

respondents will submit the information electronically, to the state and local public health departments. Clinical specimens obtained from case-patients are submitted to private or public diagnostic laboratories with laboratory requisition forms which includes information on the provider and case-patient. A subset of the information reported to state health departments

from health care providers or laboratories is reported electronically as a case report e-record to CDC's Nationally Notifiable Disease Surveillance System on a weekly basis. CDC estimates that 57 respondents spend 20 minutes each week extracting notifiable STD surveillance information from their electronic information system. CDC staff review STD morbidity

data at varying frequencies to identify population subgroups at increased risk for STDs. The target evidence-based intervention strategies, evaluate the impact of ongoing control efforts, thus enhancing our understanding of STD transmission. There is no cost to respondents other than their time. The total estimated annual burden hours are 989.

ESTIMATED ANNUALIZED BURDEN HOURS

Types of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Health Departments	Electronic STD Case report	50	52	20/60
Territorial Health Agencies	Electronic STD Case report	5	52	20/60
City and county health departments	Electronic STD Case report	2	52	20/60

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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

[60Day-09-09AJ]

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 Maryam I. Daneshvar, CDC Acting 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

Centers for Public Health Preparedness Program Evaluation Instruments,—New—Coordinating Office for Terrorism Preparedness & Emergency Response (COTPER), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Under the Authority of Sections 301(a) and 317(k)(2) of Public Health Service Act, the Centers for Disease Control and Prevention is responsible for administering and monitoring the Centers for Public Health Preparedness (CPHP) Program. The purpose of the CPHP Program is to strengthen terrorism and emergency preparedness by linking academic expertise to state and local health agency needs. The program brings together colleges and universities with a common focus on public health preparedness to establish a national network of education and training resources. Of these institutions, 27 are accredited Schools of Public Health funded through a five-year Cooperative Agreement for years 2004–2009. This program addresses the public health goals described in "A National Strategy for Terrorism Preparedness and Response: 2003–2008 Strategic Plan", specifically Imperative Five, a Competent and Sustainable Workforce. Critical objectives under this Imperative are to: (1) Increase the number and type of professionals that comprise a preparedness and response workforce;

(2) deliver certification and competency-based training and education; (3) recruit and retain the highest quality workforce; and (4) evaluate the impact of training to assure learning has occurred.

CDC requests OMB approval for a period of one year to collect information beginning in the summer of 2009. CDC is undertaking a summative evaluation of the CPHP Program encompassing the period of the current Cooperative Agreement. In order to complete this evaluation, CDC is proposing five data collection instruments to gather information describing the program's processes and outcomes. These are: (1) Pre-CPHP Interview Document Collection Protocol; (2) CPHP Interview Instrument; (3) CPHP National Partner Interview Instrument (4) CPHP State and Local Partner/Customer Survey Instrument; and (5) CPHP State and Local Partner/Customer Interview Instrument. Collectively, these instruments are needed in order to receive, process, aggregate, evaluate, and disseminate CPHP program information. The information will be used by CDC to document progress toward meeting established program goals and objectives; to evaluate outcomes generated by the collective work of the 27 Centers; to inform the development of a new public health preparedness education and training cooperative agreement program; and to respond to data inquiries made by CDC and other agencies of the federal government.

The Pre-CPHP Interview Document Collection Protocol will be used by CPHP grantees to guide collection and submission of existing documents. The CPHP National Partner Interview Instrument will be used to guide a

telephone interview process with key National Partners familiar with the CPHP program. The categories of questions will be similar to the CPHP Interview Instrument to gather information from the perspective of National Partners. The CPHP State and Local Partner/Customer Survey Instrument will be used to gather information from representatives of

organizations that have received training or technical assistance from the CPHP Program. It will be administered electronically with an option for paper copy administration. It is estimated that there will be one request per respondent and a total of 135 respondents with an estimated time for data collection of 30 minutes. The CPHP Partner/Customer Interview Instrument will be used to

gather more in-depth information on the same categories of questions from the Survey Instrument. It is estimated that there will be a total of 54 respondents with an estimated time for data collection of 30 minutes.

There are no costs to respondents except their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Pre-CPHP Interview Document Collection Protocol—CPHP staff ..	27	1	2	54
(2) CPHP Interview Instrument—CPHP staff	54	1	2	108
(3) CPHP National Partner Interview Instrument	10	1	2	20
(4) CPHP State and Local Partner/Customer Survey Instrument ...	135	1	30/60	68
(5) CPHP State and Local Partner/Customer Interview Instrument	54	1	30/60	27
Total				277

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-09-09AL]

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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

The Green Housing Study—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Green building principles and practices have been shown to reduce energy consumption, but their efficacy in reducing environmental agents such as pesticides, volatile organic compounds (VOCs), fungi, and indoor allergens is not clear. Furthermore, little research has been conducted on health impacts that might be related to green buildings, especially on a nationwide scale. Three main goals of this study are: (1) To compare levels of certain environmental chemical and biological agents in green vs. traditional, multi-family, low-income housing; (2) to ascertain differences in the health of the residents in these homes; and (3) to assess the economic impacts of the "greening" of housing—particularly those related to health. These goals will be accomplished in an ongoing building renovation program, "Mark-to-Market" (M2M), sponsored by the Department of Housing and Urban Development

(HUD). Briefly, the M2M program is a nationwide initiative that encourages owners and purchasers of affordable, multi-family properties to rehabilitate and operate their properties using sustainable green building principles. In partnership with HUD, the CDC will leverage this opportunity to collect survey and biomarker data from residents and to collect environmental measurements in their homes in order to evaluate associations between green housing and health.

This study directly supports the Healthy Homes' health protection goal of the Centers for Disease Control and Prevention (CDC). This investigation is also consistent with CDC's Health Protection Research Agenda, which calls for research to identify the major environmental causes of disease and disability and related risk factors.

Indoor allergens such as those from cockroaches, dust mites, mice, and fungi have been associated with childhood asthma. Also, VOCs and pesticides have been associated with adverse birth outcomes (e.g., low birth weight and prematurity) and delayed neurodevelopment. Given that green principles such as improvement of ventilation systems and elimination of spray pesticides can directly affect the concentrations of chemical and biological agents in air, residents in green housing should theoretically have better health outcomes (e.g., asthma, birth outcomes, and infant neurodevelopment, this in turn will lead to lower healthcare utilization and overall societal costs.

Participants will include pregnant women, mothers and children living in