

| 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                                  |

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-05-0395X]

#### 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](mailto: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](mailto: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

Spanish-language Folic Acid Communication Research and Creative Production—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

Pregnancies and births affected by spina bifida or anencephaly have profound physical, emotional, and financial effects on families and communities. Recent data from the National Birth Defects Prevention Network surveillance system shows that folic acid food fortification has resulted in an approximate overall 25% decline in Neural Tube Defect (NTD) affected pregnancies. Since food fortification in 1998, the number of babies born in the United States with these serious birth defects has declined. Before food fortification, CDC estimated that there were about 4,000 NTD-affected pregnancies each year. Since 1999, CDC has observed a decline so that the CDC National Center of Birth Defect and Developmental Disabilities now estimate that, annually, there are about 3,000 NTD-affected pregnancies.

Despite these exciting developments, Hispanic women in the United States remain the most vulnerable for having an NTD-affected pregnancy. The specific reason for this increased risk remains a mystery. What we do know is that they have a higher risk than Caucasian and African American women in the United States. Surveys conducted by CDC in 1999 and 2000 also showed that Hispanic women had the lowest reported folic acid knowledge and consumption. In 1995 and 1996 during the pre-fortification period, the prevalence of spina bifida and anencephaly among Hispanic women was about 10 per 10,000 /births or pregnancies compared to about 8 per 10,000 among Whites and almost 6 per 10,000 among Blacks. Because Hispanic women still have the highest rate among the 3 racial/ethnic groups, CDC continues to make reaching them its top priority.

CDC is interested in continuing to reach Spanish-speaking Hispanic women in the United States. Preliminary results from the Spanish Folic Acid Campaign Evaluation Survey (SFACES) have shown that a strategy that combines local outreach efforts and paid/earned media efforts is effective. However, CDC does not anticipate budgetary increases that could make a national-level Spanish language campaign possible. Also, CDC is concerned that the SFACES campaign materials, which were developed in 1999, may be becoming "dated." While CDC has no hard evidence that they are no longer effective, CDC does want to examine their effectiveness in a robust manner before decisions are made about

whether to keep using them in outreach efforts in selected communities throughout the U.S. CDC is also interested in developing a deeper understanding of sub-groups of women within the Spanish-speaking Hispanic population and developing effective communication strategies for reaching them.

This project includes a systematic communication research and product development process involving, and ultimately serving, Spanish-speaking Hispanic women. These activities include:

- a. Developing a multivariate audience-segmentation scheme using existing data from Spanish-speaking Hispanic women;
- b. Assessing the effectiveness of current campaign materials with the identified audience segments;
- c. Conducting qualitative research with audience segments;
- d. Developing audience profiles for each audience segment;
- e. Developing draft communication plans based on audience profiles that outlines potential outreach strategies;
- f. Presenting the possibilities to key internal and external stakeholders to solicit input;
- g. Developing and testing concepts, messages, and materials along with implementation plans for their use; and,
- h. Producing master quality copies of each material in formats that CDC and partners can use for mass production and dissemination.

There are no costs to respondents except their time to participate in the survey.

ANNUALIZED BURDEN TABLE

| Respondents   | No. of respondents | No. of responses per respondent | Average burden per response (in hours) | Total burden (in hours) |
|---|--------------------|---------------------------------|--|-------------------------|
| Hispanic girls, 13–18 (interviews) .....            | 60                 | 1                               | 30/60                                  | 30                      |
| Hispanic girls, 13–18 (2 focus groups) .....        | 24                 | 1                               | 1.5                                    | 36                      |
| Parents of Hispanic girls, 13–18 (interviews) ..... | 30                 | 1                               | 30/60                                  | 15                      |
| Hispanic women, 19–35 (interviews) .....            | 120                | 1                               | 30/60                                  | 60                      |
| Hispanic women, 19–35 (4 focus groups) .....        | 48                 | 1                               | 1.5                                    | 72                      |
| Materials distributors (3 focus groups) .....       | 36                 | 1                               | 1.5                                    | 54                      |
| Total .....   | 318                | .....                           | .....                                  | 267                     |

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

#### CDC/HRSA Advisory Committee on HIV and STD Prevention and Treatment: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the CDC/HRSA Advisory Committee on HIV and STD Prevention and Treatment, of the Department of Health and Human Services, has been renewed for a 2-year period extending through November 25, 2006.

**FOR FURTHER INFORMATION CONTACT:** Ron Valdiserri, M.D., Executive Secretary, CDC/HRSA Advisory Committee on HIV and STD Prevention and Treatment, 1600 Clifton Road, NE., m/s E-07, Atlanta, Georgia 30333. Telephone 404/639-8002, or fax 404/639-3125.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: December 6, 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

#### Mine Safety and Health Research Advisory Committee (MSHRAC): Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the Mine Safety and Health Research Advisory Committee, National Institute for Occupational Safety and Health (NIOSH), of the Department of Health and Human Services, has been renewed

for a 2-year period extending through November 30, 2006.

#### **FOR FURTHER INFORMATION CONTACT:**

Jeffery L. Kohler, Ph.D., Executive Secretary, Mine Safety and Health Research Advisory Committee, Centers for Disease Control and Prevention, of the Department Of Health Human Services, NIOSH, 626 Cochran Mill Road, M/S P-05, Pittsburgh, Pennsylvania 15236. Telephone 412-386-5301, fax 412-386-5300, e-mail [JKOHLER@cdc.gov](mailto:JKOHLER@cdc.gov).

The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: December 6, 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

#### National Center for Health Statistics (NCHS), Board of Scientific Counselors

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) announces the following committee meeting.

**Name:** Board of Scientific Counselors (BSC), NCHS.

**Times and Dates:** 2 p.m.-5:30 p.m., January 27, 2005. 8:30 a.m.-2 p.m., January 28, 2005.

**Place:** NCHS Headquarters, 3311 Toledo Road, Hyattsville, Maryland 20782.

**Status:** Open to the public, limited only by the space available. The meeting room accommodates approximately 100 people.

**Purpose:** This committee is charged with providing advice and making recommendations to the Secretary; the Director, CDC; and Director, NCHS, regarding the scientific and technical program goals and objectives, strategies, and priorities of NCHS.

**Matters To Be Discussed:** The agenda will include welcome remarks by the Director, NCHS; introductions of members and key NCHS staff; scientific

presentations and discussions; and an open session for comments from the public.

**SUPPLEMENTARY INFORMATION:** Requests to make an oral presentation should be submitted in writing to the contact person listed below by close of business, January 14, 2005. All requests to make oral comments should contain the name, address, telephone number, and organizational affiliation of the presenter. Written comments should not exceed five single-spaced typed pages in length and should be received by the contact person listed below by close of business, January 14, 2005.

Agenda items are subject to change as priorities dictate.

#### **FOR FURTHER INFORMATION CONTACT:**

Robert Weinzimer, Executive Secretary, NCHS, 3311 Toledo Road, Room 7108, Hyattsville, Maryland 20782, telephone (301) 458-4565, fax (301) 458-4021.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and the Agency for Toxic Substances and Disease Registry.

**Alvin Hall,**

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

[FR Doc. 04-27188 Filed 12-10-04; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Agency Recordkeeping/Reporting Requirement Under Emergency Review by the Office of Management and Budget (OMB)

**OMB No.:** New Collection.

**Description:** Following the passage of the 2002 Homeland Security Act (Pub. L. 107-296), the Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR), is charged with the care and placement of unaccompanied alien children in Federal custody, and implementing a policy for the release of these children when appropriate, upon the request of suitable sponsors while awaiting immigration proceedings. In order for ORR to make determinations regarding the release of these children, the potential sponsors must meet certain conditions pursuant to section 462 of the Homeland Security Act and the