

It is hypothesized that cognitive tuning influences the motivation to think about an issue. Transmitters should be more motivated than receivers to think about presented information because transmitters expect to pass on the information. This hypothesis will be tested in the context of promoting the NIOSH Safety Zone, a website that introduces children and teenagers to occupational safety and health issues. Four different messages about the website will be sent to high school teachers. The messages will vary whether the teacher is told that other teachers have been sent the letter (i.e., whether the teacher is given a transmitter orientation). The messages will also vary the quality of the arguments (strong arguments vs. weak

arguments for visiting the website). A subset of the teachers will later be contacted by telephone to answer questions about their attitudes toward the website and whether they intend to visit it. Website hits will be recorded for all teachers in the study, such that teachers receiving different messages will be directed to different entry pages with independent hit counters. Teachers who get transmitter messages should be more influenced by the quality of the arguments than teachers who get receiver messages.

Prior to the study, pretesting sessions will be conducted with high school teachers in or near the Morgantown, WV area. The pretesting will insure that strong arguments and weak arguments differ in the kinds of thoughts elicited

from teachers. Strong arguments should elicit more positive thoughts toward visiting the NIOSH website than weak arguments.

If the results support predictions, cognitive tuning will be a promising communication intervention that may be applied across a wide range of occupational safety and health issues. Simply by emphasizing the possibility that occupational safety and health information may be useful in future social interaction with others, a message may motivate people to think carefully about an issue and thus form a more lasting attitude that will influence how they behave. At an median wage of \$20.00 per hour, the total cost to respondents will be \$5,066.60.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden in hours
High School Teachers (pretest)	120	1	1	120.00
High School Teachers (phone contact)	800	1	1 ^{1/60}	133.33
Total				253.33

Dated: May 15, 2001.

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-01-38]

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 the CDC Reports Clearance Officer on (404) 639-7090.

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. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Data Collection, Management, Reporting, and Evaluation for the National Minority AIDS Initiative (NMAI) to be conducted from 2001 to 2005—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC). The purpose of this request is to obtain OMB clearance to collect primary and secondary data to assess the HIV prevention and capacity-building activities of community-based organizations (CBOs) and other not-for-profit organizations funded under the NMAI. The objective of the NMAI is to implement an approach to HIV Prevention for communities of color through three strategies: Support of CBOs to deliver HIV prevention services; community coalition development projects to increase access

to a linked network of HIV, STD, TB, and substance abuse services; and capacity-building assistance (CBA) (which includes a Faith-Based component) to sustain, improve, and expand HIV prevention services.

The CDC requires NMAI grantees to evaluate their programs. CDC has the responsibility to support these evaluation efforts by assisting grantees in the design and implementation of their program evaluation activities, including the provision of evaluation forms and conducting an overall evaluation of the NMAI. The data collected during this evaluation will allow CDC to (1) address accountability needs, (2) provide necessary information to the NMAI grantees for improving their programs, and (3) provide a context for understanding the effectiveness of programs targeting African Americans and other racial and ethnic minorities.

Data collection will include self-administered questionnaires, document reviews, and interviews with directors of CBOs (or their representatives) and other collaborating organizations. The first phase of data collection is planned for the fall of 2001. Subsequent phases of data collection are planned for 2002, 2003, and 2004, with data collection culminating by the summer of 2005. Self-administered questionnaires will be submitted annually. Interviews will be conducted at 24, 36, and 48 months

from the start of the project. The total cost to respondents is estimated at \$30,080, assuming an average working

wage for assigned personnel at \$20.00 per hour in the study period.

Respondents	Number of respondents	Number of responses per respondent	Average burden response (in hrs.)	Total burden per response (in hrs.)
CBO General Questionnaire	79	4	1	316
CBO Needs Assessment & Epi Profile Questionnaire	79	4	20/60	105
CBO Staffing Plan Questionnaire	79	4	40/60	211
CBO Cultural, Linguistic, and Educational Appropriateness Questionnaire ...	79	4	10/60	53
CBO Interview Schedule	79	3	2	474
CBA Program Plan	16	4	15/60	16
CBA Needs Assessment Questionnaire	16	4	20/60	21
CBA Staffing Plan Questionnaire	16	4	40/60	43
CBA Cultural, Linguistic, and Educational Appropriateness Questionnaire	16	4	10/60	11
CBA Resource Networks and Community Advisory Board Questionnaire	16	4	20/60	21
Provision of Capacity-Building Assistance Questionnaire	16	4	2	128
CBA Interview Schedule	16	3	2	96
Faith-Based Needs Assessment Questionnaire	1	4	20/60	1
Faith-Based General Questionnaire	1	1	1	1
Faith-Based Staffing Plan Questionnaire	1	4	40/60	3
Faith-Based Cultural, Linguistic, and Educational Appropriateness Questionnaire	1	4	10/60	1
Faith-Based Curriculum Development and Training Program Interview Schedule	1	3	1	3
Total				1504

Dated: May 11, 2001.

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Proposed Project: Report of Verified Cases of Tuberculosis (RVCT) OMB No. 0920-0026—Extension—The National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC) proposes to continue data collection for the Report of Verified Case of Tuberculosis (RVCT). This request is for a 1-year extension of clearance.

To accomplish the CDC goal of eliminating tuberculosis (TB) in the United States, CDC maintains the national TB surveillance system. The system, initiated in 1953, has been modified several times to better monitor and respond to changes in TB morbidity. The most recent modification was implemented in 1993 when the RVCT was expanded in response to the TB epidemic of the late 1980s and early 1990s and incorporated into a CDC software for electronic reporting of TB case reports to CDC. The expanded

system improved the ability of CDC to monitor important aspects of TB epidemiology in the United States, including drug resistance, TB risk factors, including HIV coinfection, and treatment. The timely system also enabled CDC to monitor the recovery of the nation from the resurgence and identify that current TB epidemiology supports the renewed national goal of elimination. To measure progress in achieving this goal, as well as continue to monitor TB trends and potential TB outbreaks, identify high risk populations for TB, and gauge program performance, CDC proposes to extend use of the RVCT.

Data are collected by 60 Reporting Areas (the 50 states, the District of Columbia, New York City, Puerto Rico, and 7 jurisdictions in the Pacific and Caribbean) using the RVCT. An RVCT is completed for each reported TB case and contains demographic, clinical, and laboratory information. A comprehensive software package, the Tuberculosis Information Management System (TIMS) is used for RVCT data entry and electronic transmission of TB case reports to CDC. TIMS provides reports, query functions, and export functions to assist in analysis of the data. CDC publishes an annual report summarizing national TB statistics and also periodically conducts special analyses for publication in peer-reviewed scientific journals to further describe and interpret national TB data. These data assist public health officials