

the **Federal Register** on December 27, 2004, Volume 69, Number 247, Page 77250, see also <http://a257.g.akamaitech.net/7/257/2422/06jun20041800/edocket.access.gpo.gov/2004/04-28187.htm>, reflect correct dates:

- Name of Subcommittee: Health Care Technology and Decision Sciences. Date: February 17, 2005.
- Name of Subcommittee: Health Research Dissemination and Implementation. Date: February 25, 2005.
- Name of Subcommittee: Health Systems Research. Date: February 24, 2005.
- Name of Subcommittee: Health Care Quality and Effectiveness Research. Date: February 24, 2005.

Dated: January 14, 2005.

**Carolyn M. Clancy,**  
Director.

[FR Doc. 05-1484 Filed 1-26-05; 8:45 am]

**BILLING CODE 4160-90-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-05AY]

#### 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) 371-5976 or send comments to Sandi Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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

Economic Evaluation Of Walking Behavior In Sedentary Adults Age 50 Years And Older—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description of the Proposed Project and Data Collection

CDC is requesting approval of a pilot test to better understand the barriers to increased physical activity and the potential impact of modest financial incentives to promote walking among sedentary adults aged 50 years and older. The Behavioral Risk Factor Surveillance System (BRFSS) data reveal that Americans in general and older adults in particular do not meet minimum recommendations for levels of physical activity. Moderate increases in physical activity would decrease the incidence of diseases promoted by inactivity, including several types of cancer, diabetes, and heart disease. However, strategies that effectively motivate sedentary people to increase and maintain levels of regular physical activity have yet to be identified. CDC proposes to use this effort to investigate the impact of one type of intervention (financial incentives) on levels of physical activity.

CDC will conduct a stated preference (SP) survey to identify the barriers to leisure time physical activity and the size of the incentives necessary to overcome these barriers among sedentary adults age 50 and older. A pilot test of the impact of specific amounts of financial incentives on levels of walking among this population will also be conducted via a revealed preference (RP) survey in the Raleigh, North Carolina, metropolitan area.

The SP survey will be a one-time effort in which respondents belonging to an online survey panel will complete a computer survey over the Internet. In the RP portion of the project, a local sample of respondents will complete an identical survey on paper. The RP respondents will also wear a pedometer for 4 weeks and record the number of steps walked in a diary. Data will be collected from the diaries and from the 7-day history in each pedometer unit. Respondents will receive a modest incentive payment for the number of steps they walk above a predetermined floor and below a predetermined ceiling.

The results of the survey will be used to gauge the size of the incentives necessary to motivate behavior change in a real world setting. The results of the pilot test will provide initial evidence of the magnitude of the incentives necessary to increase levels of physical activity among a specific sample of older adults. The total costs and effectiveness (changes in physical activity) can then be compared to similar data emanating from other interventions designed to increase levels of physical activity. Statistical analysis of the SP survey and RP data will be used. Since neither form of data collection is based on a random sample, conclusions will be preliminary and not generalizable. The analysis will be used to evaluate whether further comprehensive research on this subject should be undertaken. There are no costs to respondents except their time to participate in the survey.

#### ANNUALIZED BURDEN TABLE

| Respondents                          | Number of respondents | Number of responses per respondent | Avg. burden per response (in hrs) | Total burden hours |
|--------------------------------------|-----------------------|------------------------------------|-----------------------------------|--------------------|
| Online SP survey .....               | 500                   | 1                                  | 25/60                             | 208                |
| RP survey .....                      | 300                   | 1                                  | 1.5                               | 450                |
| RP group—recording daily steps ..... | 300                   | 4                                  | 20/60                             | 400                |
| Total .....                          | .....                 | .....                              | .....                             | 1058               |

Dated: January 14, 2005.

**Betsey Dunaway,**

*Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.*

[FR Doc. 05-1492 Filed 1-26-05; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-05-0405X]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

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) 371-5976 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New

Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

#### Proposed Project

Comprehensive Cancer Control: Implementation Case Study—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

#### Background

While much has been learned about the development of Comprehensive Cancer Control (CCC) plans, little is known about CCC grantee activities, organizational capacity, or essential elements of implementing CCC plans. CDC, through a contractor will evaluate the necessary components of the CCC Program. The evaluation consists of: (1) The design of a plan to evaluate the CCC Program; (2) an evaluation of grantee activities; (3) a nationwide assessment of capacity to plan, implement and evaluate CCC programs; and (4) a study of selected grantees' experiences implementing CCC plans. This project will focus on the fourth component of the evaluation.

Implementation case studies provide the opportunity to follow the relationships among needs identified in the planning process, goals and objectives established in the plan (priorities for action), and implemented activities. The goals of the proposed data collection are to document the process and activities CCC programs undertake to implement a CCC plan, and to document measures CCC programs use to assess how well a CCC plan is implemented.

The data will be collected via in-person interviews with key personnel in the implementation of CCC plans. Key personnel will include: Program directors, program staff in health departments and partner organizations, partner organization decision-makers, program evaluators, and representatives from non-partner organizations. Interviews will take place during one 3- to 4-day site visit to 10 sites. The program directors will also complete a packet of background information in preparation for the site visits. The only cost to respondents is their time. The total annual burden for this data collection is 145 hours.

ANNUALIZED BURDEN TABLE

| Form                      | Type of respondents                           | Number of respondents | Number of responses per respondent | Avg. burden per response (in hours) |
|---------------------------|-----------------------------------------------|-----------------------|------------------------------------|-------------------------------------|
| 1 ..... Interview .....   | Program Directors .....                       | 10                    | 1                                  | 2                                   |
| 2 ..... Interview .....   | CCC Partners with General Knowledge .....     | 25                    | 1                                  | 1                                   |
| 3 ..... Interview .....   | Partners with Focus Area Expertise .....      | 15                    | 1                                  | 1.5                                 |
| 4 ..... Interview .....   | CCC Program Staff with General CCC Knowledge. | 15                    | 1                                  | 1                                   |
| 5 ..... Interview .....   | CCC Program Staff with Focus Area Expertise.  | 15                    | 1                                  | 1.5                                 |
| 6 ..... Interview .....   | Evaluators .....                              | 10                    | 1                                  | 1                                   |
| 7 ..... Interview .....   | Non-partners .....                            | 20                    | 1                                  | 1                                   |
| 8 ..... Data Tables ..... | Program Directors .....                       | 5                     | 1                                  | 2                                   |

Dated: January 21, 2005.

**Betsey Dunaway,**

*Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.*

[FR Doc. 05-1493 Filed 1-26-05; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Request For Application 05032]

#### Capacity Building Assistance for Global HIV/AIDS Program Development Through Technical Assistance Collaboration With the National Association of State and Territorial AIDS Directors (NASTAD); Notice of Intent To Fund Single Eligibility Award

##### A. Purpose

The purpose of the program is to support capacity-building assistance for HIV/AIDS program development

through technical assistance (TA) provided to GAP Program countries. The term "capacity building assistance" means the provision of information, technical assistance, training, and technology transfer for individuals and organizations to improve the delivery and effectiveness of HIV prevention, care and treatment services and interventions. This does not include the delivery of direct HIV prevention, care or treatment services and interventions.

The Catalog of Federal Domestic Assistance number for this program is 93.067.

##### B. Eligible Applicant

Assistance will be provided only to the National Alliance of State and