testing will be conducted to obtain qualitative data that will be gathered through a series of six focus groups of public health workers, one in each participating state. The focus groups will consist of 12 participants and will be about 1½ hours in length. The focus group testing will assess attitudes, knowledge and emotional responses. Of particular interest will be how the participants might react to radiological concepts pertaining to their roles as public health workers and scenarios that will be included in the messages. Quantitative data will be obtained through a one-time written electronic survey to randomly selected public health workers in the six states. The participants who will be participating in the electronic survey will not be included in the focus group testing.

CDC proposes to use this information to develop a final set of communication messages. The intent is for the messages to be disseminated using various methods and to provide a more consistent platform for states to respond to radiological emergencies. This research will help refine messages that have the ability to increase the percentage of workers who present to deliver services in a radiological emergency. Also, as a result of the study, CDC will have a set of tested public health messages that can allow public health workers to speak with one voice to the general public in a radiological emergency. In addition, the development of these messages will foster collaboration among the states and CDC.

Therefore, CDC requests approval to test one set of five messages among public health workers using focus group testing and electronic surveys. The surveys and focus groups will include questions about how believable the messages are, what would make them more believable, the need for additional information for a clearer understanding of the messages, how and if the messages help them to feel safe, and what would make them easier to understand.

There is no cost to the respondents other than their time. The total estimated annualized burden hours are 782 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form of collecting information	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Public Health Workers	Focus Groups	72	1	90/60
Public Health Workers	E-mail Surveys	2022	1	20/60

Dated:January 16, 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–08–0692]

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

A Survey of the Knowledge, Attitudes and Practice of Medical and Allied Health Professionals Regarding Fetal Alcohol Exposure—Revision—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Maternal prenatal alcohol use is one of the leading, preventable, causes of birth defects and developmental disabilities. Children exposed to alcohol during fetal development can suffer a wide array of disorders, from subtle changes in I.Q. and behaviors to profound mental retardation. These conditions are known as fetal alcohol spectrum disorders (FASDs). The most severe condition within the spectrum is fetal alcohol syndrome (FAS), which involves disorders of the brain, growth retardation, and facial malformations.

Physicians and other health practitioners play a vital role in diagnosing FAS and in screening women of child-bearing age for alcohol consumption and drinking during pregnancy. In Diekman's, et al (2000) study of obstetricians and gynecologists, only one fifth of doctors surveyed reported abstinence to be the safest way to avoid the adverse outcomes associated with fetal alcohol exposure. Importantly, 13% of doctors surveyed were not sure of levels of alcohol consumption associated with adverse outcomes. One of CDC's multifaceted initiatives in combating alcohol-exposed pregnancies is the education and reeducation of medical and allied health students and practitioners.

In fiscal year 2002, the Centers for Disease Control and Prevention (CDC) received a congressional mandate to develop guidelines for the diagnosis of FAS and other conditions resulting from prenatal alcohol exposure; and to incorporate these guidelines into curricula for medical and allied health students and practitioners [Public Health Service Act Section 317K (247b–12) b and c].

In response to the second congressional mandate listed above, CDC proposed five national surveys of health providers. In August of 2005, OMB approved these five surveys under control number 0920–0692. The purposes of the surveys are to assess, among various health care provider groups, their knowledge, attitudes, and practices regarding the prevention, identification, and treatment of FASDs. These health care provider groups are pediatricians, obstetrician-gynecologists (OB–GYNs), psychiatrists, family physicians, and allied health professionals.

The results of the surveys will help to inform further development of model FASD curricula to disseminate among medical and allied health students and professionals nation wide using a variety of formats including computer interactive learning applications,

workshops and conferences, Continuing Medical Education credit courses, and medical and allied health school grand rounds and clerkships. Consistent with OMB's previous terms of clearance, CDC does not expect the results to be generalizable to the larger populations of the professional organizations from which the samples were drawn. Instead, the survey results will provide necessary information to further develop and refine educational materials for medical and allied health students and practitioners and to evaluate their effectiveness. No gifts or compensation will be given to respondents who complete the survey. An average of one survey per year will be conducted.

There are no costs to respondents other than their time. The total estimated annualized burden hours are 375.

ESTIMATED ANNUALIZED BURDEN

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Pediatricians	900	1	25/60
Obstetrician-Gynecologists	900	1	25/60
Psychiatrists	900	1	25/60
Family Physicians	900	1	25/60
Allied Health Professionals	900	1	25/60

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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

[30–Day-08–0679]

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

Division for Heart Disease and Stroke Prevention Management Information System—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control, Division for Heart Disease and Stroke Prevention (DHDSP) currently funds Heart Disease and Stroke Prevention Programs (HDSPP) in 33 states and the District of Columbia. HDSP programs are population-based, State public health programs that design, implement, and evaluate public health prevention and control strategies to reduce disease, disability and death related to heart disease and stroke, and to reach those populations with disparities related to cardiovascular disease. Support for these programs is a cornerstone of DHDSP efforts to reduce the burden of cardiovascular disease throughout the nation.

Recipients of HDSPP funding are required to submit semi-annual progress reports to CDC via an electronic management information system (OMB no. 0920–0679). Information collected through the MIS allows CDC to monitor, evaluate and manage programs and resources; identify the strengths and weaknesses of individual programs; and disseminate information related to successful public health interventions.

The DHDSP also provides funding for 15 WISEWOMAN projects in 14 states. The WISEWOMAN program offers screening tests for chronic diseases, and lifestyle interventions designed to change behavioral risk factors for chronic diseases. Recipients of WISEWOMAN funding include 13 State health departments and 2 Tribal organizations.

With this Revision, questions specific to the WISEWOMAN program will be incorporated into the Cardiovascular Health Branch MIS, and recipients of WISEWOMAN funding will be added as new respondents. In addition, the name of the MIS will be changed from the Cardiovascular Health Branch MIS to the Division for Heart Disease and Stroke Prevention MIS, to reflect organizational changes within CDC.

There are no costs to respondents other than their time. The estimated annualized burden hours are 588.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Heart Disease and Stroke Prevention Programs	34	2	6
WISEWOMAN Programs	15	2	6