

PHS-funded research in which he is involved, must concurrently submit a plan for supervision of his duties to the funding agency for approval. The supervisory plan must be designed to ensure the scientific integrity of Mr. Park's research contribution. The institution also must submit a copy of the supervisory plan to ORI.

**FOR FURTHER INFORMATION CONTACT:**  
Acting Director, Division of Research Investigations, Office of Research Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852, (301) 443-5330.

**Chris B. Pascal,**

*Acting Director, Office of Research Integrity.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[INFO-98-28]

**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. Diabetes Today National Training Center. A contract to refine, present, and evaluate a diabetes training course—New—The National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, proposes to conduct a

training center. Diabetes is a complex chronic disease. The successful management of this disease requires a comprehensive support system that includes proper medical treatment, behavior and lifestyle changes that maintain recommended blood glucose levels, blood pressure, weight and physical activity, and community awareness and programs that facilitate the adoption of these behaviors.

The National Centers for Disease Control and Prevention, Division of Diabetes Translation has developed and presented a training course for health professionals and community leaders to provide training and follow-up in implementing community activities to control diabetes. The course, Diabetes Today, is a structured curriculum that incorporates principles of community organization, community health education and adult learning in a training program for health professionals. This contract will provide, revise, and evaluate Diabetes Today in the continental United States, Puerto Rico and the Virgin Islands. Focus groups will be conducted to evaluate the effectiveness of the training course and to determine needs in communities. Most of those in the focus groups will be participants in the training courses. The data will not be available from any other source. There is no cost to respondents.

Respondents	No. of respondents	No. of responses/respondent	Average burden response (in hrs.)	Total burden (in hrs.)
Bilingual public health workers .....	*10	1	1	10
Participants in Diabetes Today trainings .....	*20	1	1	20
Total .....	.....	.....	.....	30

\*Estimates. Contractor will develop instruments and arrange focus groups.

2. Diabetes Today, Regional Training Center. A contract to adapt a diabetes training program to the needs of Hawaii and the Pacific Basin—New—The National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, proposes to conduct a training center. Diabetes is a complex chronic disease. The successful management of this disease requires a comprehensive support system that includes proper medical treatment, behavior and lifestyle changes to maintain recommended blood glucose levels,

blood pressure, weight and physical activity, and community awareness and programs that facilitate the adoption of these behaviors.

The National Centers for Disease Control and Prevention, Division of Diabetes Translation, has developed and presented a training course for health professionals and community leaders to provide training and follow-up in implementing community activities to control diabetes. Most of this activity has taken place in the Continental United States. A contract has been offered to adapt this material to the

cultures of Hawaii and the Pacific Basin. Focus groups will be conducted to determine needs in diabetes education and to adapt the course to the needs of individual Pacific cultures. Focus group data will be analyzed using accepted, content analysis methods. Evaluation will be conducted with the goal of providing culturally relevant training in community organization to reduce the burden of diabetes in the Pacific Region. The information developed is not available from other sources. There is no cost to respondents.

Respondents	No. of respondents	No. of responses/re-spondent	Average burden response (in hrs.)	Total burden (in hrs.)
Hawaii and Pacific Islanders with Diabetes ....	80 (10 focus groups of 8 persons each)* .....	1	1	80
Total .....	.....	.....	.....	80

\*These are estimates. Instruments will be developed and focus groups arranged by contractor.

3. Cycle 6 of the National Survey of Family Growth (NSFG-6) (0920-0314)—Revision—The National Survey of Family Growth has been conducted periodically since 1973 by the National Center for Health Statistics, CDC. The first five cycles of the NSFG were based on interviews with women 15-44 years of age, to measure factors related to birth and pregnancy rates and maternal and infant health. In Cycle 6, both women and men will be interviewed. The interviews with males 15-49 will address (1) factors that affect entry into fatherhood and the intendedness of births; (2) factors that affect the spread of Sexually Transmitted Diseases (STDs) and HIV (Human Immunodeficiency Virus, the virus that causes AIDS); and (3) factors that affect men's ability and willingness to carry out their fatherhood

roles, including the payment of child support.

In late 2000 or early 2001, the NSFG will interview a nationally representative sample of 11,800 women and 7,200 men. Black, Hispanic, and 15-24-year-old men and women will be sampled at a higher rate than others. A pretest/pilot study of 600 females and 600 males is needed to test procedures for collecting sensitive data. All participation will be completely voluntary and confidential.

NSFG data help measure the demographics, health status, and behavior of the population of reproductive age (as well as those responsible for most STDs). The NSFG data from the 1995 survey have already been published in 4 major NCHS reports and the January/February 1998 issue of the journal Family Planning

Perspectives. Besides NCHS, users of NSFG data include the DHHS Office of Population Affairs, the National Institute for Child Health and Human Development, the CDC and NIH HIV/AIDS programs, and the Children's Bureau. Other users include Congress (for Sections 905 and 906 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, among others); the Healthy People 2000 and 2010 initiatives, private researchers in demography, public health, maternal and child health, and state governments. Males are being added to the survey in response to the recent report, *Nurturing Fatherhood: Improving Data and Research on Male Fertility, Family Formation, and Fatherhood*, released by the Federal Interagency Forum on Child and Family Statistics. There is no cost to respondents.

Respondents	No. of respondents	No. of responses/re-spondent	Avg. burden/response (hrs.)	Total burden (in hrs.)
Pretest: screener .....	2000	1	0.08	167
Pretest: males .....	600	1	1.00	600
Pretest: females .....	600	1	1.33	800
Cognitive Testing .....	200	1	1.00	200
Survey: screener .....	40000	1	0.08	3,320
Survey: males .....	7200	1	1.00	7,200
Survey: females .....	11800	1	1.33	15,729
Total .....	.....	.....	.....	28,016

Dated: September 2, 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**

**Advisory Committee for Energy-Related Epidemiologic Research: Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease

Control and Prevention (CDC) announces the following committee meeting.

*Name:* Advisory Committee for Energy-Related Epidemiologic Research (ACERER).  
*Time and Date:* 8 a.m.-5 p.m., September 24, 1998.

*Place:* Omni Shoreham Hotel, 2500 Calvert Street, NW, Washington, DC 20008, telephone 202/234-0700, FAX 202/756-5120.

*Status:* Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

*Purpose:* This committee is charged with providing advice and recommendations to the Secretary, Health and Human Services (HHS); the Assistant Secretary for Health; the Director, CDC; and the Administrator, Agency for Toxic Substances and Disease Registry, on the establishment of a research agenda and the conduct of a research program pertaining to energy-related analytic epidemiologic studies.

*Matters To Be Discussed:* Agenda items include discussions of public health implications of the report from the Institute of Medicine's Committee on Thyroid Screening Related to I-131 Exposure and the National Academy of Sciences' Committee on Exposure of the American People to I-131 from the Nevada Atomic Bomb Tests, and the ACERER Subcommittee for Community Affairs recommendations.

Agenda items are subject to change as priorities dictate.

An unavoidable administrative delay prevented meeting the 15-day publication requirement.

*Contact Person for More Information:* Michael J. Sage, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 4770 Buford Highway, NE, M/S F-35, Atlanta, Georgia 30341-3724, telephone 770/488-7040, FAX 770/488-7044.