Dated: August 9, 1999.

Nancy Cheal,

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

[FR Doc. 99–20944 Filed 8–12–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 DAY–20–99]

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

The Role of Positive and Negative Emotion in Promoting Hearing Conservation Behaviors Among Coal Miners—New—The mission of the National Institute of Occupational Safety and Health (NIOSH) is to promote ''safety and health at work for all people through research and prevention.'' NIOSH investigates and identifies occupational safety and health hazards and conducts a variety of activities, including educational programs with workers, to help prevent work-related illness and injury.

One of the most widespread, but often overlooked, occupational hazards is noise. As a result, hearing loss is the most common occupational disease in the United States today. More than 30 million workers are exposed to hazardous noise levels.

The risk of hearing loss is particularly high in certain occupations. Research shows that more than 90 percent of coal miners will experience moderate to significant hearing loss by the time they reach retirement. This level of hearing loss has a number of negative implications for both the affected individual and others: (1) Impaired communication with family members, friends, and coworkers can result in social isolation; (2) Unrelenting tinnitus (ringing in the ears) can significantly lower one's quality of life; (3) a diminished ability to monitor the work environment (including warning signals, etc.) increases the risk of accidents and further injury at the workplace; and finally, (4) there are economic costs that result from workers compensation and lower productivity.

NIOSH believes that there are two broad strategies for reducing the risk of hearing loss. First, wherever possible, engineering controls have to be implemented at the source of the hazardous noise. Second, workers have to be educated about hazardous levels of noise and what they can do to prevent hearing loss. This study falls into the latter category.

The study is required because past efforts at educating coal miners about hearing loss have had only mixed success. Hearing loss occurs without pain or obvious physical abnormalities, so it has been difficult to create a sense of urgency about this problem among workers. NIOSH has to identify new and more effective ways of promoting hearing conservation behaviors.

In this study, NIOSH proposes working with the United Mine Workers of America, and experts in health communication, to test the effectiveness of several innovative approaches to communicating risk and promoting safer behaviors. Different messages will be sent to five different groups of coal miners. All participants will receive some beneficial information. The researchers will follow up with these groups at two different points in time to assess the relative effectiveness of the messages.

The central purpose of this study is to promote hearing conservation among coal miners. However, NIOSH believes that the results of this study will help in similar efforts with other worker populations. The total burden hours are 340.

Respondents	No. of respondents	No. of responses/ respondent	Avg. burden per response (in hrs.)
Coal Miners in Pretest	80	1	.5
Coal Miners in Study	300	2	.5

2. Measurement of Stress and Stressful Life Events in Black Women of Reproductive Age (0920–0356)—Reinstatement—National Center for Chronic Disease Prevention and Health Promotion. A review of studies of psycho-social factors and adverse pregnancy outcome supports the hypothesis that high levels of exposure to stressful life experiences put black women at increased risk for adverse reproductive outcome, particularly Pre-Term Delivery (PTD) and Very Low Birth Weight (VLBW). The purpose of this study is to evaluate the reliability and validity of existing instruments that measure stress and stressful life events in black women of reproductive age. Eligible subjects will be black women who live in the Atlanta metropolitan area. Subjects will be recruited from flyers, newspaper announcements, hospitals and clinics in the metropolitan Atlanta area. Subjects will be screened and selected based on age (18–30 or 31–45 years), years of education (12, 13–15, 16 or more), and pregnancy status (pregnant, not pregnant). A maximum of thirty women will be selected for each combination of age, education and pregnancy status. The minimum age for participation will be 18 to avoid the complications due to requirement of parental consent. Women will be excluded if they use illicit drugs, such as heroin, cocaine and marijuana because these substances may alter the metabolism of cortisol. The contact, timing and spacing of the interviews and laboratory collection are based on the methodology developed and used for conducting reliability and validity tests. Approximately one half of the women will be pregnant at the time of data collection.

Women enrolled in the study respond to a series of face-to-face and self-administered demographic and psycho-social questionnaires. Women are also asked to provide a saliva sample so that we can correlate reported levels of stress with biological measures of stress.

Participation in this study is voluntary and participants will receive compensation for their time. A written informed consent will be obtained and oversight will be provided by local institutional review board.

This project should take two years. One hundred fifteen (115) women will

participate only in the validity study and thirty-nine (39) women will participate in the validity and reliability study. The validity study requires one interview and one salivary sample. The reliability study requires a second interview and a second salivary specimen, approximately two weeks after the first interview.

During the first three months of the study, the Project Director will set up the office, hire staff and student assistants and provide interviewer and data entry training. The Project Director will also make contacts and explore potential sites for recruiting women for the study. During the next nine months, all of the interviews (approximately 115 validity subjects and 39 reliability subjects remaining) will be conducted and data entry of the quantitative instruments (i.e., Demographic Lifestyle Questionnaire, Cohen Perceived Stress Scale, Life Experience Survey (LES), ARIC/BAECKE Questionnaire of Habitual Physical Activity, Center for Epidemiologic Studies Depression Scale (CES–D), Profile of Mood States, Multiple Affect Adjustive Checklist, Speilberger Trait Anxiety Inventory—Self Evaluation Questionnaire) will be completed. Scoring for the qualitative instruments (i.e., Structured Event Probe and Narrative Rating Method (SEPRATE) and Life Events and Difficulties Schedule (LEDS) will be initiated during year 1, but the bulk of the qualitative scoring will be completed during Year 2. The data entry of the qualitative date will be completed during Year 2. Preliminary analyzes will be conducted during Year 2, with the technical assistance of CDC. The total burden hours are 579.

Respondents	No. of respondents	No. of responses/ respondent	Avg. burden/ response (in hrs.)
Reliability Study Group	39	2	3
Validity Study Group	115	1	3

Dated: August 9, 1999.

Nancy Cheal,

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

[FR Doc. 99–20945 Filed 8–12–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Vaccine Advisory Committee, Centers for Disease Control and Prevention: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92–463) of October 6, 1972, that the National Vaccine Advisory Committee, Centers for Disease Control and Prevention, of the Department of Health and Human Services, has been renewed for a 2-year period extending through July 30, 2001.

FOR FURTHER INFORMATION CONTACT: Robert F. Breiman, M.D., Executive Secretary, National Vaccine Advisory Committee, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, (A–11), Atlanta, Georgia 30333, telephone 404/639–4452 or fax 404/639–3036.

The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: August 9, 1999.

Carolyn J. Russell,

Director, Management Analysis and Services Office Centers for Disease Control and Prevention.

[FR Doc. 99–20943 Filed 8–12–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

CDC Advisory Committee on HIV and STD Prevention: Meeting

In accordance with section l0(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

Name: CDC Advisory Committee on HIV and STD Prevention.

Time and Date: 8:30 a.m.–5 p.m., September 2, 1999.

Place: Hyatt Regency Atlanta Hotel, Hong Kong Conference Room, 265 Peachtree Street, NE Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available. The meeting room will accommodate approximately 32 people.

Purpose: This Committee is charged with advising the Director, CDC, regarding objectives, strategies, and priorities for HIV and STD prevention efforts including maintaining surveillance of HIV infection, AIDS, and STDs, the epidemiologic and laboratory study of HIV/AIDS and STDs, to prevent the spread of HIV and STDs, and other preventive measures that become available.

Matters to be Discussed: Agenda items include issues pertaining to CDC's HIV Prevention budget. Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Paulette Ford, Committee Management Analyst, National Center for HIV, STD, and TB Prevention, 1600 Clifton Road, NE, M/S E–07, Atlanta, Georgia 30333. Telephone 404/639–8008, fax 404/639–8600, e-mail pbf7@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: August 9, 1999.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 99–20949 Filed 8–12–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) Announces the Following Meeting

NAME: Peer Review meeting on the NIOSH research study entitled ''Evaluation of 'Best Practices Back Injury Prevention Program' in Nursing Homes.''

TIME AND DATE: 8:30 a.m.–12 p.m., September 24, 1999.

LOCATION: National Institute for Occupational Safety and Health, Prete Building, Large Conference Room, 3040