

NEW—As required by the Balanced Budget Act of 1997, DHHS is planning a four-year project to evaluate the effectiveness of welfare-to-work initiatives undertaken through competitive and formula grants awarded by the U.S. Department of Labor. DHHS' Office of the Assistant Secretary for Planning and Evaluation, in conjunction with DoL and the U.S. Department of Housing and Urban Development (HUD), has designed an evaluation that will involve several rounds of data collection for grantees and grant program participants. The information collection instruments in this request for OMB approval consist of an all-grantee mail survey to gather baseline program information, and a protocol for conducting 35 site visits to gather more detailed preliminary information.

Respondents: State and Local Governments, Businesses or Other For-profit Organizations, Not-for-profit Institutions; *Burden Information for the Mail Survey—Number of Respondents:* 548; *Number of Responses per Respondent:* one; *Average Burden per Response:* .95 hours; *Total Burden for Mail Survey:* 521 hours—*Burden Information for the Site Visits—Number of Respondents:* 280; *Number of Responses per Respondent:* one; *Average Burden per Response:* 1 hour; *Total Burden of Site Visits:* 280 hours. *Total Burden:* 801 hours.

To request more information or a copy of the proposed data collection, please contact Alana Landey on 202-401-6636.

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.

Written comments and recommendations for the proposed information collection should be immediately sent directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503. Comments may be faxed to Ms. Eydt at 202-395-5167.

Please send a copy of your comments to Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H,

Humphrey Building, 200 Independence Avenue SW, Washington, DC, 20201.

Dated: October 14, 1998.

Dennis P. Williams,

Deputy Assistant Secretary, Budget.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO-99-01]

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.

1. Proposed Project

The State and Local Area Integrated Telephone Survey (SLAITS)—(0920-0406)-Revision—The National Center for Health Statistics, (NCHS) is planning to expand from the short term pilot study phase to a long term integrated and coordinated survey system designed to collect needed health and welfare data at the state and local levels. Using the random-digit-dialing sampling frame from the ongoing National Immunization Survey (NIS) and

Computer Assisted Telephone Interviewing (CATI), the State and Local Area Integrated Telephone Survey (SLAITS) can quickly collect and produce data to monitor health status, child and family well-being, health care utilization, access to care, program participation, and changes in health care coverage at the state and local levels. These efforts are conducted in cooperation with state and local officials. SLAITS offers a centrally administered data collection mechanism with standardized questionnaires and quality control measures which allow comparability of estimates between states, over time, and with national data. As demonstrated in the pilot study phase, SLAITS is designed to allow for oversampling of population subdomains and to meet federal, state and local needs for subnational estimates which are compatible with national data.

Questionnaire content is drawn from existing surveys such as the National Health Interview Survey (NHIS), the National Health and Nutrition Examination Survey (NHANES), the Current Population Survey (CPS), the Survey of Income and Program Participation (SIPP), the National Household Education Survey, and the National Survey of America's Families, as well as the three questionnaire modules that were developed for SLAITS during the pilot study phase. These modules include Health, Child Well-Being and Welfare, and Children's Health Insurance and Health Care Utilization.

The strategy of building on established survey systems provides several advantages. It is less costly than establishing a new system; the proposed questions have been thoroughly tested; and implementation can occur rapidly. Basing SLAITS on questions from the NHIS, CPS, and other national in-person surveys will allow for comparisons with national data. In addition, the quality of the estimates developed from the telephone survey can be improved with adjustments for households without telephones using health and socio-demographic information from telephone and non telephone households from the NHIS and other in-person surveys.

Funding for SLAITS is being sought through a variety of mechanisms including Foundation grants, State collaborations, and federal appropriation and evaluation monies. The level of implementation will depend on the amount of funding received and can be expanded as funding permits. Questionnaire modules will be compiled to address the data needs of interest to the federal, state or

local funding agency or organization.

The total cost to respondents is estimated at \$463,500.

Respondents	Number of respondents	Number of responses/re-spondents	Average burden/response (in hrs.)	Total burden (in hrs.)
Noninstitutionalized household population in 50 States and D.C	102,000	1	0.30	30,600
Pretest modules	900	1	0.30	300
Total				30,900

2. The National Health and Nutrition Examination Survey (NHANES)—(0920-0237)—Revision—The National Center for Health Statistics (NCHS). The National Health and Nutrition Examination Survey (NHANES) has been conducted periodically since 1970 by NCHS. NHANES will begin again in February 1999 and will be conducted on a continuous, rather than periodic, basis from that point on. The plan is to sample about 5,000 persons annually. They will receive an interview and a physical examination. A dress rehearsal of 555 sample persons is needed to test computer-assisted personal interviews (including translations into Spanish), examination protocols, automated computer systems and quality control procedures. Participation in the dress rehearsal and main survey will be 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. Approval was received on 5/29/98 for only a pilot test of the revised survey—without the genetic research component. This submission requests three year approval for the dress rehearsal and the full survey, including all components.

The survey description, contents, and uses are the same as those in the **Federal Register** notice for the pilot test. The total cost to respondents for the period covered by this notice is estimated at \$1,889,440.

Burden category	Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)	Total burden (hours)
1. Screening interview only	40,401	1	0.167	6,747
2. Screener and household interviews only	2,130	1	0.434	924
3. Screener, household, and SP interviews only	3,198	1	1.100	3,518
4. Screener, household, and SP interviews and primary MEC exam only	15,771	1	6.613	104,294
4. Screener, household, and SP interviews, primary MEC exam and full MEC replicate exam	789	1	11.613	9,163
5. Screener, household, and SP interviews, MEC exam and dietary replicate interview only (5% + optional 15%)	3,156	1	8.363	26,394
6. Home exam	213	1	2.700	575
7. Telephone follow-up of elderly -option	3,501	1	0.750	2,626
Total				154,240

Dated: October 15, 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

Health Care Financing Administration

[Document Identifier: HCFA-P0015S]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration

(HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy