

www.ftc.gov/os/actions97.htm." A paper copy can be obtained from the FTC Public Reference Room, Room H-130, Sixth Street and Pennsylvania Avenue, N.W., Washington, D.C. 20580, either in person or by calling (202) 326-3627. Public comment is invited. Such comments or views will be considered by the Commission and will be available for inspection and copying at its principal office in accordance with Section 4.9(b)(6)(ii) of the Commission's Rules of Practice (16 CFR 4.9(b)(6)(ii)).

Analysis of Proposed Consent Order To Aid Public Comment

The Federal Trade Commission ("Commission") has accepted for public comment an agreement containing a proposed Consent Order from Nortek, Inc. ("Nortek"), which is designed to remedy the anticompetitive effects resulting from Nortek's acquisition of NuTone Inc. ("NuTone"). Under the terms of the agreement, Nortek will be required to divest M & S Systems LP ("M & S"), its wholly-owned subsidiary, to a Commission-approved buyer.

The agreement containing proposed Consent Order has been placed on the public record for sixty (60) days for receipt of comments by interested persons. Comments received during this period will become part of the public record. After sixty (60) days, the Commission will again review the proposed Consent Order and the comments received, and will decide whether it should withdraw from the agreement and proposed Consent Order or make final the proposed Order.

On March 9, 1998, Williams Y&N Holdings, Inc., NuTone's parent company, and NTK Sub, Inc., a wholly-owned subsidiary of Nortek, entered into a stock purchase and sale agreement whereby NTK Sub, Inc. agreed to acquire all of the outstanding shares of the capital stock of NuTone for approximately \$242.5 million. According to the draft of the complaint that the Commission intends to issue, the acquisition, if consummated, would violate Section 7 of the Clayton Act, as amended, 15 U.S.C. 18, and Section 5 of the Federal Trade Commission Act, as amended, 15 U.S.C. 45, in the market for the manufacture and sale of hard-wired residential intercoms.

Hard-wired residential intercoms are electrical devices that are installed in residences to provide room-to-room or room-to-entrance audio communication or monitoring functions through in-the-wall low voltage wiring. These intercoms often have the capability to provide background music from built-in AM/FM radios and/or cassette and CD players. In the United States hard-wired

residential intercoms market, NuTone is the leading seller with about 56% of all sales, and Nortek, through its wholly-owned subsidiaries, M & S and Broan Mfg. Co. Inc., is the second largest competitor with about 31% of sales. Together, the merged firm would control approximately 87% of all U.S. hard-wired residential intercom sales. The proposed merger would increase the Herfindahl-Hirschmann Index ("HHI"), the customary measure of industry concentration, by over 3400 points and produce a market concentration of over 7600 points. By eliminating competition between the top two competitors in this highly concentrated market, the acquisition would allow Nortek to unilaterally exercise market power, thereby increasing the likelihood that prices of hard-wired residential intercoms will increase and that services and innovation will decline.

It is unlikely that the competition eliminated by the proposed acquisition would be replaced by new entry into the U.S. hard-wired residential intercoms market or by expansion of sales by the remaining small competitors. A new entrant would need to undertake the difficult, expensive and time-consuming process of developing and marketing a competitive product, creating brand recognition among consumers, wholesalers and installers and establishing a viable distribution network. Because of the expense and difficulty of accomplishing these tasks, new entry into the U.S. hard-wired residential intercoms market is not likely to occur even if the merged firm were to increase prices significantly after the merger. Likewise, the remaining small competitors would not be in a position to replace the competition eliminated by the merger because of the difficulty they would have in expanding their sales.

The proposed Consent Order requires that Nortek divest its M & S subsidiary to a third party approved by the Commission. The assets to be divested, in addition to hard-wired residential intercom assets, also include all assets relating to the M & S central vacuum and wholehouse stereo products. The purpose of this is to ensure the continued viability of the M & S business and to maintain its presence in the channels of product distribution.

The divestiture is required to be completed within six months after Nortek signs the Consent Order. If Nortek fails to divest M & S within the six month period, the Commission may appoint a trustee to accomplish the divestiture. An Agreement to Hold Separate signed by Nortek and M & S

requires that they preserve and maintain the competitive viability of all of the assets to be divested in order to ensure that the competitive value of these assets will be maintained, and provides further that until the required divestiture is completed, M & S will be operated separately from Nortek. To further ensure the competitive viability of the assets, the proposed Consent Order also requires Nortek to provide technical assistance to the acquirer, at the acquirer's request, for up to one year following the divestiture.

By accepting the proposed consent order, the Commission anticipates that the competitive problems alleged in the draft complaint will be resolved. The purpose of this analysis is to facilitate public comment on the proposed Order. It is not intended to constitute an official interpretation of the agreement and proposed Order or to modify in any way their terms.

By direction of the Commission.

Donald S. Clark,

Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO-98-23]

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. 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 cost to respondents is \$0.00.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Fire Chiefs	960	1	20/60	317
Total	317

2. Customer Information Survey for Internet Users of the Self-Study Modules on Tuberculosis for the Internet—NEW—National Centers for HIV/STD/TB Prevention, Division of Tuberculosis Elimination, Communications and Education Branch—The National Center for HIV/STD/TB Prevention, Division of Tuberculosis Prevention proposes to survey Internet users of the Self-Study Modules on Tuberculosis for the Internet. The print-based Self-Study Modules on Tuberculosis remains one of most popular educational and training resources produced by the Communications and Education Branch (CEB) of the Division of Tuberculosis

Elimination (DTBE). The Self-Study Modules on Tuberculosis for the Internet has far reaching potential as access to Web-based training (WBT) increases. WBT may be particularly useful in training non-traditional TB health care providers such as managed care staff and private physicians. Furthermore, WBT provides quick access to TB training materials for geographically diverse and isolated populations.

The development of the Self-Study Modules on TB was a joint effort between CEB and the Division of Media and Training Services (DMTS). In order to continually enhance our web-based training, as well as assess who we are

and are not reaching we propose to collect information from individuals who access the Self-Study Modules on Tuberculosis for the Internet site. This information will include assessing why people are interested in the course, what their profession is, employment setting, country, how they heard about the training course, computer capabilities, education, age, and location. This information will assist in enhancing the training for future Internet users. It will target marketing efforts to promote this training activity. There is no cost to the respondent. We are requesting approval for a three year period.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden (in hrs)
Internet Users—Health Care Providers and others involved in the Prevention and Control of Tuberculosis	* 900	1	.03	27
Total	27

* Based on 75 requests/month currently received for Print-based course. Projected for a 1 year period.

3. The Second Longitudinal Study of Aging (LSOA II)—(0920-0219)—Revision—National Center for Health Statistics (NCHS) The Second Longitudinal Study of Aging is a second-generation, longitudinal survey of a nationally representative sample of civilian, non-institutionalized persons 70 years of age and older. Participation is voluntary, and individually identified data are confidential. The LSOA II replicates portions of the first Longitudinal Study of Aging (LSOA), particularly the causes and consequences of changes in functional status. In addition, the LSOA II is designed to monitor the impact of changes in Medicare, Medicaid, and managed care on the health status of the elderly and their patterns of health care utilization. Both LSOAs are joint projects of the National Center for

Health Statistics (NCHS) and the National Institute on Aging (NIA).

The Supplement on Aging (SOA), part of the 1984 National Health Interview Survey (NHIS), established a baseline on 7,527 persons who were then aged 70 and older. The first LSOA reinterviewed them in 1986, 1988 and 1990. Data from the SOA and LSOA have been widely used for research and policy analysis relevant to the older population.

In 1994, 9,447 persons aged 70 and over were interviewed as part of the National Health Interview Survey's Second Supplement on Aging (SOA II) between October of 1994 and March of 1996. The first LSOA II re-interview wave was conducted between May 1997 and March 1998. The LSOA II will re-interview the SOA II sample two additional times: in 1999 and 2001. As in the first LSOA, these reinterviews will be conducted using computer

assisted telephone interviewing (CATI). Beyond that, LSOA II will use methodological and conceptual developments of the past decade.

The LSOA II contains substantive topics on scientifically important and policy-relevant domains, including: (1) Assistance with activities of daily living, (2) chronic conditions and impairments, (3) family structure, relationships, and living arrangements, (4) health opinions and behaviors, (5) use of health, personal care and social services, (6) use of assistive devices and technologies, (7) health insurance, (8) housing and long-term care, (9) social activity, (10) employment history, (11) transportation, and (12) cognition. This new data will result in publication of new national health statistics on the elderly and the release of public use micro data files. The total cost to respondents is estimated at \$106,275.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Sample adult	9,447	1	.75	7,085
Total				7,085

Dated: July 23, 1998.

Charles W. Gollmar,

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 98100]

Grants for Minority Health Statistics Dissertation Research; Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 98 funds for a dissertation research grants program for the Minority Health Statistics Grants Program of the National Center for Health Statistics (NCHS), CDC. This program addresses the "Healthy People 2000" priority area(s), Surveillance and Data Systems. The Minority Health Statistics Grants Program was established to award grants for (1) the conduct of special surveys or studies on the health of racial and ethnic populations or subpopulations;

(2) analysis of data on ethnic and racial populations and subpopulations; and (3) research on improving methods for developing statistics on ethnic and racial populations and subpopulations. Grants for Minority Health Statistics Dissertations advance these purposes by supporting research and by improving the quality of minority health statistics dissertation research projects. These grants will enable doctoral students to undertake significant data gathering, analytic, and methodological research projects. The students will also gain invaluable training and research experience that will be beneficial to future careers in minority health research. The use of data from the National Center for Health Statistics is encouraged. More information about NCHS data systems may be obtained via the Internet at <http://www.cdc.gov/nchswww/>.

B. Eligible Applicants

Eligible applicants may be public or private nonprofit institutions that will administer the grant on behalf of the proposed Principal Investigator (doctoral candidate). Examples of public and private nonprofit organizations include universities, colleges, research institutions, hospitals, and other public and private nonprofit organizations, State and local governments or their bona fide agents, and federally

recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

The proposed Principal Investigator must be a registered doctoral candidate in resident or nonresident status. All requirements for the doctoral degree other than the dissertation must be completed by the time of the award.

Students seeking a doctorate in any relevant research discipline are eligible.

A student enrolled in a doctoral program in a research discipline which requires a dissertation based on original research may apply through their institution for support to complete the research and dissertation. The dissertation must examine and/or develop some aspect of statistical research on racial and ethnic populations or subpopulations. It should focus on one or more of the following research program areas: community-based research, methods and theory development, health promotion and data standards development, and data analysis and dissemination.

Prior to submission of the application, the dissertation proposal must be approved by the dissertation faculty committee and certified by the faculty advisor. This information must be verified in a letter of certification from the thesis chairperson and submitted with the grant application.