09–35–0002

SYSTEM NAME:

Medical Expenditure Panel Survey (MEPS) and National Medical Expenditure Survey 2 (NMES 2), HHS/AHCPR/CCFS.

Minor changes have been made to this system notice. The following category is hereby revised:

SYSTEM MANAGER(S) AND ADDRESS:

Director, Survey Operations Team, CCFS/AHCPR, Executive Office Center, Suite 501, 2101 East Jefferson Street, Rockville, Maryland 20852.

[FR Doc. 99–8823 Filed 4–8–99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control And Prevention

[INFO–99–14]

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, the Centers for Disease Control and Prevention is providing opportunity for public comment on proposed data collection 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 for other forms of information technology. Send comments to Seleda Perryman, 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

1. An Evaluation Study of Tuberculosis Control and Prevention Measures Implemented in Large City and County Jails—New—The Centers for Disease Control and Prevention (CDC), National Center for HIV, STD, TB Prevention (NCHSTP), Division of TB Elimination, Field Services proposes to conduct a survey to determine the extent that jails have implemented the 1996 recommendations of the Advisory Council for the Elimination of Tuberculosis, Prevention and Control of Tuberculosis in Correctional Facilities [MMWR 1996:45 (No. RR–8)]. The purpose of this evaluation is to determine to what extent the recommendations have been implemented and to identify barriers for implementation of the recommendations. The objectives are to define the knowledge of the recommendations among correctional staff, to identify barriers for the adoption and implementation of the recommendations, and to initiate a dialogue between public health and correctional officials on how to utilize the study results for improving TB control and prevention in the jails.

This project will assess the types and adequacy of the TB control measures that are in place in jails. The first component of this project is a survey of the largest jails to define the size of the TB problem in their populations, to review the infection control procedures that are in place, and determine the tracking mechanisms for information concerning skin test results and completion of therapy. The second component consists of on-site observation of the infection control process to observe the processing and evaluation of inmates and the infection control infrastructure (e.g., isolation procedures).

The evaluation project will be voluntary and only correctional staff will participate; no prisoners will be interviewed or asked to complete a written survey. The total cost to respondents is $0.00.

Respondents	Number of respondents	Responses per respondent	Hours per response (in hrs.)	Total burden hours
Mail survey including initial contact	50	1	2	100
Site visits	10	1	12	120
Total	.....	.....	.....	220

2. Gene-Environment Interactions in Beryllium Sensitization and Disease Among Current and Former Beryllium Industry Workers—NEW National Institute for Occupational Safety and Health (NIOSH) Beryllium is a light weight metal with wide application in modern technology. The size of the USA workforce at risk of beryllium exposure is estimated at approximately 30,000, with exposed workers in primary production, nuclear power and weapons, aerospace, scrap metal reclaiming, specialty ceramics, and electronics industries. Demand for beryllium is growing worldwide, which means that increasing numbers of workers are likely to be exposed. An acute pneumonitis due to occupational exposure to beryllium was common in the 1940s and 1950s, but has virtually disappeared with improvements in work-site control measures. Even with the improved controls, as many as 5% of currently-exposed workers will develop chronic beryllium disease (CBD).

CBD is a chronic granulomatous lung disease mediated through a poorly understood immunologic mechanism in workers who become sensitized. Sensitization can be detected using a blood test, that is used by the industry as a screening tool. The screening test for sensitization was first reported in 1989, but many questions remain about the natural history of sensitization and disease, as well as exposure risk factors. Sensitized workers, identified through workplace screening programs, undergo clinical diagnostic tests to determine whether they have CBD. The proportion of sensitized workers who have beryllium disease at initial clinical evaluation has varied from 41–100% in different workplaces. Sensitized workers often develop CBD with follow-up, but whether all sensitized workers will eventually develop beryllium disease is unknown. Early diagnosis at the subclinical stage and careful follow-up seems prudent in that CBD usually responds to corticosteroid treatment. However, the efficacy of screening in

preventing adverse outcomes of the disease has not yet been evaluated. While recent research has suggested that a genetic determinant of the immune response could be a susceptibility factor, this has not been well characterized.

The National Institute of Occupational Safety and Health (NIOSH) wants to determine how beryllium workers and former workers develop beryllium disease and how to prevent it. Through the proposed study, NIOSH has the opportunity to contribute to the scientific understanding of this disease in the context of environmental and genetic etiologic factors. The goals of this investigation are to: (1) Determine the incidence of beryllium sensitization or disease over a 6-year period; (2) seek an association with exposure measurements; (3) identify a genetic determinant of susceptibility to CBD; and (4) characterize that genetic determinant to ascertain if it is associated with clinical impairment or progression of disease. Through a greater understanding of the environmental and genetic risk factors associated with the onset and progression of CBD, NIOSH will be able to develop strategies for both primary and secondary prevention applicable to beryllium-exposed workers. The total cost to respondents is $0.00.

Respondents	Number of respondents	Responses per respondent	Hours per response (in hrs.)	Total burden hours
Former Workers	175	1	0.5	87.5

3. Health Message Development and Pretesting System—NEW—Office of the Director, Office of Communications (OC). The Centers for Disease Control and Prevention (CDC) is the federal government's principal agency for research on preventable causes of death and disease, including dissemination of information for the prevention and control of certain diseases and injuries. The CDC provides communication between the agency and a variety of audiences, including Congress, other executive agencies, state and local governments, scientific and medical communities and institutions, academic institutions, voluntary organizations, the press, the general public, and members of the public diagnosed with certain diseases. Because CDC is mandated to communicate with these audiences about disease prevention and control, and because CDC programs are based on solid science, a science-based data collection system for developing and pretesting audience messages is necessary. Special circumstance surround the timeliness of this data collection system.

First of all, CDC receives mandates from Congress to provide the public with certain health information within a specified time frame. Secondly, CDC may need to act quickly in response to media interest in specific health-related subjects. The media can quickly escalate health issues in the public's mind and indeed, they often drive communication efforts on health issues that are acute, controversial, or threatening. In these situations, CDC will need to quickly conduct research to learn the best way to counteract misinformation or reinforce correct information through a health communication campaign. Thirdly, CDC prevention and control recommendations are often part of consensus conferences with multiple sister agencies and private and public sector partners. Because we need to translate the scientific messages that may be released from a consensus conference or alliance meeting, CDC is often in need of fast and effective ways of testing these message translations for the public and the media on a very short timeline. Finally, many CDC programs are working with private or public sector partners who can provide paid placement for CDC messages. CDC needs an empirically-driven system of comparing messages across audience groups and across disease problems to assist partners with selecting the most effective messages for partnerships. Partners look to CDC to provide this leadership in communication science and research. This means that CDC needs a database system that can house the aggregate data from all message pretesting and allow researchers to compare messages to each other and to standardized effectiveness scores.

It is critical to CDC's mission and mandates to provide credible and effective messages to the many audiences we serve. Formative evaluation provides CDC with the most accepted and powerful tool available to make health messages as useful as possible for the audiences we serve. Without formative evaluation, CDC staff and experts will be unable to empirically predict the effectiveness of health materials and messages, and CDC would not be able to predict when messages are insensitive, offensive, or create unintended negative effects.

CDC needs a system that can not *only* test program messages using an empirical and accepted methodology, but *also* provides access to a system that is fast and effective at reaching a wide variety of audiences *and* provides comparison data for decision-making. The proposed system will allow CDC to provide audiences with the best scientific health information, in ways that are relevant to the audience, based on empirical communication research, and in a timely fashion.

This OMB submission is for message development and pretesting research of 130 messages per year for each of three years. The testing system will provide message development and pretesting research for 15 Centers, Institutes and Offices at CDC and across a wide range of program areas.

Response burden for each type of formative research method are summarized below. The estimated annual total burden hours are 6,945 across 130 different studies (CDC-wide). The total cost to respondents is $0.00.

Formative research method	Number of studies conducted across CDC	Number of respondents per study	Response per respondent	Hours per response (in hrs.)	Total burden hours
Focus Groups [1]	59	48	1	1.5	4,248
Central Location Intercept Interviews [2]	22	125	1	0.25	687
In-depth Interviews	34	15	1	1.0	510
Omnibus Surveys [3]	15	1,000	1	.10	1,500

Formative research method	Number of studies conducted across CDC	Number of respondents per study	Response per respondent	Hours per response (in hrs.)	Total burden hours
Total	130	1,188			6,945

[1] Based on the average number of 6 focus groups conducted by CDC and other organizations for each specific health program with 8 people per group.
[2] Based on the industry average of 125 people per pretest session.
[3] Based on the industry average of 1,000 people per omnibus poll and 6 minutes of telephone interview time.

Dated: April 2, 1999.

Nancy Cheal,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99041]

Grants for Education Programs in Occupational Safety and Health; Notice of Availability of Funds for Fiscal Year 2000

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for training grants in occupational safety and health. This program addresses the ''Healthy People 2000'' priority area of occupational safety and health. The purpose of the program is to provide an adequate supply of qualified personnel to carry out the purposes of the Occupational Safety and Health Act. The objective of the program is to award funds to eligible institutions or agencies to assist in providing an adequate supply of qualified professional occupational safety and health personnel. Funds are awarded for Occupational Safety and Health Education and Research Center Training Grants (ERCs) and for Long-Term Training Project Grants (TPGs). (See ''D. Program Guidelines and Requirements''.)

B. Eligible Applicants

Any public or private educational or training agency or institution that has demonstrated competency in the occupational safety and health field and is located in a State, the District of Columbia, or U.S. Territory is eligible to apply for a training grant.

Note: Public Law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

C. Availability of Funds and Types of Training Awards

In total, approximately $12,700,000 is expected to be available in FY 2000 to fund ERC and TPG programs.

1. For ERCs

Approximately $10,450,000 of the total funds available will be utilized as follows:

a. Approximately $8,000,000 is available to award eleven non-competing continuation and four competing continuations or new ERCs. Awards will range from $400,000 to $800,000 with the average award being $530,000.

b. Approximately $1,200,000 is available to award nine supplemental non-competing and three competing continuation or new training grants to support the development and presentation of continuing education and short courses and academic curricula for trainees and professionals engaged in the management of hazardous substances. Program support is available for faculty and staff salaries, trainee costs, and other costs to provide training and education for occupational safety and health and other professional personnel engaged in the evaluation, management, and handling of hazardous substances.

c. Approximately $250,000 is available to award four supplemental non-competing continuation grants. These awards will support the development of specialized educational programs in agricultural safety and health within the existing core disciplines of industrial hygiene, occupational medicine, occupational health nursing, and occupational safety.

d. Approximately $1,000,000 is available to award fifteen supplemental non-competing continuation grants to support the enhancement of the ERCs research training mission through the support of pilot project research training programs.

2. For TPGs

Approximately $2,250,000 of the total funds available will be utilized as follows:

a. To award approximately twenty-four, non-competing continuation and fifteen competing continuation or new TPG programs. Awards will range from approximately $10,000 to $500,000, with the average award being $58,000. These awards will support academic programs in the core disciplines (i.e., industrial hygiene, occupational health nursing, occupational/industrial medicine, and occupational safety and ergonomics) and relevant components (e.g., occupational injury prevention, industrial toxicology, ergonomics). These awards are intended to augment the scope, enrollment, and quality of training programs rather than to replace funds already available for current operations.

3. It is expected that awards will begin on or about 7/1/00 and will be made for a 12-month budget period within a project period of up to five years. Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

D. Program Guidelines and Requirements

The following are intended to serve as applicant guidelines and requirements:

1. An ERC shall be an identifiable organizational unit within the sponsoring organization. Applicants must meet the following characteristics in order to be considered responsive. If the characteristics are not met, the application will be considered non-responsive and will not be reviewed.

a. Cooperative arrangements with a medical school or teaching hospital (with an established program in preventive or occupational medicine); with a school of nursing or its equivalent; with a school of public health or its equivalent; or with a school of engineering or its equivalent. It is expected that other schools or departments with relevant disciplines and resources shall be represented and shall contribute as appropriate to the