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

Experiment in Mapping Behavioral Risk Factors Surveillance Survey (BRFSS) Data—NEW—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this study is to design and implement a Web-based interview examining the differential effectiveness of presenting BRFSS data in two different mapping formats, choropleth versus isopleth maps. Traditionally, geospatial data are presented in choropleth maps, where defined geographic units, such as county or state boundaries, are filled with a uniform color or pattern. Choropleth maps present data as geographic areas shaded with intensity proportional to the data values associated with those areas. Such maps are appropriate for data that have been scaled or normalized. Alternatively, geospatial data can be displayed using isopleth maps, in which the data are not aggregated to pre-defined geographic units, but instead are ''smoothed'' across adjacent geographic boundaries. Such maps may show county or state boundaries, but different categories of data are not defined by these geographic units. Little empirical research has examined the differential effectiveness of choropleth versus isopleth maps. In particular, researchers know little about how the two different mapping techniques affect the user's ability to extract information from the map.

The Web-based interview will present both choropleth and isopleth maps displaying BRFSS data in seven color categories. To maintain a low survey burden for each participant, the instrument will include only 4 questions for each of 10 maps. The interview will also include additional questions about respondent's preferences for map types and background characteristics. The survey instrument will be comprised of 50 items, including the 40 map questions, 4 questions about users' preferences for different map formats, and 6 questions about their educational and professional background and demographic characteristics. Analysis of the data will assess 4 key areas to determine which type of map is ideal for presenting BRFSS data:

1. Rate retrieval
2. Pattern recognition
3. Ease of understanding
4. User preferences

The results of these analyses will be presented in a final report to be submitted to the CDC. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
Experiment in Mapping BRFSS Data	400	1	30/60	200
Total				200

Dated: June 19, 2006.

Joan F. Karr,

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

[60Day–06–05BL]

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 404–639–5960 and 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.*

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

Worksheet for Medical Conditions among Refugees and Immigrants—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Clearance is being requested for a ''Worksheet for Medical Conditions among Refugees and Immigrants'' for state and local health refugee coordinators to identify specific medical conditions of public health importance in newly arrived refugees and immigrants.

CDC requests notification of specific medical conditions listed on the worksheet, including Class A and B health conditions not recognized overseas, and substantial discrepancies in the overseas and U.S. based medical evaluations. Section 412 of the Immigration and Nationality Act (INA) (8 U.S.C. 1522(b)(4)) authorizes the Secretary of Health and Human Services Department of Health and Human Services (DHHS) to: (A) Assure that an adequate number of trained staff are available at the location at which the refugees enter the United States to assure that all necessary medical

records are available and in proper order; (B) provide for the identification of refugees who have been determined to have medical conditions affecting public health and requiring treatment; (C) assure that State or local health officials at the resettlement destination of each refugee within the United States are promptly notified of the refugee's arrival and provided with all applicable medical records; and (D) provide for such monitoring of refugees identified under subparagraph (B) as will insure that they receive appropriate and timely treatment. The Secretary, DHHS, shall develop and implement methods for monitoring and assessing the quality of medical screening and related health services provided to refugees awaiting resettlement in the United States. On July 3, 2003, the Secretary, DHHS, delegated to the Director, CDC, the authority to re-delegate the authorities vested in the Secretary, DHHS, under section 412(b)(4) of the INA (8 U.S.C. 1522(b)(4)), as amended hereafter.

The Division of Global Migration and Quarantine (DGMQ), CDC, is responsible for monitoring the performance and quality of the required overseas medical examinations of refugees and immigrants applying for permanent residence in the United States, and notifying state and local public health officials of the arrival of all refugees and immigrants who have Class A and B health conditions, (as defined in 42 CFR 34.2) to facilitate the recommended follow-up evaluation in the U.S. Currently, the Department of State uses medical examination forms DS 2053, 3024, 3025, and 3026, under OMB control number 1405–0113, to conduct the overseas medical evaluation of refugees and immigrants. This type of communication and data exchange with local partners has been critical in identifying medical conditions among refugees that require overseas interventions. Completing the worksheet and furnishing the requested information is essential. Accurate information will allow important public health functions and follow-up of significant health events to be performed in preventing the spread of a disease. Respondents include state and local health departments. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
State and local health agencies	50	100	5/60	417
Total				417

Dated: June 20, 2006.

Joan F. Karr,

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

[60Day–06–06BH]

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 404–639–5960 and 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.*

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

Performance Measures of the Cooperative Agreement Readiness Assessment Tool (CARAT) for the CDC Division of State and Local Readiness (DSLR)—New—Coordinating Office of Terrorism Preparedness and Emergency Response (COTPER), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CARAT is a program performance monitoring tool developed by DSLR's Outcome Monitoring and Evaluation Branch in cooperation with CDC subject matter experts and external partners. The nomenclature to differentiate CARAT's data collection (reporting) periods is: CARAT-Annual, CARAT-Semi-annual, and CARAT-Quarterly. CARAT-Semi-annual and CARAT-Quarterly are independent subsets of CARAT-Annual reports. Specifically, the data collected will be used to monitor grantees' performance as it relates to the goals and intent of the cooperative agreement, and to determine the technical assistance that may be needed, specific to each grantee. Additionally, the data will be used to report the program's readiness status as well as prepare individual and aggregate readiness reports for: Congress, State departments, Federal agencies and officials as necessary.

Cooperative agreement recipients will report their data to the Division of State and Local Readiness in the Center for Terrorism Preparedness and Emergency Response at CDC through the State and Local Preparedness Program Management Information System (SLPPMIS). This system uses a secure web browser-based technology for data entry and data management. The data will be collected and entered by administrative/management personnel from each cooperative agreement recipient. The table below shows the estimated annual burden in hours to collect and report data. There is no cost to the respondents other than their time.