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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-05-05CV]

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 404-371-5983 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

National Survey of 911 Emergency Treatment for Heart Disease and Stroke—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 project is to enhance CDC's understanding of emergency medical services (EMS) administration and oversight, identify important stakeholders for partnering and cooperation, and gather data on heart disease and stroke emergency treatment protocols in use. This project will fill an important gap in CDC's understanding of heart disease and stroke emergency medical care by providing detailed information from a sample of EMS organizations on operational resources, configurations of certification levels, treatment protocols and performance measures, and other significant issues at a local and state level in 9 states (FL, MA, KS, MT, NM, PA, OR, SC, AR), in order to ultimately contribute to the development and

implementation of best practices for emergency treatment of heart disease and stroke.

The objectives of the data collection are to prepare a comprehensive description of the "state of the practice" of pre-hospital emergency medical services related to cardiac and stroke care. This will include organizational and administrative aspects of EMS at state, sub-state district, and local levels, major public and private stakeholders in the conduct of EMS, technical support issues, and practices related to positive outcomes in pre-hospital cardiac and stroke emergency care. Data analysis will include a compilation of the practices in use and comparison of organizational and administrative configurations.

Data collection includes: (1) A telephone survey with a random sample of 250 local EMS agency supervisors (total N=2,250) in each of 9 States on the status of capabilities represented and treatment protocols used in EMS organizations related to cardiac and stroke care; (2) in-person interviews with state level EMS officials (*e.g.*, State EMS Director, State EMS Medical Director, or public health agency representative) (N=18) who are involved in policy and practice of the EMS system in the state and, (3) telephone interviews with a purposive sample five sub-state level EMS officials (*e.g.*, county or district directors) (N=45) in each of the 9 states to examine responsibilities and objectives at a sub-state level for the state's EMS system.

There are no costs to the respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden hours
Survey of Local Level EMS agencies in nine states	2,250	1	15/60	563
Survey of State Level EMS Directors/State Medical Directors in 9 states	18	1	1	18
Survey of Sub-state (district/county) EMS officials in 9 states	45	1	45/60	34
Total				615

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-05-0440X]

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) 371-5983 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

Integrating HIV and Other Prevention Services into Reproductive Health and Other Community Settings On-Line Performance Reporting System—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Integrating HIV and Other Prevention Services into Reproductive Health and Other Community Settings is a training project of the CDC, National Center for Chronic Disease Prevention and Health Promotion, and its grantees, their ten family planning regional training centers. The project requires twice yearly reports from its grantees (each of whom corresponds to one of the ten federal public health regions), on their training-centered intervention activities. CDC guidelines also obligate grantees, under cooperative agreements to provide such performance reporting. To facilitate grantees' compliance with performance reporting requirements, a secure online performance reporting system has been designed to capture training activity information, an indicator of consistent and measurable project progress. Each grantee enters and edits their own training activity

data and generates project evaluation documents and semi-annual reports on the Internet. CDC will use the reported data to assess project progress towards achieving its objectives:

1. Measurable information about grantees' prevention training activities.
2. Evaluate prevention training needs, complexity, diversity, and availability.
3. Comparisons between the trained population and the general population of the local area.
4. Evaluate special cultural and regional needs.
5. Describe the complexity of the trained workforce.
6. Grant grantees access to on-line data reports.

Grantees' semi-annual performance reports are due April 30 and October 30 during each year of the 5-year cooperative agreement. Using the on-line system, grantees enter data during each reporting period, then, generate a copy of their training report. Next, by the specified dates, grantees deliver this performance report and their non-structured narrative report, which explains additions, deletions, changes, and redirections of training objectives or activities, to CDC's Procurement and Grants Office.

Grantees' on-line performance reports incorporate the following:

- A. Log-in information.
 - Cooperative agreement number.
 - Grantee organization name.
 - Fiscal year.
- B. Information describing grantees and their partners.
 - Grantee contact information.
 - Contact names for principal staff.
 - Phone numbers and email addresses.
 - Project roles and responsibilities.
 - Web site URL.
 - Project partner information.
 - Relationship to grantee.
 - Organization of facility.
 - Mailing address.
 - Street location.
 - Partner contact name, phone number and email address.
 - Project role and responsibility.
 - Application goals and objective information.
 - Statement of goals.
 - Statement of objectives.
 - Progress toward completion.
 - Barriers encountered.
 - Changes or modifications.
 - Lessons learned.
 - Project role and responsibility.
 - Due dates and delivery dates for semi-annual reports.
 - Where reports are electronically stored at CDC.
- C. Activity information (for each activity).

- Date of activity.
- Type of activity.
- Activity title or name.
- Part of project activity relates to.
- Project objective activity relates to.
- Percent of activity funded by cooperative agreement.
 - Was partner involved in activity?
 - Name of partner.
 - Linked to technical assistance?
 - Which specific technical assistance?
- D. Information describing traditional classroom training events (from each event).
 - Training description.
 - Type of training.
 - Skill level of the training.
 - Is this the first offering of this training?
 - Total training hours.
 - Did training last multiple days?
 - Did training include skills practice activities?
 - Were continuing education credits offered?
 - Delivered in language other than English?
 - Location of training.
 - Were participants given learning objectives?
 - Was a pre-training knowledge test used?
 - Mean score on pre-training knowledge test.
 - Was a post-training knowledge test used?
 - Mean score on post-training knowledge test.
 - Was there a follow-up survey of this training?
 - Number of participants followed.
 - Number using new skills.
 - Follow-up time in weeks.
 - Participants.
 - Number of pre-registered participants.
 - Number of participants completing training.
 - From each participant, basic demographics "age, ethnicity, primary racial identity, gender, staff title, staff position, language fluencies.
 - From each participant, employer characteristics—location, type of organization, title-X funded?, employer provides protocol related to this training?
 - E. Information describing distance learning events (from each event).
 - Type.
 - Location.
 - Duration in hours.
 - First-time offered?
 - Offered in language other than English?
 - Continuing medical education credits offered?
 - Number of downlink sites, Web hits, media copies, etc.