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Dated: September 26, 2008.

**Donna Bonar,**

*Deputy Commissioner, Office of Child  
Support Enforcement.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### **Proposed Collection; Comment Request the Hispanic Community Health Study (HCHS)/Study of Latinos (SOL)**

**SUMMARY:** 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 National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for

review and approval. *Proposed Collection: Title:* Hispanic Community Health Study (HCHS)/Study of Latinos (SOL). *Type of Information Collection Request:* Revision. OMB# 0925-0584, exp. 2/28/2011. *Need and Use of Information Collection:* The Hispanic Community Health Study (HCHS)/Study of Latinos (SOL) will identify risk factors for cardiovascular and lung disease in Hispanic populations and determine the role of acculturation in the prevalence and development of these diseases. Hispanics, now the largest minority population in the US, are influenced by factors associated with immigration from different cultural settings and environments, including changes in diet, activity, community support, working conditions, and health care access. This project is a multicenter, six-and-a-half year epidemiologic study and will recruit 16,000 Hispanic men and women aged 18-74 in four community-based cohorts in Chicago, Miami, San Diego, and the Bronx. The study will also examine measures of obesity, physical activity, nutritional habits, diabetes, lung and sleep function, cognitive function,

hearing, and dental conditions. Closely integrated with the research component will be a community and professional education component, with the goals of bringing the research results back to the community, improving recognition and control of risk factors, and attracting and training Hispanic researchers in epidemiology and population-based research. *Frequency of Response:* The participants will be contacted annually. *Affected Public:* Individuals or households; Businesses or other for profit; Small businesses or organizations. *Type of Respondents:* Individuals or households; physicians. The annual reporting burden is as follows: *Estimated Number of Respondents:* 30,320; *Estimated Number of Responses per Respondent:* 2.238; *Average Burden Hours Per Response:* 0.7161; and *Estimated Total Annual Burden Hours Requested:* 48,583. The annualized cost to respondents is estimated at \$753,285, assuming respondents time at the rate of \$15 per hour and physician time at the rate of \$55 per hour. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

#### ESTIMATE OF ANNUAL HOUR BURDEN

Type of response	Number of respondents	Frequency of responses	Average hours per response	Annual hour burden
Participant Recruitment Contact .....	29,036	1	0.123	3,571
Participant Examinations and Questionnaires .....	<sup>1</sup> 5,333	1	6.49	34,611
Participant Telephone Interviews .....	<sup>1</sup> 5,333	1	1.83	9,759
Physician, Medical Examiner, next of kin or other contact follow-up <sup>2</sup> .....	1,284	1	.50	642
Total unique respondents .....	30,320	.....	.....	48,583

<sup>1</sup> Subset of participant recruitment contact

<sup>2</sup> Annual burden is placed on doctors and respondent relatives/informants through requests for information which will help in the compilation of the number and nature of new fatal and nonfatal events

*Request for Comments:* Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency'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 those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological

collection techniques or other forms of information technology.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Larissa Aviles-Santa, Deputy Project Officer, NIH, NHLBI, 6701 Rockledge Drive, MSC 7936, Bethesda, MD 20892-7936, or call non-toll-free number 301-435-0450 or e-mail your request, including your address to:

AvilessantaL@NHLBI.NIH.GOV.

*Comments Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: September 22, 2008.

**Michael S. Lauer,**

*Director, Division of Prevention and  
Population Sciences.*

**Suzanne Freeman,**

*NHLBI Project Clearance Liaison, National  
Institutes of Health.*

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