establishing methods for estimating radiation doses received by eligible claimants with cancer applying for compensation. NIOSH is to apply these methods to estimate the radiation doses of such individuals applying for compensation. This process has been ongoing since 2001; the only changes to the package are a reduction in burden hours due to a moderately lower rate of claims submission than estimated by the Department of Labor and the ability of the claimant to fill out the OCAS 1 form electronically (September 2005).

In performance of its dose reconstruction responsibilities under the Act, NIOSH will interview claimants (or their survivors) individually and provide them with the opportunity, through a structured interview, to assist NIOSH in documenting the work history of the employee (characterizing the actual work tasks performed), identifying incidents that may have resulted in undocumented radiation exposures, characterizing radiologic protection and monitoring practices, and identifying co-workers and other witnesses as may be necessary to confirm undocumented information. In this process, NIOSH will use a computer assisted telephone interview (CATI) system, which will allow interviews to be conducted more efficiently and quickly than would be the case with a paper-based interview instrument.

NIOSH will use the data collected in this process to complete an individual dose reconstruction that estimates as fully as possible the radiation dose incurred by the employee in the line of duty for DOE nuclear weapons production programs. After dose reconstruction, NIOSH will also perform a brief final interview with the claimant to explain the results and to allow the claimant to confirm or question the records NIOSH compiled. This will also be the final opportunity for the claimant to supplement the dose reconstruction record.

At the conclusion of the dose reconstruction process, the claimant will need to submit a form (OCAS–1) to confirm that all the information available to the claimant has been provided. The form will notify the claimant that signing the form allows NIOSH to forward a dose reconstruction report to DOL and to the claimant, and closes the record on data used for the dose reconstruction. Signing this form does not necessarily indicate that the claimant agrees with the outcome of the dose reconstruction. The dose reconstruction results will be supplied to the claimant and to the DOL, which will factor them into its determination of whether the claimant is eligible for compensation under the Act.

This notice pertains to CDC's request for Paperwork Reduction Act clearance to permit NIOSH to continue conducting dose reconstruction activities. The estimated total annualized burden hours are 4,900. There is no cost to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Data collection types	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Initial Interview	4,200	1	1
Conclusion Form	8,400	1	5/60

Dated: November 18, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E5–6668 Filed 11–28–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–06–05AP]

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) 639–4766 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

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 show 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 Defects and Developmental Disabilities now estimates that, annually, there are only 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.

Since the 60 day **Federal Register** notice on this project was published, the first step—developing a multivariate audience-segmentation scheme using existing data from Spanish-speaking Hispanic women—has been completed. Three distinct audience groups of Spanish-speaking Hispanic women of childbearing age have been identified as needing extra outreach efforts, so they are the focus of this request. The three groups are:

(1) Unacculturated mothers (Spanish-speaking Hispanic women between the ages of 26–35 years old, who have less than a high school education and report having a child),

(2) Unacculturated young adults (Spanish-speaking Hispanic women between the ages of 18–25 years old who have less than a high school education and report NOT having a child), and

(3) Acculturated young adults (Acculturated young adults are Spanish-speaking Hispanic women between the ages of 18–24 who have a high school education and report not having any college education and not having any children).

The annual burden table has been updated to reflect research activities in all three of these important audience segments. There are no costs to the respondents other than their time. The total estimated annualized burden hours are 935.

ESTIMATED ANNUALIZED BURDEN TABLE

Respondents and data collection types	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Telephone contact	2200	1	5/60
Hispanic women, 18–35 (evaluate existing materials interviews)	90	1	30/60
Hispanic women, 18–35 (18 exploratory focus groups)	216	1	2
Hispanic women, 18–35 (9 concept testing focus groups)	108	1	2
Hispanic women, 18–35 (new materials pre-testing interviews)	90	1	30/60
Testing of new materials with distributors (brief interviews)	50	1	15/60

Dated: November 18, 2005.

Betsey S. Dunaway,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E5–6669 Filed 11–28–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–06–05BI]

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) 639–4766 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

Surveys of Past HIV Prevention Technology Transfer Efforts—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of these surveys is to study the effectiveness of providing HIV prevention agencies with packages intervention, training, and technical assistance to ensure the agencies' maintenance of the intervention. CDC will use the results of the surveys to develop a national program for dissemination and support of packaged interventions that will increase the likelihood that agencies will conduct them with total fidelity for several years. The respondents are staff members of 16 prevention agencies that implemented one of five unique, packaged interventions between 1997 and 2000 as part of CDC's ongoing Replicating Effective Programs (REP) project.

A survey will be administered over the telephone to agency administrators of the 16 prevention agencies that implemented intervention packages by the REP project. Additional surveys will be administered in-person to one Intervention Supervisor and two Intervention Facilitators at agencies that are continuing to implement the REP-packaged intervention. The objectives of the surveys include, but are not limited