Background and Brief Description

As part of a multi-component evaluation plan for the Community Transformation Grant program (CTG), CDC is seeking OMB approval to collect the information needed to conduct cost and cost-benefit analyses relating to the implementation of CTG-funded community interventions. Using a system dynamics approach, CDC also plans to conduct simulation modeling which will integrate the cost data with other data to predict selected chronic disease outcomes and their associated monetary impacts under various scenarios. CDC and NIH have previously collaborated on the development of analytic tools for system dynamics modeling under more limited conditions. The collection and analysis of actual cost data from CTG awardees will support the expansion and refinement of these analytic tools with respect to short-, intermediate- and long-term outcomes for large-scale, community-based programs that employ multiple policy and environmental change strategies.

Information to be collected from participating CTG awardees includes the interventions to be implemented; expenditures for labor, personnel, consultants, materials, travel, services, and administration; in-kind contributions; and partner organizations and their expenditures. Information will be collected electronically via a user-friendly, Web-based CTG Cost Study Instrument (CTG–CSI). Respondents will be a subset of 30 out of 35 CTG awardees funded specifically for implementation activities. CDC will select awardees for participation in the cost data collection based on a list of priority interventions appropriate for cost analysis.

Results of this data collection and planned analyses, including improvements in CDC's analytic and modeling tools, will be used to assist CTG awardees, CDC, and HHS in choosing intervention approaches for particular populations that are both beneficial to public health and cost-effective.

OMB approval is requested for the first three years of a five-year project. CDC requests OMB approval by June 1, 2012, to initiate data collection on July 1, 2012. CDC plans to seek an extension of OMB approval to support information collection through the end of the five-year award period.

Information will be collected electronically on a quarterly schedule. The estimated burden per response is 13 hours and there are no costs to respondents except their time to participate in the survey. The total estimated annualized burden hours are 1,560.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)
CTG Awardee	CTG–CSI	30	4	13

Kimberly S. Lane,

Deputy Director, Office of Science Integrity, Office of the Associate Director for Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–12–12EX]

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 404–639–7570 and send comments to Kimberly S. Lane, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email 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

Formative Research for the Development of CDC's Act Against AIDS Social Marketing Campaigns Targeting Consumers—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

More than 1 million people are estimated to be living with Human Immunodeficiency Virus (HIV) in the United States. Estimates of HIV incidence released by the CDC indicate that 56,300 people became infected with HIV in 2006. HIV disproportionately affects men, particularly men who have sex with men (MSM) and African-American men. HIV is also a real threat to other communities at high risk such as the Hispanic/Latino community.

In response to the continued HIV epidemic in our country, CDC launched *Act Against AIDS (AAA)* in 2009, a 5-year, multifaceted communication campaign consisting of several campaigns targeting various high-risk populations. The overall goals of AAA are to increase HIV/AIDS awareness and reduce HIV incidence in the United States. Each AAA campaign uses mass media and direct-to-consumer channels to deliver HIV prevention, awareness, and testing messages. Some campaigns are designed to provide basic education and increase awareness of HIV/AIDS among the general public, and others are targeted to specific subgroups or communities at greatest risk for HIV infection, including MSM, African Americans, HIV-positive individuals and other minority populations.

As part of the overarching *AAA* campaign, CDC requests OMB approval to collect information from consumer groups over a three-year period. This study will encompass four rounds of data collection utilizing interviews, focus groups, and brief surveys. The

results from this data collections will be used to develop AAA's social marketing campaigns designed to increase HIV/AIDS awareness and knowledge, understand HIV prevention behaviors, improve HIV testing rates, challenge commonly held misperceptions about HIV, and promote HIV prevention and risk reduction among consumers. The research results will be used to develop materials for six specific HIV social marketing campaigns under the umbrella of the larger *Act Against AIDS* campaign. The campaigns will target consumers aged 18–64. Some campaigns will target the general public as a whole and other campaigns will focus on specific subpopulations at greatest risk for HIV infection. The target audiences will include Latinos, men who have sex with men (MSM), HIV-positive individuals and African Americans. These data will assist CDC in addressing the HIV prevention needs of specific campaign audiences and make appropriate funding decisions regarding campaign development or campaign direction.

Respondents will be members of the targeted consumer groups aged 18–64 recruited from areas with high HIV/AIDS prevalence and incidence such as New York, NY; Los Angeles, CA; Washington, DC; Chicago, IL; Atlanta, GA; Miami, FL; Philadelphia, PA; Houston, TX; San Francisco, CA; Baltimore, MD; Dallas, TX or other cities as appropriate. Respondents for this data collection will participate in a focus group, in-depth interview, or intercept interview. Focus group and in-depth interview respondents will be recruited by professional recruiting firms. The professional recruiting firms will utilize a proprietary database of individuals who have agreed to be contacted for potential participation in various studies. Project staff will recruit intercept interview respondents in venues where the general public tend to gather, such as health fairs or other community events.

Information collection will begin after receiving approval and end three years from approval. The study will screen 1,538 people per year for eligibility. Of the 1,538 people screened, it is expected that 500 people will participate in focus groups, 500 people will participate in in-depth interviews. All focus group and in-depth interview participants will complete a brief paper and pencil survey. Seven hundred people will participate in intercept interviews. The total estimated burden for this one-time data collection is 6,852 hours. Annualizing this information over 3 years results in an estimated annualized burden of 2,284 hours.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden hours
Individuals (males and females) aged 18–64	Study screener	1,538	1	2/60	51
Individuals (males and females) aged 18–64	In-Depth Interview Guide.	500	1	60/60	500
Individuals (males and females) aged 18–64	Focus Group Guide	500	1	120/60	1,000
Individuals (males and females) aged 18–64	Paper and Pencil Survey.	1,000	1	30/60	500
Individuals (males and females) aged 18–64	Intercept Interview Guide.	700	1	20/60	233
Total					2,284

Kimberly S. Lane,

Deputy Director, Office of Science Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Project

Title: 45 CFR Part 1305 Head Start Eligibility Verification.

OMB No.: 0970–0374.

Description: The requirements for establishing proof of eligibility for the enrollment of children in Head Start programs are documented in 45 CFR 1305.4(e). Each child's record must include a signed document by an employee identifying those documents which were reviewed to determine eligibility. Presently there is no uniform document which the employee must sign. This form will be used to facilitate an efficient and accurate determination of children's eligibility for Head Start enrollment.

Respondents: Head Start grantees.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Head Start Eligibility Verification	1,600	750	0.08	96,000