

## ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
<b>Weekly Reporting</b>				
States .....	50	52	3	7,800
Territories .....	5	52	1.5	390
Cities .....	2	52	3	312
<b>Annual Reporting</b>				
States .....	50	1	16	800
Territories .....	5	1	12	60
Cities .....	2	1	16	32
Total .....				9,394

Dated: July 20, 2010.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30-Day-0920-09AU]

#### Agency Forms Undergoing Paperwork Reduction Act Review

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) 639-5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

#### Proposed Project

Preventing HIV Risk Behaviors among Hispanic Adolescents—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

This project involves the development and evaluation of a streamlined version

of Familias Unidas, a family-based intervention designed to prevent drug use and unsafe sex among Hispanic adolescents. Compared to non-Hispanic whites, Hispanic adolescents are highly vulnerable to acquiring HIV. Hispanic adolescents between the ages of 13 and 19 are five times more likely to be infected with HIV than are same-aged non-Hispanic whites (CDC-P, 2006). Hispanic adolescents report higher rates of unprotected sex at last intercourse than both non-Hispanic whites and African Americans. Compared to non-Hispanic whites and to African Americans, Hispanic 8th and 10th graders report the highest lifetime, annual, and 30-day prevalence rates of alcohol, cigarette, and licit or illicit drug use. Drug use and unsafe sexual behavior are risks for acquiring HIV.

Despite the urgent public health need to stop the progress of the HIV epidemic and to reduce health disparities in HIV infection, especially with regard to Hispanics, the largest and fastest growing minority group in the nation, Familias Unidas is the only published intervention found to be efficacious in preventing both drug use and unsafe sexual behavior. Familias Unidas has demonstrated efficacy in an intensive, 9 to 12 month version in two previous studies in preventing drug use and unsafe sexual behavior relative to two attention control conditions. Labor-intensive interventions are difficult to disseminate to the larger community. Consequently, there is an urgent need to develop and test a streamlined version that can be more easily disseminated to the population. Therefore, the specific aim of the proposed study is to evaluate a streamlined version of Familias

Unidas. Findings from this study will strengthen CDC's HIV/AIDS behavioral intervention portfolio by creation of an effective behavioral intervention designed specifically for Hispanic adolescents which it currently lacks.

Approximately 400 dyads of Hispanic adolescents and their primary caregivers (a total of 800 people), recruited through two high schools in Miami-Dade County, will be screened for study eligibility in a short interview lasting approximately three minutes. Based on the investigators' prior research, approximately 240 dyads of Hispanic adolescents and their primary caregivers (a total of 480 people) will be deemed eligible for the study. Each of the eligible dyads will be placed into one of two groups: (1) The streamlined 5-session intervention and (2) a control group which receives standard HIV/AIDS prevention information from the high schools. Adolescents and caregivers from both groups will respond to computerized questionnaires (ACASI) containing questions about family functioning, HIV/AIDS risk behaviors and substance abuse, etc. Adolescents will spend approximately 60 minutes completing the questionnaires, while their primary caregivers will complete the questionnaires in approximately 45 minutes. They will complete these questionnaires twice annually during the two-year period. There is no cost to the respondents other than their time. The average annual burden is estimated to be 940 hours.

#### Estimate of Annualized Burden Hours

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)
Hispanic Adolescents Primary Caregivers .....	Recruitment Phone Script .....	400	1	9/60
Hispanic Adolescents and Primary Caregivers .....	Caregiver and Adolescent Screening Form ...	800	1	3/60
Primary Caregivers of Hispanic Adolescents .....	Parent Assessment Battery .....	240	2	45/60
Hispanic Adolescents .....	Adolescent Assessment Battery .....	240	2	1

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-10-0457]

#### Agency Forms Undergoing Paperwork Reduction Act Review

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) 639-5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

#### Proposed Project

Aggregate Reports for Tuberculosis Program Evaluation (OMB No. 0920-

0457 exp. 5/30/2010) — Reinstatement with change —National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

CDC, NCHHSTP, Division of Tuberculosis Elimination (DTBE) proposes to reinstate with change the Aggregate Reports for Tuberculosis Program Evaluation, previously approved under OMB No. 0920-0457. This request is for a 3-year clearance. There are no revisions to the report forms, data definitions, or reporting instructions. Changes within this information collection request (ICR) reflect an increase in the annual cost to the government. The increased cost is due to increases in salaries of personnel conducting data collection and analysis since the last ICR approval.

DTBE is the lead agency for tuberculosis elimination in the United States. To ensure the elimination of tuberculosis in the United States, CDC monitors indicators for key program activities, such as finding tuberculosis infections in recent contacts of cases and in other persons likely to be infected and providing therapy for latent tuberculosis infection. In 2000, CDC implemented two program evaluation reports for annual submission: Aggregate report of follow-

up for contacts of tuberculosis, and Aggregate report of screening and preventive therapy for tuberculosis infection (OMB No. 0920-0457). The respondents for these reports are the 68 State and local tuberculosis control programs receiving Federal cooperative agreement funding through DTBE. These reports emphasize treatment outcomes, high-priority target populations vulnerable to tuberculosis, and programmed electronic report entry, which will be transitioned to the National Tuberculosis Indicators Project (NTIP), a secure Web-based system for program evaluation data, in 2010. No other Federal agency collects this type of national tuberculosis data, and the Aggregate report of follow-up for contacts of tuberculosis, and Aggregate report of screening and preventive therapy for tuberculosis infection are the only data source about latent tuberculosis infection for monitoring national progress toward tuberculosis elimination with these activities. CDC provides ongoing assistance in the preparation and utilization of these reports at the local and State levels of public health jurisdiction. CDC also provides respondents with technical support for NTIP access (Electronic—100%, Use of Electronic Signatures—No). The annual burden to respondents is estimated to be 226 hours.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Data clerks .....	Follow-up and Treatment of Contacts to Tuberculosis Cases.	50	1 (electronic) .....	30/60
		18	1 (manual) .....	3
Program Managers .....	Follow-up and Treatment of Contacts to Tuberculosis Cases.	50	1 (electronic) .....	30/60
		18	1 (manual) .....	30/60
Data clerks .....	Targeted Testing and Treatment for Latent Tuberculosis Infection.	50	1 (electronic) .....	30/60
		18	1 (manual) .....	3
Program Managers .....	Targeted Testing and Treatment for Latent Tuberculosis Infection.	50	1 (electronic) .....	30/60
		18	1 (manual) .....	30/60
Total .....	.....	.....	.....	226