

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 Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

**Proposed Projects**

1. **The Tri-State Mining District: Lead Exposure and Immunotoxic Effects Study—New—**The proposed study

evaluates associations between immune system dysfunction/damage and exposure to lead among children in the Tri-State Mining District. This district encompasses several contaminated areas including three Superfund sites: The Oronogo-Duenweg Mining Belt site in Jasper County, Missouri; the Cherokee County Site in Kansas; and the Tar Creek, Ottawa County Site in Oklahoma.

The proposed study consists of two repeated in-person interviews and biological testing for blood lead and immune function among participants of the ongoing lead screening programs in the Tri-State Mining district. Approximately 50 children identified as having blood lead <10 micrograms per decilitre and 50 children with blood lead levels <5 micrograms per decilitre will constitute the study and

comparison groups respectively. Blood specimens will be obtained to measure lead, complete blood count, EP, ZPP, antibody titers, and the CDC/ATSDR recommended immune panel. A second blood drawn a month later will examine intra-personal immune tests stability and will help evaluate the relationship between immune results and recent illness. Parents will be interviewed using a children's health questionnaire that solicits information on demographics, the medical history of each child and the occurrences of recent illness. Statistical analyses will compare health outcome measures (symptoms, illness, change in immune parameters) to blood lead levels. Other than their time, there will be no cost to the respondents. The length of clearance requested is 3 years.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs)	Total burden (in hrs.)
Child Health Questionnaire .....	100	2	0.5	100
Total .....	.....	.....	.....	100

Dated: February 12, 1997.  
 Wilma G. Johnson,  
*Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention (CDC).*  
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**[30DAY-30]**

**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 Office on (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.

The following requests have been submitted for review since the last publication date on February 11, 1997.

**Proposed Project**

The Second Longitudinal Study of Aging (LSOA II)—(0920-0219)—New—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. It will replicate portions of the first Longitudinal Study of Aging (LSOA), particularly the causes and consequences of changes in functional status. LSOA II is also 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.

Approximately 10,000 persons aged 70 and over were interviewed for the 1994 National Health Interview Survey's second Supplement on Aging (SOA II) between October of 1994 and March of 1996. LSOA II will reinterview the SOA II sample three times: In 1997, 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.

LSOA II will contain modules 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 annual burden is 8,099.

Respondents	Number of respondents	Number of responses/ Respondent	Avg. burden/response (in hrs.)
Sample Adult .....	10,037	1	.806

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 Wilma G. Johnson,  
*Acting Associate Director for Policy Planning  
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**[30DAY-29]**

**Agency Forms Undergoing Paperwork Reduction Act Review**

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The following requests have been submitted for review since the last publication date on February 11, 1997.

**Proposed Project**

1. Feasibility Study of a State and Local Area Integrated Telephone Survey—New—This is a request to conduct a feasibility study in five States of an integrated survey to collect broad State-based health and health-related data using two existing and ongoing

data collection systems, the National Immunization Survey (NIS) and the National Health Interview Survey (NHIS) (0920-0214). The purpose of this project is to demonstrate the potential for using random-digit-dialing (RDD) methods to sample households for Computer Assisted Telephone Interviews (CATI) to produce quick turnaround State-level estimates on issues such as health status, access to care, health insurance coverage, and utilization of services for monitoring and tracking changes in the health care system. As health care markets respond to new incentives and States gain increasing responsibility for administering health and welfare programs, State level data are being recognized as increasingly important to the public health and health policy community. While considerable population-based data are available at the national level, there is a variable amount at the State level.

The proposed strategy of building on two established 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. In the NIS, interviews are conducted on a random sample of telephone households to produce vaccination coverage estimates for children 19 to 35 months of age for all 50 states, the District of Columbia, and 27 urban areas. The NIS CATI system offers a mechanism for rapid data collection and for expansion to establish a more broad

based system to monitor and track changes in health status, the health care system, and welfare reform at the State level. In addition, since the design for the NIS requires screening 20 households to identify a single household with an age eligible child, a potential cost effective opportunity exists to make use of the large probability sample of telephone numbers for other emerging health care issues. The NHIS is a continuous general purpose national health survey in which face-to-face interviews are conducted to measure health characteristics of the U.S. civilian noninstitutionalized population. Use of an abbreviated set of questions from the NHIS for the proposed integrated telephone survey will allow for standardization of the questionnaire across States and will allow comparisons with national data. In addition, the quality of the estimates developed from the telephone survey can be improved with adjustments for nontelephone households using information from the NHIS on telephone and nontelephone households.

The long term strategy is to build an integrated and coordinated data collection mechanism that can be both standardized for State and national comparisons and customized for State-specific needs. The total annual burden is 17,000 reflecting an average of the two years assuming coverage of 5 areas in 1997 and 78 areas in 1998.

Respondents	No. of respondents	No. of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
<b>1997</b>				
Noninstitutionalized household population in 5 States .....	5,500	1	0.33	1,833
<b>1998</b>				
Noninstitutionalized household population in 50 States or substate areas .....	55,000	1	0.33	18,333
Noninstitutionalized household population in 28 substate areas	31,000	1	0.33	10,333