

published in the **Federal Register** if such additional date becomes necessary. Presenters should provide a written outline of their comments and copies of their biographies to the Board prior to the hearing.

Any interested person may attend the hearing as an observer. Board discussions and reviews are open to the public.

**FOR FURTHER INFORMATION CONTACT:** Wendy Comes, Executive Director, 441 G St., NW., Suite 3B18, Washington, DC 20548, or call (202) 512-7350.

**Authority:** Federal Advisory Committee Act, Pub. L. No. 92-463, Section 10(a)(2), 86 Stat. 770, 774 (1972) (current version at 5 U.S.C. app. section 10(a)(2) (1988)); 41 CFR 101-6.1015 (1990).

Dated: May 29, 1998.

**Wendy M. Comes,**

*Executive Director.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[INFO-98-20]

**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 Projects**

*1. Reader Evaluation of ATSDR's Public Health Assessment and Consultation Products—(0923-0016)—Extension—*ATSDR is seeking qualitative and quantitative information from its readers on how effectively it communicates its public health findings through its products and to find out what groups read and comment on ATSDR documents. ATSDR will use the information to identify the strengths and weaknesses of its reports from the reader's perspective, provide feedback to our designated reviewers, health assessors and managers, implement quality improvements in readability, risk communication, and the logical development of the science and findings in our public health products, and determine how to best serve each reading group.

Based on review and evaluation of the comments received to date through this

process, a few changes are being proposed on the survey instrument to improve several of the questions to make them clearer and more understandable. In addition to follow up with public libraries and repositories, included in the current OMB approval, other follow up mechanisms will be added. Another aspect is also being proposed for this request, a follow up to stimulate user participation in this evaluation. Based on responses from January 1995 to December 1997, an average of about 55 forms are distributed for each site (or document) and about 2 persons respond per site (or per document). Based on the number actually distributed (10,968) and received (398), the response rate has only been about 3.6%. By actively following up on a sample of 200 distributed surveys and documents, we hope to increase the response rate to about 75%. Other than their brief time to participate, there are no costs involved for the responder to participate.

A one-page, two-sided survey is provided with each public health document to persons who have requested to be on a mailing list to receive a copy. Federal Depository Libraries are also used to provide these documents and survey instruments. The persons receiving a document either reside near the hazardous release area or site or have been involved with the site or release in some way; they may include concerned community members, public employees, health care professionals, or some other group. The recipient is asked to complete and return the survey, which has a business reply label that is postage pre-paid. This is a request for a three-year extension. There is no cost to respondents.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Reader of public health document .....	130	1	0.25	33
Librarian follow-up .....	180	1	0.12	22
Reader follow-up .....	200	1	0.25	50
Nonresponder follow-up .....	100	1	0.25	25
Total .....				130

*2. Childhood Lead Poisoning Prevention Program Quarterly Report (0920-0282)—Extension—*The National Center for Environmental Health requests an extension of the Childhood Lead Poisoning Prevention Program Quarterly Report. Section 317A of the Public Health Service Act as amended

by The Lead Contamination Control Act of 1988 and the Preventive Health Amendments of 1992, mandates that grant applicants report quarterly the number of infants and children screened for elevated blood lead levels, the number found to have elevated blood lead levels, the number and type of

medical referrals made for them, and the outcome of such referrals. State and local health agencies are the principal delivery points for childhood lead screening and related medical and environmental management activities. In FY 1998, CDC awarded 41 grants to fund childhood lead poisoning

prevention programs. The purpose of the quarterly report is to report data collected by CDC's grantees. The report consists of narrative and data sections. The narrative section (1) provides highlights of quarterly activities, (2)

reports issues and activities that have significant impact on the program, and (3) lists objectives and discusses progress towards meeting those objectives. The data section provides (1) screening and case confirmation

activities, (2) environmental inspection and hazard remediation activities, and (3) medical case management activities. The total cost to the respondents is \$0.00.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Grantees .....	41	4	2	328
Total .....				328

**3. Evaluation of Effectiveness of Worker Notifications Conducted by NIOSH—(New)**—The National Institute for Occupational Safety and Health (NIOSH) has conducted worker notification formally since 1988. This program informs workers in NIOSH-conducted epidemiological studies about the study results and hence, of their risks. NIOSH worker notification officers conducted a two-task evaluation project approved by OMB in 1993. Task 1 of the project evaluated the long-term impact of a high risk worker notification, and Task 2 evaluated the short-term impact and effectiveness of the notification materials themselves, with the goal of developing a monitoring instrument for routine use.

A monitoring instrument was developed for routine use to evaluate effectiveness of ongoing worker notification activities. This instrument was refined over three field trials, involving a random sample set of 25 notified workers in each trial. A second instrument for use with other stakeholders (company and union officials) in the notifications also was developed. The design of these evaluation projects was descriptive in nature, gathering information from small groups of workers, for the purpose of learning how to improve the NIOSH worker notification program.

Having completed the data collection and final report for Task 2 of the evaluation project, we now are seeking approval to use the program monitoring worker survey instrument on a routine

basis to assess effectiveness of ongoing letter notifications conducted by NIOSH notification officers. As with the design of the three trials in Task 2, ongoing routine assessment would include for each letter-type notification, our contacting by telephone a random sample of 25 workers who received notification letters and related materials, and at least one company representative and one union representative (where appropriate). A 15-minute telephone survey would be administered to the notified workers, and an up to 30 minute interview would be conducted with the other stakeholders (e.g., company and union representatives). The total annual cost to respondents for the study is \$1187.50.

Respondents (workers)	No. of respondents	No. of responses/respondent	Avg. burden/response	Total burden (in hrs.)
Task 1 .....	750	1	.25	187.5
Task 2 .....	60	1	.50	30
Total .....				217.5

Dated: May 28, 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 98063]

**Notice of Availability of Funds; Cooperative Agreement for National Hepatitis B Immunization Program with Focus on Asians and Pacific Islanders**

**A. Purpose**

The Centers for Disease Control and Prevention (CDC) announces the

availability of fiscal year FY 1998 funds for a cooperative agreement to support a Hepatitis B Immunization Project with a focus on Asians and Pacific Islanders. The purpose of this cooperative agreement program is to increase hepatitis B vaccination levels among Asian and Pacific Islander (API) children in the United States born between 1983 and 1993 from a baseline of 10 percent in 1996 to 90 percent by the close of year 2000, to enhance local demand for hepatitis B vaccination of API children, and to inform and educate vaccination service providers who serve API children. This program addresses the "Healthy People 2000" priority area of Immunization, and Infectious Diseases.

**B. Eligible Applicants**

Applications may be submitted by public and private nonprofit (and for-profit) organizations, and by

governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private non profit organizations, State and local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

**Note:** Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

**C. Availability of Funds**

Approximately \$49,900 is available in FY 1998 to fund one award. It is expected that the award will begin on or about July 31, 1998, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may change.