

Dated: July 15, 2008.
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

[30Day–08–07BK]

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) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Transgender HIV Behavioral Survey (THBS)—New—National Center for HIV,

Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention request approval for a term of 2 years for a new project that will pilot a questionnaire and protocol for an HIV-related behavioral survey among transgender persons of color. The objectives of the pilot will be to assess the content of the questionnaire as well as the efficiency and feasibility of the methods for sampling and recruiting transgender persons.

The goal of the survey is to inform health departments, community based organizations, community planning groups and other stakeholders: (a) The prevalence of risk behaviors, (b) the prevalence of HIV testing and HIV infection; (c) the prevalence of the use of HIV prevention services; and, (d) identify met and unmet needs for HIV prevention services. This project addresses the goals of CDC’s HIV Prevention Strategic Plan, specifically the goal of strengthening the national capacity to monitor the HIV epidemic to better direct and evaluate prevention efforts.

Data will be collected through in-person and computer-assisted self interviews conducted in 4 Metropolitan Statistical Areas (MSA) throughout the United States. The MSA chosen will be

among those currently participating in the National HIV Behavioral Surveillance system (see **Federal Register** dated January 19, 2007: Vol. 72, No. 12, pages 2529–2530). A brief, in-person, computer-assisted screening interview will be used to determine eligibility for participation in the full survey. Data for the full survey will be collected using computer-assisted self interviews. Besides determining the content of the final survey instrument and the sampling methods, the data from the full survey will provide estimates of behavior related to the risk of HIV and other sexually transmitted diseases, prior testing for HIV, and use of HIV prevention services. No other federal agency systematically collects this type of information from transgender persons at risk for HIV infection. This data will have substantial impact on prevention program development and monitoring at the local, state, and national levels.

CDC estimates that, in each year, THBS will involve eligibility screening of a total of 240 persons and will collect survey information from 200 eligible respondents. Thus, over the two year period 480 persons are estimated to complete the screener and 400 eligible respondents to complete the survey. Participation of respondents is voluntary and there is no cost to the respondents other than their time. The total annualized burden is 170 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Referred Individuals	Screener	240	1	5/60
Eligible Respondents	Survey	200	1	45/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–08–07BE]

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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

Research to Reduce Time to Treatment for Heart Attack/Myocardial Infarction for Rural American Indians/ Alaska Natives (AI/AN)—New—National Center for Chronic Disease

Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Every year, approximately 1.1 million Americans have a first or recurrent heart attack/myocardial infarction (MI) and about one third of these will be fatal. Early recognition of MI by both the victim and bystanders followed by prompt cardiac emergency and advanced care has a direct effect on patient outcomes; the shorter the delay to treatment, the better the outcomes. Research indicates that public recognition of major MI symptoms, and the need for immediate action by calling 9–1–1, is poor and that patient delay accounts for most of the lag in

treatment. Additional data from the National MI Registry suggest that the greatest disparity for time to treatment exists among racial and ethnic minorities and that the American Indian/Alaska Native (AI/AN) group has the longest delay times.

CDC requests OMB approval to conduct a study to address gaps in knowledge about MI and to develop a key health message for reducing time to treatment in AI/AN populations. Respondents will be recruited from three regions of the U.S. Information about knowledge, attitudes and behaviors will be collected through

interviews with key informants including medical care providers, tribal community leaders, and individual AI/AN community members. In addition, more detailed information will be collected through extended focus group discussions with AI/AN community members who have experienced an MI or who are considered at high risk for MI.

The information to be collected will be used to improve understanding of the barriers and facilitators that impact recognition of MI signs in AI/AN communities and decisions to seek treatment; to develop culturally

appropriate health messages; and to identify effective message delivery methods. The messages will be consistent with those developed for the "Act In Time" action plan funded by HHS/National Heart, Lung and Blood Institute/National Heart Attack Alert Program (HHS/NHLBI/NHAP). The overall objective is to improve MI outcomes in AI/AN populations.

There are no costs to respondents other than their time. The total estimated annualized burden hours are 233.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden (in hours)
Medical Providers	Interest Form	54	1	3/60
	Interview Guide for Providers	27	1	1
Tribal Community Leaders	Interest Form	30	1	3/60
	Interview Guide for Community Leaders	15	1	45/60
Individual Tribal Community Members	Interest Form	252	1	3/60
	Interview Guide for Individuals	126	1	45/60
AI/AN Community Members with Prior MI	Interest Form	12	1	3/60
	Discussion Guide for MI Group	8	1	5
AI/AN Community Members without Prior MI	Interest Form	12	1	3/60
	Discussion Guide for non-MI Group	8	1	5

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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

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Proposed Project

Health Marketing—New—National Center for Health Marketing (NCHM), Coordinating Center for Health Information and Service (CCHIS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Today, CDC is globally recognized for conducting research and investigations and for its action oriented approach. CDC applies research and findings to improve people's daily lives and responds to health emergencies—something that distinguishes CDC from its peer agencies.

CDC is committed to achieving true improvements in people's health. To do this, the agency is defining specific health protection goals to prioritize and focus its work and investments and measure progress.

It is imperative that CDC provide high-quality timely information and programs in the most effective ways to help people, families, and communities protect their health and safety. Through continuous consumer feedback, prevention research, and public health information technology, we identify and evaluate health needs and interests, translate science into actions to meet those needs, and engage the public in the excitement of discovery and the

progress being made to improve the health of the Nation. In our outreach to partners, we build relationships that model shared learning, mutual trust, and diversity in points of view and sectors of society.

The National Center for Health Marketing (NCHM) of the Coordinating Center for Health Information and Service (CCHIS) was established to help ensure that health information, interventions, and programs at CDC are based on sound science, objectivity, and continuous customer input.

NCHM is requesting a 3-year approval for the generic concept of health marketing to provide feedback on the development, implementation and satisfaction regarding public health services, products, communication campaigns and information. The information will be collected using standard qualitative and quantitative methods such as interviews, focus groups, and panels, as well as questionnaires administered in person, by telephone, by mail, by email, and online. More specific types of studies may include: user experience and user-testing; concept/product/package development testing; brand positioning/identity research; customer satisfaction surveying; ethnography/observational studies; and mystery shopping. The data will be used to provide input to the