

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the National Advisory Council for Health Care Policy, Research, and Evaluation.

DATES: The meeting will be held on Friday, February 12, 1999, from 8:30 a.m. to 4:00 p.m.

ADDRESSES: The meeting will be held at 6010 Executive Boulevard, Fourth Floor, Rockville, Maryland, 20852.

FOR FURTHER INFORMATION CONTACT:

Jackie Eder, Coordinator of the Advisory Council, at the Agency for Health Care Policy and Research, 2101 East Jefferson Street, Suite 600, Rockville, Maryland, 20852, (301) 594-6662. For press-related information, please contact Karen Migdail at 301/594-6120.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Linda Reeves, Assistant Administrator for Equal Opportunity, AHCPR, on (301) 594-6662 no later than February 5, 1999.

SUPPLEMENTARY INFORMATION:

I. Purpose

Section 921 of the Public Health Service Act (42 U.S.C. 299c) established the National Advisory Council for Health Care Policy, Research, and Evaluation. In accordance with its statutory mandate, the Council provides advice to the Secretary and the Administrator, Agency for Health Care Policy and Research (AHCPR), on matters related to AHCPR activities to enhance the quality, appropriateness, and effectiveness of health care services and access to such services through scientific research and the promotion of improvements in clinical practice and in the organization, financing, and delivery of health care services. The Council is composed of members of the public appointed by the Secretary and Federal ex-officio members. Harold S. Luft, Ph.D., the Council chairman, will preside.

II Agenda

On Friday, February 12, 1999, the meeting will begin at 8:30 a.m., with the call to order by the Council Chairman. The Administrator, AHCPR, will present the status of the Agency's current research, programs and initiatives. Tentative agenda items include issues relating to health care quality, outcomes, cost, use and access. Agenda items are subject to change as priorities dictate. The official agenda will be available to AHCPR's website at www.ahcpr.gov no later than February 1,

1999. The meeting will adjourn at 4:00 p.m.

Dated: January 5, 1999.

John M. Eisenberg,

Administrator.

[FR Doc. 99-748 Filed 1-12-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

Notice of Meeting

In accordance with section 10(a) of the Federal Advisory Committee Act (5 U.S.C., Appendix 2) announcement is made of the following study section meeting scheduled during the month of January 1999:

Name: Health Care Research Training Study Section.

Date and Time: January 28-29, 1999, 8:00 a.m.

Place: Gaithersburg Hilton Hotel, 620 Perry Parkway, Room TBA, Gaithersburg, Maryland 20887.

Open January 28, 1999, 8:00 a.m. to 9:00 a.m.

Closed for remainder of meeting.

Purpose: This Study Section is charged with conducting the initial review of grant applications requesting dissertation support for health services research undertaken as part of an academic program to qualify for a doctorate. Also, individual post-doctoral fellowship applications will be reviewed.

Agenda: The open session of the meeting on January 28, from 8:00 a.m. to 9:00 a.m., will be devoted to a business meeting covering administrative matters. During the closed session, the study section will be reviewing and discussing grant applications dealing with health services research issues. In accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C., 552b(c)(6), the Administrator, AHCPR, has made a formal determination that this latter session will be closed because the discussions are likely to reveal personal information concerning individuals associated with the grant applications. This information is exempt from mandatory disclosure.

Anyone wishing to obtain a roster of members or other relevant information should contact Jenny Griffith, Committee Management Officer, Agency for Health Care Policy and Research, Suite 400, 2101 East Jefferson Street, Rockville, Maryland 20852, Telephone (301) 594-1847.

Agenda items for this meeting are subject to change as priorities dictate.

Dated: January 5, 1999.

John M. Eisenberg,

Administrator.

[FR Doc. 99-747 Filed 1-12-99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO-99-06]

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 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. The Development and Implementation of a Theory-Based Health Communications Intervention to Decrease Silica Dust Exposure Among Masonry Workers—New—*The National Institute for Occupational Safety and Health (NIOSH) Construction is the most frequently recorded industry on death certificates, and silicosis is the most frequently cause of death. Overexposure to crystalline silica is well documented in the construction industry, especially in brick laying and masonry. According to 1993 BLS data, there are 136,139 (at 24,362 establishments) masonry and brick laying workers in the U.S. and according to a recent study, approximately 17,400 masonry and plastering workers are exposed to at least five times the NIOSH recommended exposure limit (REL for

crystalline silica) and of these workers, an estimated 80 percent of them are exposed to at least 10 times the NIOSH REL.

To effectively prevent silicosis, not only must control measures be improved, but workers must be persuaded to protect themselves and employers must be motivated to provide workers with proper engineering controls and training. Previous research has too often focused on the behaviors and attitudes of workers and not on employers. Since employers have a tremendous influence on the health of workers and since their motivations may differ from workers', it is important to focus on them as well. Well-designed and theory-driven communication interventions have the capacity to promote protective health behaviors. To

develop messages that will have the greatest success at motivating workers to protect themselves and employers to protect their workers from silicosis, information on workers' and employers' beliefs, attitudes, and behaviors regarding silicosis must be determined. A recently completed pilot-study indicated a need to motivate employers to provide appropriate engineering controls and respiratory protection and a need to persuade workers to protect themselves.

The goal of this project is to develop a health communication intervention program targeting both masonry contractors and workers that will increase the use of engineering controls (specifically, wet-sawing) and respiratory protection. The aforementioned pilot study will serve as

a foundation upon which the intervention will be developed. The effectiveness of the intervention will be evaluated using a pre-post test questionnaire.

The study results will provide a basis for intervention programs that masonry contractors can use to educate their workers regarding risk of exposure to silica dust on masonry work sites. The methodology could be applied to other construction procedures such as jack hammering, sand blasting, and similar dust producing procedures to produce similar intervention programs. Eventually we would hope, silica exposures among construction workers would decrease significantly. The total cost to respondents is \$0.00.

Respondents	Number of respondents	Number of responses/ respondent	Avg. burden per response	Total burden
Workers	200	2	0.33	132
Contractors	20	2	0.33	13.2
Total				145.2

*2. Training Intervention Effectiveness Research of Vocational Education Safety and Health Instructional Materials—New—*The National Institute for Occupational Safety and Health (NIOSH) is proposing to study the effectiveness of safety and health curricula to be made available for secondary vocational schools. Studies conducted by NIOSH suggest that over half of all young workers injured on-the-job believe that they did not receive adequate safety and health training in school or from their employers. The National Safety Council estimates that nearly one-half (48.1%) of all occupational injuries are sustained by employees with less than one year of work experience. Furthermore, feedback from end-users of past NIOSH vocational education materials indicates that these materials do not adequately meet the needs of vocational teachers and students. Given these considerations, further training intervention effectiveness research is needed to identify those educational approaches that are most effective in shaping the attitudes and behaviors of new workers.

Trade-specific safety and health materials will be tested for two vocations: electrical trades and cosmetology. Both sets of instruction are

designed for vocational secondary school students enrolled in courses on either of these subjects. These curricula cover the following topics: hazard recognition and control, personal protection, safe work practices, and safe working environments. This instruction is expected to improve students' knowledge and attitudes in the area of occupational safety and health, thereby reducing the incidence of illness, injury, and death in tomorrow's workplace. Students will receive this instruction in a pedagogically conceived manner, within the classroom setting, as part of their overall vocational training. A variety of instructional approaches are available to convey information and affect attitudes. The purpose of this study is to identify approaches that readily and consistently produce desired outcomes among vocational students. The electrical safety curriculum, which contains a videotaped program, will be used to explore the effectiveness of television as a delivery mechanism. The cosmetology safety curriculum will be used to examine the effectiveness of problem solving exercises, especially with regard to group size.

The time-line for this study is approximately one year. In May of the 1998-99 school year, a baseline

assessment of safety knowledge and attitudes of vocational secondary school students will be performed. The NIOSH training materials will not be used with this group of students. For the Fall of 1999, participating schools will each be assigned one of the instructional approaches under investigation. At the beginning of the 1999-2000 school year, knowledge and attitude pretests for both trades will be administered to students. During the school year, as the prescribed safety topics are taught, knowledge and attitudes will be assessed. Teachers and students will be surveyed regarding their perceptions of the instructional materials and their cognitive and attitudinal impacts. During this phase of the study, the most effective approaches will emerge.

A final assessment will be administered to all students in May 2000, allowing comparison with the assessments taken the previous May of students who had not been exposed to any of the curricular elements under study.

The identities and performances of individual students, teachers, and schools will be held in confidence. The total cost to respondents will be \$0.00.

Respondents	Number of respondent	Number of responses/ respondent	Avg. burden per response	Total burden
Electrical teachers	80	1	1.00	80
Electrical students:				
Baseline data	1600	1	.50	800
Early video	800	4	.25	800
Late video	800	4	.25	800
Cosmetology teachers	80	1	1.00	80
Baseline data	1600	1	.50	800
All discussion groups	1600	3	.33	1,584
Total				4,944

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

[30DAY-05-99]

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) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project

1. Evaluating an Alert to Firefighters—New—National Institute of Occupational Safety and Health (NIOSH)—The mission of the National Institute of Occupational Safety and Health is to promote “safety and health at work for all people through research and prevention.” NIOSH not only investigates and identifies occupational safety and health hazards, the Institute also develops recommendations for controlling those hazards and in some cases, distributes those recommendations directly to affected workplaces.

One way that NIOSH accomplishes this kind of intervention is through the Alert. The Alert is usually a six to ten page document that outlines the nature of the hazard, the risks to workers, and the recommendations for controlling the hazard. Again, the Alert is mailed to workplaces potentially affected by the hazard.

It is unclear, however, whether the Alert is effective in communicating the need for and methods for adopting NIOSH’s recommendations for controlling the hazard. To-date, none of the Alerts have been rigorously evaluated, but preliminary research indicates that the Alert could be more effective at encouraging safer workplace practices.

The Alert has traditionally followed a standard format that does not reflect current “best practices” in applied communications. In this study, NIOSH proposes incorporating several alternative communication strategies into an Alert and evaluating the effectiveness of these alternatives.

The Alert chosen for this study is concerned with firefighters and the injuries and fatalities that result from structural collapse. In 1998, Congress appropriated funds for NIOSH to conduct research and proceed with interventions that will reduce the number of fatalities among firefighters. Congress further instructed NIOSH to evaluate the effectiveness of any interventions. This Alert is intended to be directed at the 36,000 fire stations and 1.2 million career and volunteer firefighters across the country.

NIOSH will vary the content of the Alert and add channels of information to inform, educate, and help fire stations adopt safer work practices. The goals of the study are twofold: 1) to reduce the risks of injury and fatality among firefighters, 2) identify the more effective ways to deliver vital health and safety information in NIOSH Alerts. The study design will allow NIOSH to minimize costs while identifying the most effective strategies. The total annual burden hours are 320.

Respondents	Number of respondents	Number of responses/ respondent	Avg. burden per response (in hrs.)
Fire Chiefs	960	1	20/60

2. Surveillance for Bloodstream and Vascular Access Infections in Outpatient Hemodialysis Centers—New—National Center for Infectious Diseases (NCID). The Hospital Infections Program, NCID is proposing a study of bloodstream infections, vascular access infections, hospitalizations, and antimicrobial starts at U.S. outpatient hemodialysis centers. Although

bloodstream and vascular access infections are common in hemodialysis patients, there is no existing system to record and track these complications. Participation in the proposed project is voluntary; it is estimated that 100 of the approximately 3,000 U.S. outpatient hemodialysis centers will participate. Participating centers may collect data continuously, or may discontinue

participation at any time; we estimate that the average center will participate for six months. Each month, participating centers will record the number of hemodialysis patients they treat and maintain a log of all hospitalizations and intravenous (IV) antimicrobial starts. For each hospitalization or IV antimicrobial start, further information (e.g., type of