

than adults. Each year, 70 teens die from work injuries. Another 200,000 are injured on the job each year. Of these, about 100,000 are injured seriously enough to require emergency room treatment.

This project will identify effective promotional methods to assure a high level of awareness of the NIOSH Website for Kids and Teens among youth and to generate a high volume of first-time visitors to the website. This project will also develop enhanced website content to increase the relevance of the NIOSH Website for Kids and Teens for the youth audience and to insure repeated visits to the website. The Theory of Planned Behavior (TPB) will be used to guide the assessment of youth attitudes and intentions regarding the usage of an OSH website. This information will be used to tailor promotional messages to increase their appeal to youth who report that they would not be likely to visit an OSH website. The effectiveness of the tailored promotional messages will be contrasted with that of untailored messages.

Due to significant differences in cognitive and emotional development, the youth audience targeted by this study will be segmented into three age groups, 5–8, 9–14, and 15–19. These age groups roughly correspond to elementary, middle, and high school. Different website content will be developed for each age group.

Since youth from rural and urban backgrounds have different opportunities for employment, it is expected that youth from these two areas will have different OSH information needs. This study will recruit representative samples of youth from both rural and urban areas. Differences found between youth from these two areas will be used to tailor website content for each group. The impact of this tailoring will be assessed by systematically matching and mismatching this tailored content with representative samples of youth from each area.

The aims of this project will be accomplished in three phases: 1) Representative samples from each of three targeted age groups (5–8, 9–14,

15–19) will be surveyed regarding their preferences for website content, style, promotional channels, behavioral intentions, behavioral norms, and perceived behavioral constraints; 2) Pretesting of enhanced OSH website content and format developed by this study on representative samples of the targeted age groups and of promotional materials; 3) A promotional campaign using a 3 (elementary, middle, and high school age groups) X 2 (tailored promotional messages, untailored promotional messages) X 2 (rural, urban) design. Promotional messages will be placed in venues (such as magazines or television programs) that have youth oriented content. The effectiveness of these promotional channels and messages will be determined by monitoring the volume of visits to the respective internet portal pages for the NIOSH Website for Kids and Teens.

Based on an entry level hourly wage of \$5.15, the total cost to respondents is \$15,450.

Type of survey	Type of respondents	No. of respondents	No. of responses per respondents	Average burden per response (in hours)	Total burden (in hours)
Audience Need and Preference Survey ...	Elementary, middle, and high school students.	750	1	2	1,500
Pretesting	Elementary, middle, and high school students.	750	1	2	1,500
Total				3,000

Dated: April 25, 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

[60 Day–01–34]

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

The National Health and Nutrition Examination Survey (NHANES) OMB. No. 0920–0237—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). The National Health and Nutrition Examination Survey (NHANES) has been conducted periodically since 1970 by the National Center for Health Statistics, CDC. The current cycle of NHANES began in February 1999 and will now be conducted on a continuous, rather than periodic, basis. About 5,000 persons will be examined annually. They will receive an interview and a physical examination. Participation in the survey is completely voluntary and confidential.

NHANES programs produce descriptive statistics which measure the health and nutrition status of the general population. Through the use of questionnaires, physical examinations, and laboratory tests, NHANES studies

the relationship between diet, nutrition and health in a representative sample of the United States. NHANES monitors the prevalence of chronic conditions and risk factors related to health such as coronary heart disease, arthritis, osteoporosis, pulmonary and infectious diseases, diabetes, high blood pressure, high cholesterol, obesity, smoking, drug and alcohol use, environmental exposures, and diet.

NHANES data are used to establish the norms for the general population against which health care providers can compare such patient characteristics as height, weight, and nutrient levels in the blood. Data from NHANES can be

compared to those from previous surveys to monitor changes in the health of the U.S. population. NHANES will also establish a national probability sample of genetic material for future genetic research for susceptibility to disease.

Users of NHANES data include Congress; the World Health Organization; Federal agencies such as NIH, EPA, and USDA; private groups such as the American Heart Association; schools of public health; private businesses; individual practitioners; and administrators. NHANES data are used to establish, monitor, and evaluate recommended dietary allowances, food

fortification policies, programs to limit environmental exposures, immunization guidelines and health education and disease prevention programs. The current submission requests approval through November 2004.

The survey description, contents, and uses are the same as those in the previous **Federal Register** notice for this survey which was published on March 27, 2000 (Volume 65, Number 59). There is no net cost to respondents other than their time. Respondents are reimbursed for any out-of-pocket costs such as transportation to and from the examination center.

Category	Number of respondents per year	Number of responses/respondent	Avg. burden per response (in hours)	Total burden (hours)
1. Screening interview only	13,333	1	0.167	2,227
2. Screener and family interviews only	500	1	0.434	217
3. Screener, family, and SP interviews only	882	1	1.101	971
4. Screener, family, and SP interviews and primary MEC exam only	4,951	1	6.669	33,018
5. Screener, household, and SP interviews, primary MEC exam and full MEC replicate exam	248	1	11.669	2,894
6. Screener, household, and SP interviews, and home exam	50	1	1.851	93
7. Quality control verification	1,333	1	0.030	40
8. Special studies	2,067	1	0.500	1,034
Total				40,493

Dated: April 27, 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

[Program Announcement 02002]

Grants for Rape Prevention and Education

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

ACTION: Notice of the availability of fiscal year 2002 funds and request for comments.

SUMMARY: The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2002 funds for targeted grants to state health departments to support programs addressing violence against women. The Rape Prevention and Education Grant Program strengthens education and training to combat violence against women by supporting

increased awareness, education and training, and the operation of hotlines. CDC will award targeted grants to State Health Departments to be used for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities.

Assistance will be provided only to the health departments of States or their bona fide agents who are current recipients of Rape Prevention and Education funding, including: the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. Approximately \$42,000,000 is available in FY 2002, for funding under this formula-based grant program.

It is expected that the awards will begin on or about October 1, 2001, and will be made for a 12-month budget period within a project period of up to five years. Continuation awards will be made within the project period based on satisfactory progress reflected in the annual continuation application.

States must adhere to Congressional legislation regarding the allowable uses for these funds. Not more than five percent (exclusive of Direct Assistance) of any grant or contract through the

grant may be obligated for administrative costs. This five percent limitation is in lieu of, and replaces, the indirect cost rate. Targeted grants to States are to be used for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities for: educational seminars; the operation of hotlines; training programs for professionals; the preparation of informational material; education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities; education to increase awareness about drugs used to facilitate rapes or sexual assault; and other efforts to increase awareness of the facts about or to help prevent sexual assault, including efforts to increase awareness in underserved communities and awareness among individuals with disabilities (as defined in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102)).

A State may not use more than two percent of the amount received for each fiscal year for surveillance studies or prevalence studies. Amounts provided to States must be used to supplement, and not supplant, other Federal, State, and local public funds expended to provide the services described above. Grant funds cannot be used for