

Dated: February 13, 2009.

W. Craig Vanderwagen,

Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services.

[FR Doc. E9-3479 Filed 2-18-09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Agency Information Collection Activities; Proposed Collection; Comment Request; State Annual Long-Term Care Ombudsman Report and Instructions for Older Americans Act Title VII

AGENCY: Administration on Aging, HHS.
ACTION: Notice.

SUMMARY: The Administration on Aging (AoA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the *Federal Register* concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the information collection requirements relating to State Annual Long-Term Care Ombudsman Report and Instructions for Older Americans Act Title VII.

DATES: Submit written or electronic comments on the collection of information by April 20, 2009.

ADDRESSES: Submit electronic comments on the collection of information to: sue.wheaton@aoa.gov.

Submit written comments on the collection of information to: Administration on Aging, Washington, DC 20201. Attention: Sue Wheaton.

FOR FURTHER INFORMATION CONTACT: Sue Wheaton, by telephone: (202) 357-3587 or by e-mail: sue.wheaton@aoa.gov.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. "Collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency request or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal

agencies to provide a 60-day notice in the *Federal Register* concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, AoA is publishing notice of the proposed collection of information set forth in this document. With respect to the following collection of information, AoA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of AoA's functions, including whether the information will have practical utility; (2) the accuracy of AoA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

Under section 712(c), and section 712(h)(1)-(3) of the Older Americans Act, as amended, states are required to provide information on ombudsmen activities to AoA, which AoA is then required to present to Congress. The reporting system, the National Ombudsman Reporting System (NORS), was developed in response to these directives and other needs pertaining to the Long Term Care Ombudsman Program and approved by the Office of Management and Budget for use for the first time in FY 1995-96; it was extended a second time with slight modifications for use in FY 1997-2001 and extended for the third time with no change for use from FY 2002-2006. It was extended, with modifications, a fourth time for use from FY 2007-2008. This current (fifth) request is to extend, with no modifications, use of the existing State Annual Long-Term Care Ombudsman Report (and Instructions) for use from FY 2009-2011. The current form and instructions are posted on the AoA Web site at:

http://www.aoa.gov/prof/aoaprogram/elder_rights/LTCombudsman/NORS/Form_final.doc

http://www.aoa.gov/prof/aoaprogram/elder_rights/LTCombudsman/NORS/Instructions_Final.doc

http://www.aoa.gov/prof/aoaprogram/elder_rights/LTCombudsman/NORS/Complaint%20Code%20Definition%20Final.doc.

AoA estimates the burden of this collection of information as follows: Approximately one and one-half hour

per respondent, with 52 State Agencies on Aging responding annually for a total of 78 hours per year.

Dated: February 13, 2009.

Edwin L. Walker,

Acting Assistant Secretary for Aging.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day-09-09AU]

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 or send comments to Maryam Daneshvar, CDC 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

Minority HIV/AIDS Research Initiative (MARI) Project—Preventing HIV Risk Behaviors among Hispanic Adolescents—New—National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Elimination Programs (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is planning to interview Hispanic adolescents and their parents at two high schools in Miami-Dade County to facilitate the development of targeted and culturally-appropriate HIV prevention materials for Hispanic youth in Miami-Dade County. The purpose of the proposed study is to assess the efficacy of Streamlined Familias Unidas, a 5-session version of a longer efficacious, parent-centered prevention intervention developed specifically for Hispanic families. 240 Hispanic adolescents and their primary caregivers (480 total participants) from two Miami-Dade County public high schools will be recruited and randomized into two groups: (1) The streamlined 5-session

Familias Unidas intervention group, and (2) a group that receives routine information about HIV from the high schools. Four times over 2 years, both groups will respond to computerized questionnaires that explore family function, sexual behaviors, etc. These assessment questionnaires will be computer-based (ACASI). The assessments are for the purpose of developing and improving HIV prevention materials and interventions that are culturally appropriate to the Hispanic population in Miami-Dade County. Family functioning, substance use, sexual behaviors, behavior problems, and community values will inform HIV intervention programs in this community.

This study will address some of the goals of CDC's "CDC HIV Prevention Strategic Plan: Extended Through 2010". CDC plans to meet specific goals by increasing the number of behavior prevention interventions proven effective for Hispanic adolescents, and, increasing the number of Hispanic adolescents who consistently engage in behaviors that reduce risk for acquiring HIV. Additionally, the study data will provide important information that will aid in developing and improving HIV prevention interventions for Hispanic adolescents and their families.

Questionnaires will take from approximately 45 min. (caregivers) to 60 minutes (adolescents) to complete.

There is no cost to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Type of respondents and questionnaire	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Hispanic Adolescent:				
Screening	400	1	3/60	20
ACASI—Baseline	240	1	1	240
ACASI—4-month follow-up	228	1	1	228
ACASI—12 month follow-up	217	1	1	217
Primary Caregiver of Hispanic Adolescent:				
Screening	400	1	3/60	20
ACASI—Baseline	240	1	45/60	180
ACASI—4-month follow-up	228	1	45/60	171
ACASI—12 month follow-up	217	1	45/60	163
Total				1239

Dated: February 12, 2009.

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

[60Day-09-09AP]

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proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Acting 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

The National Intimate Partner and Sexual Violence Surveillance System (NISVSS), New, National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The health burden of Intimate Partner Violence (IPV), Sexual Violence (SV) and stalking are substantial. Approximately 1.5 million women and 834,700 men are raped and/or physically assaulted by an intimate partner each year. Women are more likely than men to be victimized by almost every type of IPV, including rape, physical assault, and stalking by a current or former intimate partner. The health care costs of IPV exceed \$5.8 billion each year, nearly \$3.9 billion of which is for direct medical and mental health care services.

SV also has a profound and long-term impact on the physical and mental health of the victim. Existing estimates of lifetime experiences of rape range