	Routine HIV Testing Screener .....	36	1	10/60
	Routine HIV Testing Interview .....	24	1	1
	Routine HIV Testing Paper & Pencil Survey .....	24	1	10/60
Prevention Is Care .....	PIC Screener .....	81	1	10/60
	PIC Interview .....	54	1	1
	PIC Paper & Pencil Survey .....	54	1	10/60
Partner Services .....	Partner Services Screener .....	87	1	10/60
	Interview (Exploratory Research) .....	18	1	1
	Interview (Concept Testing) .....	20	1	1
	Interview (Materials Testing) .....	20	1	1
	Partner Services Paper & Pencil Survey .....	58	1	10/60

Dated: November 2, 2007.

**Maryam I. Daneshvar,**

*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**

**[30 Day-08-0215]**

**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](mailto: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**

National Death Index (NDI), (OMB No. 0920-0215, Expiration 11/30/2007)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States.

The National Death Index (NDI) is a national data base containing identifying death record information

submitted annually to NCHS by all the state vital statistics offices, beginning with deaths in 1979. Searches against the NDI file provide the states and dates of death, and the death certificate numbers of deceased study subjects.

Using the NDI Plus service, researchers have the option of also receiving cause of death information for deceased subjects, thus reducing the need to request copies of death certificates from the states. The NDI Plus option currently provides the

International Classification of Diseases (ICD) codes for the underlying and multiple causes of death for the years 1979–2005. Health researchers must complete administrative forms in order to apply for NDI services, and submit records of study subjects for computer matching against the NDI file. A three-year clearance is requested. There is no cost to respondents except for their time. The total estimated annual burden hours are 182.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Form type	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Application Form .....	50	1	2.5
Repeat Request Form .....	70	1	18/60
Data Transmittal Form .....	120	1	18/60

Dated: November 5, 2007.

**Maryam I. Daneshvar,**

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30 Day-08–07AN]

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**Proposed Project**

Program Effectiveness Evaluation of Workplace Intervention for Intimate Partner Violence (IPV)—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

*Background and brief description of the proposed project*

Intimate partner violence (IPV) affects a substantial number of Americans, and there has recently been increasing recognition of the impact it has on the workplace. In addition to direct impacts (batterers often stalk or even attack IPV victims at their place of work), IPV has indirect impacts on the workplace environment through lost productivity due to medical leave, absenteeism, and fear and distraction on the part of victims and co-workers. The Centers for Disease Control and Prevention (CDC) has contracted with RTI International (RTI) to evaluate an ongoing workplace IPV prevention program being implemented at a national corporation. The purpose of the proposed evaluation is to document in detail the workplace IPV prevention activities delivered by the company, to determine the impact of these activities on short-term and long-term outcomes, and to determine the

cost-effectiveness of the program. All managers at the corporation will be screened to assess training experiences. Then, more in-depth surveys will be done among managers who have not had the corporation’s IPV training. We will survey those 500 managers at baseline, and 6 and 12 months later. Manager surveys will focus on knowledge/awareness of IPV and company resources for IPV and number of referrals for IPV assistance. We will also survey two waves of employees of those managers (N = 1500) using a web-based survey at baseline and 12 months later to assess their self-evaluated productivity, absenteeism, and perceptions of manager behavior. We will compare the responses of managers (and their employees) who received the IPV training in the study period (i.e., sometime between the baseline and 12 month surveys) with untrained managers. The study will provide CDC and employers information about the potential effectiveness and cost-effectiveness of workplace IPV intervention strategies.

There are no costs to respondents other than their time to participate in the interview. The estimated total annualized burden hours are 1125.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Manager .....	Manager Baseline and Follow-up Survey .....	500	3	30/60
Employee .....	Employee Survey .....	1,500	1	15/60