of Public Health (ASPH) to assess knowledge, attitudes, and behaviors related to preparedness for a radiological or nuclear terrorist event in the United States. The strong and clear message delivered to the CDC was that both the professional (e.g., clinicians and public health workers) and the lay American public were unprepared to respond to such an event (Becker 2004). Specifically, clinicians who participated in the research acknowledged a lack of training and preparedness, a potential unwillingness to treat patients if they are perceived as radiologically contaminated, and concerns about public panic and consequent overwhelming of hospitals and other clinical systems. More importantly, findings from the meeting revealed a critical need to assess communication preparedness among public health workers in relation to radiological emergencies.

This proposal addresses the need for the development of clear communication messages in the event of a radiological incident. As part of a cooperative agreement, CDC has contracted with the National Public Health Information Coalition (NPHIC) to collect data from public health workers in 6 states—California, Iowa, Kansas, Michigan, North Carolina and South Carolina—to evaluate a set of messages that have been developed by CDC for public health workers to use before, during and after a radiological event. The 5 communication messages focus on the main concerns expressed by representatives from these 6 states and other participants in audience research. The participating states volunteered for this project. Public health workers referenced in this proposal are nurses, physicians, clinical technicians, administrative, management and support staff and epidemiologists.

CDC's primary goal is to protect the health and safety of the public. Since public health workers are usually first responders in various capacities in the event of a radiological emergency, the need to develop time-sensitive and consistent communication messages is vital. Developing clear messages that can be used by public health workers as an integral part of their radiological emergency plan is consistent with this goal. These message concepts, which range from how to protect the worker and family to the role of the public health worker during a radiological emergency will serve as a reference tool and guidance for state health departments in the event of such situations.

This proposal seeks approval to obtain data using two methods—focus group testing and electronic surveys—to achieve greater results. Focus group testing will be conducted to obtain qualitative data that will be gathered through a series of six focus groups of public health workers, one in each participating state. Each focus group will consist of 12 participants to equal 72 respondents, and will be about 1½ hour in length. The focus group testing will assess attitudes, knowledge and emotional response. Of particular interest will be how the participants might react to radiological concepts pertaining to their roles as public health workers and scenarios that will be included in the messages. Quantitative data will be obtained through a one-time electronic survey to randomly selected public health workers in the six states to equal 2,022 respondents. The participants who will be participating in the electronic survey will not be included in the focus group testing.

CDC proposes to use this information to develop a final set of communication messages. The intent is for the messages to be disseminated using various methods and to provide a more consistent platform for states to respond to radiological emergencies. This research will help refine messages that have the ability to increase the percentage of workers who present to deliver services in a radiological emergency. Also, as a result of the study, CDC will have a set of tested public health messages that can allow public health workers to speak with one voice to the general public in a radiological emergency. In addition, the development of these messages will foster collaboration among the states and CDC.

Therefore CDC requests approval to test one set of five messages among public health workers using focus group testing and electronic surveys. There are no costs to respondents except their time to participate in the survey.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	No. of Respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Focus Groups	72	1	1.5	108
Electronic Surveys	2,022	1	20/60	674
Total				782

Dated: March 29, 2007.

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

[30 Day–07–06BG]

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*. 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

Longitudinal follow-up of Youth with Attention-Deficit/Hyperactivity Disorder identified in Community Settings: Examining Health Status, Correlates, and Effects associated with treatment for

Attention-Deficit/Hyperactivity Disorder—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This project will collect data from proxy respondents and youths with and without ADHD. This program addresses the Healthy People 2010 focus area of Mental Health and Mental Disorders, and describes the prevalence, incidence, long-term outcomes, treatment(s), select co-morbid conditions, secondary conditions, and health risk behavior of youth with ADHD relative to youth without ADHD.

In FY 2002–FY 2005 two cooperative agreements (transitioned to extramural research) were awarded to conduct community-based epidemiological research on ADHD among elementary-aged youth, known as the Project to Learn about ADHD in Youth (PLAY Study Collaborative). These studies informed community-based prevalence, rates of comorbidity, and rates of health risk behaviors among elementary-age youth with and without ADHD as determined by a rigorous case definition developed by the principal investigators and in collaboration with CDC scientists.

The purpose of this program is to study the long-term outcomes and health status for children with Attention-Deficit/Hyperactivity Disorder (ADHD) identified and treated in community settings through a systematic follow-up of the subjects who participated in the PLAY Study Collaborative. There is a considerable interest in the long-term outcomes of youth with ADHD as well as the effects of treatment, lack of treatment, and quality of care in average U.S. communities, emphasizing the public health importance of longitudinal research in this area.

There is no cost to respondents other than their time. The total annual burden hours are 3994.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Survey instruments	No. of respondents	No. of responses/ respondent	Avg. burden/ response in hours
Parent	ADHD Communication and Knowledge (Attachment B3)	961	1	10/60
Parent	ADHD Treatment, Cost, and Client Satisfaction Questionnaire (Attachment B4a).	961	1	10/60
Parent	ADHD Treatment Quarterly Update (Attachment B4b)	961	3	3/60
Parent	Brief Impairment Scale (Attachment B5)	961	1	4/60
Parent	Critical School Events (elementary, middle) (Attachment B6)	823	2	6/60
Parent	Critical School Events (high school) (Attachment B7)	138	2	6/60
Parent	Demographic Survey (Attachment B8)	961	1	5/60
Parent	Health Risk Behavior Survey (Elementary) 7–10 years (Attachment B9).	163	1	18/60
Parent	Health Risk Behavior Survey (Middle School) 11–13 years (Attachment B10).	412	1	22/60
Parent	Health Risk Behavior Survey (High School) 14+ years (Attachment B11).	386	1	28/60
Parent	Parent-Child Relationship Inventory (Attachment B12)	961	1	15/60
Parent	Parents' Questionnaire (Mental Health) (Attachment B13)	892	1	5/60
Parent	Pediatric Quality of Life Young Child (Attachment B14)	5	2	4/60
Parent	Pediatric Quality of Life Child (Attachment B15)	421	2	4/60
Parent	Pediatric Quality of Life Teen (Attachment B16)	536	2	4/60
Parent	Quarterly Update Events and Demographics (Attachment B17).	961	3	1/60
Parent	Social Isolation/Support (Attachment B18)	892	1	2/60
Parent	Strengths and Difficulties Questionnaire 4–10 (Attachment B19).	163	2	3/60
Parent	Strengths and Difficulties Questionnaire 11–17 (Attachment B20).	798	2	3/60
Parent	Vanderbilt Parent Rating Scale (Attachment B21)	961	2	10/60
Child	Brief Sensation Seeking Scale (11+ years only) (Attachment B22).	798	1	1/60
Child	Health Risk Behavior Survey (Elementary) 7–10 years (Attachment B23).	163	1	25/60
Child	Health Risk Behavior Survey (Middle School) 11–13 years (Attachment B24).	412	1	30/60
Child	Health Risk Behavior Survey (High School) 14+ years (Attachment B25).	386	1	35/60
Child	MARSH—Self Description Questionnaire v I, 7–12 years (Attachment B26).	426	1	15/60
Child	MARSH—Self Description Questionnaire v II, 13–15 years (Attachment B27).	398	1	20/60
Child	MARSH—Self Description Questionnaire v III 16+ years (Attachment B28).	138	1	20/60
Child	Pediatric Quality of Life Young Child (Attachment B29)	5	1	5/60
Child	Pediatric Quality of Life Child (Attachment B30)	421	1	5/60
Child	Pediatric Quality of Life Teen (Attachment B31)	536	1	5/60
Child	People In My Life (Attachment B32)	426	1	15/60
Child	People In My Life/Inventory of Parent and Peer Attachment (Attachment B33).	536	1	22/60
Child	Youth Demographic Survey,16+ years only (Attachment B34).	138	1	1/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Survey instruments	No. of respondents	No. of responses/ respondent	Avg. burden/ response in hours
Teacher	Teacher Survey (Attachment B35)	4154	1	10/60
Total		961 children ... 892 parents .... 4154 teachers		

Dated: March 30, 2007.

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

[60 Day–07–07AU]

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 Joan Karr, 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

Survey to Assess Methicillin-Resistant *Staphylococcus aureus* (MRSA) Prevention Programs among Hospitals Participating in CDC MRSA Surveillance Programs—New—National Center for Preparedness, Detection, and Control of Infectious Diseases (NCPDCID) (proposed), Centers for Disease Control and Prevention.

Background and Brief Description

In October, 2006, CDC recommended specific strategies to reduce transmission of multi-drug resistant organisms, including MRSA, in U.S. hospitals. Currently detailed data on ongoing MRSA prevention efforts at hospitals reporting to CDC surveillance systems is unknown. CDC has developed a survey to assess MRSA prevention programs in place at health care facilities reporting MRSA infection data to CDC through established surveillance systems. In this project, infection control practitioners in all 220 hospitals that participate in the MRSA portion of the Active Bacterial Core Surveillance System will surveyed electronically three times. There will be an initial baseline survey and then two follow-up surveys, each a year apart. The surveys will determine if changes in infection control practice correlate with changes in rates of MRSA infections. The proposed survey will provide data that can be used to assess progress toward achieving CDC's Health Protection Goals. The survey will also provide data on facility-based MRSA prevention policies and procedures that may affect MRSA infection rates. These results will inform CDC in the prevention and control of MRSA.

This proposed project supports CDC's Goal of ''Healthy People in Healthy Places'' and its Strategic Goal to ''Increase the number of health care institutions that comply with evidence based guidelines for infection control.''

There is no cost to respondents other than their time to complete the survey.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Hospital Infection Control Professionals	220	1	15/60	55
Total				55