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

Colorectal Cancer Screening Demonstration Program—New—Division of Cancer Prevention and Control (DCPC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC, DCPC is requesting approval to collect individual patient-level screening, diagnostic, and treatment data in association with a new colorectal cancer screening demonstration program. DCPC is funding 5 cooperative agreements from fiscal year (FY) 2005–2008 for implementation of new colorectal cancer (CRC) demonstration programs. These 3-year demonstration programs are designed to increase population-based CRC screening among persons 50 years and older with low income and inadequate or no health insurance coverage in a geographically defined area.

Colorectal Cancer (CRC) is the second leading cause of cancer-related deaths in the United States, following lung cancer. Based on scientific evidence which indicates that regular screening is effective in reducing CRC incidence and mortality, regular CRC screening is now recommended for average-risk persons with one or a combination of the following tests: Fecal occult blood testing (FOBT), flexible sigmoidoscopy, colonoscopy, and/or double-contrast barium enema (DCBE). Fecal immunochemical testing (FIT) is considered an acceptable alternative to FOBT. In the absence of evidence indicating a single most effective test, selected programs will be able to choose which screening test(s) they will use from the above list of recommended tests.

All funded programs will be required to submit patient-level data on CRC screening and diagnostic services provided as part of this demonstration project. This information will be used to assess the quality and appropriateness of the services delivered.

Programs that receive CDC funding to provide screening and diagnostic services will collect individual patient-level data to capture demographic information, clinical services and outcomes, and submit these data to CDC on a quarterly basis. While CDC funds will not be used for treatment, programs will need to monitor treatment and document that patients are receiving appropriate treatment services. Submitted data must contain no patient identifiers.

All programs will additionally submit annual cost data to CDC to be used to monitor cost and cost-effectiveness over the 3-year program period.

The additional burden to these respondents will be small, since CDC will only select programs that are already performing some CRC screening, and will therefore already be collecting these types of data. Data collection for both patient-level and cost data will continue over the 3 years of the demonstration programs.

In the burden table below, two data collection forms will be used: Patient-level clinical data collection forms and cost data collection forms. The data will be collected from the 5 cooperative agreement recipients, i.e., the respondents. The estimated number of responses represents the number of patients receiving clinical services per recipient program, one report per patient per quarterly reporting period (estimated at 70 patients per program per quarter). This would result in an estimated annualized burden for the quarterly reports of 583 hours. Additionally, respondents will report annual cost data. For reporting the annual cost data, the respondents will submit only one report each for the entire year.

There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Form type	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Quarterly patient-level clinical data	5	280	25/60	583
Annual cost data	5	1	25/60	2
Total				585

Dated: June 20, 2006.

Joan F. Karr,

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–06–06BJ]

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 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

Experiment in Mapping Behavioral Risk Factors Surveillance Survey (BRFSS) Data—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 study is to design and implement a Web-based interview examining the differential effectiveness of presenting BRFSS data in two different mapping formats, choropleth versus isopleth maps. Traditionally, geospatial data are presented in choropleth maps, where defined geographic units, such as county or state boundaries, are filled with a uniform color or pattern. Choropleth maps present data as geographic areas shaded with intensity proportional to the data values associated with those areas. Such maps are appropriate for data that have been scaled or normalized. Alternatively, geospatial data can be displayed using isopleth maps, in which the data are not aggregated to pre-defined geographic units, but instead are ''smoothed'' across adjacent geographic boundaries. Such maps may show county or state boundaries, but different categories of data are not defined by these geographic units. Little empirical research has examined the differential effectiveness of choropleth versus isopleth maps. In particular, researchers know little about how the two different mapping techniques affect the user's ability to extract information from the map.

The Web-based interview will present both choropleth and isopleth maps displaying BRFSS data in seven color categories. To maintain a low survey burden for each participant, the instrument will include only 4 questions for each of 10 maps. The interview will also include additional questions about respondent's preferences for map types and background characteristics. The survey instrument will be comprised of 50 items, including the 40 map questions, 4 questions about users' preferences for different map formats, and 6 questions about their educational and professional background and demographic characteristics. Analysis of the data will assess 4 key areas to determine which type of map is ideal for presenting BRFSS data:

1. Rate retrieval
2. Pattern recognition
3. Ease of understanding
4. User preferences

The results of these analyses will be presented in a final report to be submitted to the CDC. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden hours
Experiment in Mapping BRFSS Data	400	1	30/60	200
Total				200

Dated: June 19, 2006.

Joan F. Karr,

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–06–05BL]

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 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

Worksheet for Medical Conditions among Refugees and Immigrants—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Clearance is being requested for a ''Worksheet for Medical Conditions among Refugees and Immigrants'' for state and local health refugee coordinators to identify specific medical conditions of public health importance in newly arrived refugees and immigrants.

CDC requests notification of specific medical conditions listed on the worksheet, including Class A and B health conditions not recognized overseas, and substantial discrepancies in the overseas and U.S. based medical evaluations. Section 412 of the Immigration and Nationality Act (INA) (8 U.S.C. 1522(b)(4)) authorizes the Secretary of Health and Human Services Department of Health and Human Services (DHHS) to: (A) Assure that an adequate number of trained staff are available at the location at which the refugees enter the United States to assure that all necessary medical