

ESTIMATE OF ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden (hours)
Full Study:					
Households	Introductory letter and consent form	5,200	1	1/60	87
Households	Web-based questionnaire	1,248	1	12/60	250
Households	Paper-based questionnaire	624	1	12/60	125
Households	Telephone-based questionnaire	208	1	12/60	42
Total (full study):					504
Pilot Study:					
Households	Introductory letter and consent form	1000	1	1/60	17
Households	Web-based questionnaire	240	1	12/60	48
Households	Paper-based questionnaire	120	1	12/60	24
Households	Telephone-based questionnaire	40	1	12/60	8
Total (pilot study)					97
Total (Full & Pilot)					601

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-11-0672]

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) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Indicators of the Performance of Local, State, Territorial, and Tribal Education Agencies in HIV Prevention, Coordinated School Health Program, and Asthma Management Activities for Adolescent and School Health Programs (OMB No. 0920-0672, exp. 6/30/2011)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting OMB approval for three years to continue annual information collection for the Indicators for School Health programs. The Indicators assess programmatic activities among local education agencies (LEA) and State, territorial, and Tribal government education agencies (SEAs, TEAs, and TGs) funded by the Division of Adolescent and School Health (DASH), Centers for Disease Control and Prevention. Currently, the Indicators for School Health Programs are the only standardized annual reporting process for HIV prevention activities or coordinated school health program (CSHP) activities among LEAs and SEAs/TEAs/TGs funded by DASH. The questionnaires correspond to the specific funding source from the Division of Adolescent and School Health: two questionnaires pertain to HIV-prevention program activities among LEAs and SEAs/TEAs/TGs; one pertains to CSHP/PANT activities among SEAs/TGs; and one pertains to asthma management activities among LEAs. All information is collected electronically on a Web site managed by DASH.

Two HIV prevention questionnaires include questions on project planning, materials distribution, professional development activities, provision of technical assistance, collaboration with external partners, and reducing health disparities among populations at disproportionate risk. The CSHP/PANT questionnaire focuses on the activities above as well as on physical activity, healthy eating, and tobacco-use prevention activities. The asthma management questionnaire includes

questions on project planning, materials distribution, professional development activities, provision of technical assistance, collaboration with external partners, reducing health disparities among populations at disproportionate risk, and health services.

The information collected by CDC is used to: (1) Provide standardized information about how LEAs and SEAs/TEAs/TGs use funds for programs in HIV prevention, asthma management, and coordinated school health/physical activity, nutrition, and tobacco-use prevention (CSHP/PANT); (2) assess the extent to which programmatic adjustments are indicated; (3) provide descriptive and process information about program activities; and (4) provide greater accountability for use of public funds.

The questionnaires previously approved for collecting FY2009 data will be used to collect FY2010 data. Minor changes to the questionnaires will be implemented for the FY2011 and FY2012 data collections, however, the proposed changes will not alter the estimated burden per response. An increase in the average number of funded programs over the three years of this clearance will result in a net increase in burden hours. A minor change to the title of the clearance is being requested to more accurately reflect the participation of Territorial and Tribal Education Agencies.

There are no costs to respondents other than their time. The total estimated annualized burden hours are 811.

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Type of respondents	Form name	No. of respondents	No. of responses per respondent	Avg. burden per response (in hrs)
Local Education Agency Officials	Indicators for School Health Programs: HIV Prevention (LEA).	16	1	7
	Indicators for School Health Programs: Asthma Management (LEA).	10	1	7
State and Territorial Education Agency and Tribal Government Officials.	Indicators for School Health Programs: HIV Prevention (SEA).	57	1	7
	Indicators for School Health Programs: Coordinated School Health Programs.	23	1	10

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-11-0026]

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Proposed Project

Report of Verified Case of Tuberculosis (RVCT), (OMB No. 0920-0026) exp. 05/31/2011—Extension—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In the United States, an estimated 10 to 15 million people are infected with *Mycobacterium tuberculosis* and about 10% of these persons will develop tuberculosis (TB) disease at some point in their lives. The purpose of this project is to continue ongoing national tuberculosis surveillance using the standardized Report of Verified Case of Tuberculosis (RVCT). Data collected using the RVCT help State and Federal infectious disease officials to assess changes in the diagnosis and treatment of TB, monitor trends in TB epidemiology and outbreaks, and develop strategies to meet the national goal of TB elimination.

CDC conducts and maintains the national surveillance system pursuant to the provisions of Section 301(a) of the Public Service Act [42 U.S.C. 241] and

Section 306 of the Public Service Act [42 U.S.C. 241(a)]. National TB surveillance has been maintained by the U.S. Public Health Service and CDC through the cooperation of the States since 1953. Data are collected by 60 reporting areas (the 50 States, the District of Columbia, New York City, Puerto Rico, and 7 jurisdictions in the Pacific and Caribbean).

CDC publishes an annual report using RVCT data to summarize national TB statistics and also periodically conducts special analyses for publication to further describe and interpret national TB data. These data assist in public health planning, evaluation, and resource allocation. Reporting areas also review and analyze their RVCT data to monitor local TB trends, evaluate program success, and focus resources to eliminate TB. No other Federal agency collects this type of national TB data.

The total estimated burden hours are approximately 6720 burden hours, an estimated decrease of 1330 hours. This decrease is due to having fewer TB cases in the United States as we continue progress towards TB elimination. There is no cost to respondents except for their time.

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Types of respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Local, State, and territorial health departments	60	192	35/60