

(NALBOH), the American Public Health Association (APHA), and the Public Health Foundation (PHF) to develop performance standards for public health systems based on the essential services of public health. In the fall of 2000, CDC conducted field tests with the state public health survey instruments in Hawaii, Minnesota, and Mississippi.

CDC is now proposing to implement a formal, voluntary data collection, based on the lessons learned during field testing, to assess the capacity of state public health systems to deliver the Essential Services of Public Health. Electronic data submission will be the method of choice when state and territorial health departments complete the public health assessment.

An estimated 33% of the 59 state and territorial health departments are expected to participate in the National Performance Standards Program during the first year. In year 2, an additional 25% are expected to complete the assessment. There are no cost to respondents.

NATIONAL PERFORMANCE STANDARDS PROGRAM BURDEN TABLE

Respondents	Responses per respondent	Average burden response (in hrs.)	Total burden hours
Year 1			
20	1	15	300
Year 2			
15	1	15	225

Dated: March 2, 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

[60Day-01-24]

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 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

National Public Health Performance Standards Program Local Public Health System Assessment—Revised—Public Health Practice Program Office (PHPPPO), Centers for Disease Control and Prevention (CDC).

Since 1998, the CDC National Public Health Performance Standards Program has convened workgroups with the National Association of County and City Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), the National Association of Local Boards of Health (NALBOH), the American Public Health Association (APHA), and the Public Health Foundation (PHF) to develop

performance standards for public health systems based on the ten Essential Services of Public Health. In the fall of 2000, CDC conducted field tests with the local public health survey instruments in the States of Hawaii, Minnesota, and Mississippi.

CDC is now proposing to implement a voluntary data collection to assess the capacity of local public health systems to deliver the Essential Public Health Services. Electronic data submission will be the method of choice. If computer technology in local jurisdictions does not support electronic submission, hard-copy survey instruments will be available. Local jurisdictions using hard-copy survey instruments will receive assistance from State or local level field coordinators for web-based data entry.

Local health departments will respond to the survey on behalf of the collective body of representatives from the local public health system. An estimated 25% of approximately 3,500 United States local health departments are expected to participate in the National Performance Standards Program during the first year. In year 2, an additional 30% are expected to complete the assessment. The remaining 25% of local health agencies are expected to collaborate with and submit survey data with other respondents. There are no cost to respondents.

NATIONAL PERFORMANCE STANDARDS PROGRAM BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden per response (in hrs.)
Year 1				
Local Public Health Agencies	875	1	11	9,625
Year 2				
Local Public Health Agencies	1050	1	11	11,550
Total	22

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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

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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

Supplement to HIV/AIDS Surveillance (SHAS) Project, OMB No. 0920-0262—Extension—National Center for HIV/STD and Tuberculosis Prevention, Centers for Disease Control and Prevention (CDC) is proposing to extend the currently approved questionnaire for the Supplement to HIV/AIDS Surveillance (SHAS) project. This questionnaire provides detailed information about persons with HIV infection which continues to be of significant interest to public health, community, minority groups and affected groups.

Since 1989, the CDC, in collaboration with 12 State and local health agencies, has collected data through the national Supplemental HIV/AIDS Surveillance project. The objective of this project is to obtain increased descriptive information on persons with newly reported HIV and AIDS infections, including sociodemographic characteristics, risk behaviors, use of health care services, sexual and substance abuse behaviors, minority issues and adherence to therapy. The revised questionnaire will address important emerging surveillance and prevention issues, particularly those related to the recent advances in therapy for HIV infection. This information supplements routine national HIV/AIDS surveillance and is used to improve CDC's understanding of minority issues related to the epidemic of HIV, target educational efforts to prevent transmission, and improve services for persons with HIV infection. The total annual burden hours are 3,625.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (In hours)	Total burden hours
Arizona	250	1	1	250
California	400	1	1	400
Colorado	150	1	1	150
Connecticut	250	1	1	250
Delaware	250	1	1	250
Florida	400	1	1	400
Georgia	350	1	1	350
Kansas	125	1	1	125
Maryland	150	1	1	150
Michigan	200	1	1	200
Minnesota	150	1	1	150
New Jersey	250	1	1	250
New Mexico	100	1	1	100
S. Carolina	250	1	1	250
Texas	200	1	1	200
Washington	150	1	1	150