

planning of programs and policy to elevate the health status of the Nation, studying morbidity trends, and research activities in the health field. NHDS data have been used extensively in the development and monitoring of goals for the Year 2000 and 2010 Health Objectives. In addition, NHDS data provide annual updates for numerous tables in the Congressionally-mandated NCHS report, *Health, United States*.

Data for the NHDS are collected annually on approximately 300,000 discharges from a nationally

representative sample of non-institutional hospitals exclusive of Federal, military and Veterans' Administration hospitals. The data items collected are the basic core of variables contained in the Uniform Hospital Discharge Data Set (UHDDS) in addition to two data items (admission type and source) which are identical to those needed for billing of inpatient services for Medicare patients. In the 2003 NHDS 426 hospitals participated. Data for approximately forty-four percent of the responding hospitals

(186) are abstracted from medical records. The remaining hospitals supply data through in-house tapes or printouts (80 hospitals) or are hospitals that belong to commercial abstract service organizations or state data systems (160 hospitals) from which electronic data files are purchased. There is no actual cost to respondents since hospital staff who actively participate in the data collection effort are compensated by the government for their time. The total estimated annualized burden hours are 2,131.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Medical record abstracts	Number of respondents (hospitals)	Number of responses/respondent	Avg. burden/response (in hrs.)
Primary Procedure Hospitals .....	62	250	5/60
Alternate Procedure Hospitals .....	124	250	1/60
In-House Tape or Printout Hospitals .....	80	12	12/60
Induction Forms .....	15	1	2
Non-response Study .....	50	1	2

Dated: July 20, 2005.

**Betsey Dunaway,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

[FR Doc. 05-14787 Filed 7-26-05; 8:45 am]

BILLING CODE 4163-18-M

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-05-0437X]

**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**

Program Evaluation and Monitoring System (PEMS)—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

CDC is requesting OMB approval of this data collection to collection HIV prevention evaluation data from health departments and directly funded community-based organizations (CBOs). The proposed data collection will incorporate data elements from three other OMB-approved data collections: Evaluating CDC Funded Health Department HIV Prevention Programs (OMB Control No. 0920-0497, expiration date 4/30/2006); Assessing the Effectiveness of CBOs for the Delivery of HIV Prevention Programs (OMB Control No. 0920-0525, expiration date 10/31/2004); and HIV/AIDS Prevention and Surveillance Project Reports for counseling, testing, and referral (CTR) (OMB Control No. 0920-0208, expiration date 10/31/2005).

CDC needs non-identifying, client-level, standardized evaluation data from health departments and CBO grantees to: (1) More accurately determine the extent to which HIV prevention efforts have been carried out by assessing what types of agencies are providing services, what resources are allocated to those services, to whom services are being provided, and how these efforts have contributed to a reduction in HIV transmission; (2) improve ease of reporting to better meet that goal; and (3) be accountable to stakeholders by informing them of efforts made and use of funds in HIV prevention nationwide.

Although CDC receives evaluation data from grantees, the data received to date is insufficient for evaluation and accountability. Furthermore, there has

not been standardization of required evaluation data from both health departments and CBOs. Changes to the evaluation and reporting process have become necessary to ensure CDC receives standardized, accurate, thorough evaluation data from both health departments and CBOs. For these reasons, CDC developed PEMS and consulted with representatives from health departments, CBOs, and the National Alliance of State and Territorial AIDS Directors during development of PEMS.

Respondents will report general agency information, program model and budget; intervention plan and delivery characteristics; and client demographics and behavioral characteristics. After initial set-up of the PEMS, data collection will include searching existing data sources, gathering and maintaining data, document compilation, review of data, and data entry into a Web-based system. Respondents will submit data quarterly. Respondents may choose one of the three options to enter and submit the required PEMS data variables: (1) Use the PEMS software provided and installed by CDC at no cost to the respondent; (2) revise their own existing HIV prevention information technology system and use the import-export data transfer process in PEMS; or (3) deploy PEMS locally, within the respondent facility using equipment purchased by the respondents. In addition, respondents may choose to utilize the optional CDC scan form for the data collection. If the respondent chooses the

scan form, the annual cost to respondents is approximately \$1,700 for the purchase of a scanner and scanning software. The total estimated annualized burden hours are 122,172.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Health Departments .....	59	4	137
Health Departments (CTR) .....	30	4	174
Health Departments (Training) .....	59	4	10
Community-Based Organizations .....	160	4	84
Community-Based Organizations (CTR) .....	70	4	23
Community-Based Organizations (Training) .....	160	4	10

Dated: July 21, 2005.

**Betsey Dunaway,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

[FR Doc. 05-14788 Filed 7-26-05; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 05077]

#### Directors of Health Promotion and Education; Notice of Intent to Fund Single Eligibility Award

##### A. Purpose

The purpose of this program is to establish, develop, and coordinate the training, and programs required to build health promotion and public health education capacity at the state and territorial level. This will include continuing the strategic planning process for the Association to strengthen the infrastructure for assessment of constituent needs to build health education capacity at the state and territorial level; coordinating capacity at the state and territorial level; coordinating the annual National Conference on Health Education and Health Promotion; strengthening collaborations with national and international level partners; implementing research to practice demonstration activities; developing continuing education and distance-based training; developing leadership and training opportunities; initiating effective communication systems to ensure translation of national initiatives and research to directors of health promotion and education; defining the science-base and skill set for public health practice of health education; and identifying and monitoring state and national trends impacting effective implementation of health promotion

and education within state health agencies.

The Catalog of Federal Domestic Assistance number for this program is 93.945.

##### B. Eligible Applicant

Assistance will only be provided to the Directors of Health Promotion and Education (DHPE). No other applications are solicited. DHPE is the only organization that can provide the services specified under this announcement. Eligibility is limited to DPHE because of its unique relationship with the Association of State and Territorial Health Officials (ASTHO) and other ASTHO affiliates. DHPE is the only national nonprofit health education organization of which program directors and staff representing all states and territories are members. As such, it is uniquely capable, and organized specifically to serve as a leader and a confer of activities relative to State health education programs. DHPE has developed unique knowledge and understanding of the needs and operations of State health agencies. This affiliation with ASTHO is extremely important for the purposes of this cooperative agreement. It enables close coordination of national initiatives, identification of state trends that may impact national programs, and enables partnering with other state health agency departments on cross cutting issues. DHPE is the only affiliate whose primary mission is to promote education and health promotion as core disciplines of public health practice and to advocate for quality health education and health promotion programs and strategies to address the nation's leading health problems. The organization represents both fields of health promotion and health education, as opposed to other public health organizations which have a primary focus on the profession of health education. Health promotion looks more broadly at public health systems, health policy, environmental change, and

enhances traditional professional development in health education.

##### C. Funding

Approximately \$1,300,000 is available in FY 2005 to fund this award. It is expected that the award will begin on or before September 30, 2005, and will be made for a 9 1/2-month budget period for the first year, but each subsequent budget period will be 12 months in length within a project period of up to five years. Funding estimates may change.

##### D. Where to Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: 770-488-2700.

For technical questions about this program, contact: John M. Korn/Sue Darnell, Project Officer, Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, 4770 Buford Highway, NE., MS K30, Telephone: 770-488-5427, 770-488-5305, E-mail: [JMK3@cdc.gov](mailto:JMK3@cdc.gov), [SAD2@CDC.GOV](mailto:SAD2@CDC.GOV).

Dated: July 21, 2005.

**William P. Nichols,**

*Director, Procurement and Grants Office, Centers for Disease Control and Prevention.*

[FR Doc. 05-14786 Filed 7-26-05; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

##### Proposed Projects

*Title:* Developmental Disabilities State Plan.

*OMB No.:* 0980-0162.