

submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: November 10, 1999.

Linda A. Suydam,

Senior Associate Commissioner.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute Proposed Collection; Comment Request The Jackson Heart Study, Full Scale Exam I—Phase III

SUMMARY: 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 National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed

projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: The Jackson Heart Study, Full Scale Exam I—Phase III; Type of Information Collection Request: New. Need and Use of Information Collection: The Jackson Heart Study is a prospective epidemiologic investigation of Cardiovascular Disease (CVD) among African-American adults ages 30 years and older from the Jackson, Mississippi metropolitan area. The examination phase of the study is scheduled to begin in the fall of 2000 and will take approximately three years to complete. An extensive examination is planned and will include a series of questionnaires (dealing with lifestyle habits, medical history, medications, social and cultural factors), physical assessments (height, weight, body size, blood pressure, electrocardiogram, ultrasound measurements of the heart and arteries in the neck, and lung function) and laboratory measurements (cholesterol and other lipids, glucose, indicators related to clotting of the blood, among others). Data collected in this study will include both conventional risk factors and new or emerging factors that may be related to

CVD. Some of the newer areas of focus will include early indicators of disease, genetics, socio-cultural influences such as socioeconomic status and discrimination, and physiological relations between common disorders such as high blood pressure, obesity and diabetes and their influence on CVD. The information collected will be used by the public and private sector for public health planning, medical education, other epidemiologic studies, and biomedical research. Frequency of Response: One-time. Affected Public: Individuals or families; Business or other for profit; not-for-profit institutions. Type of Respondents: Adults age 30 years and older, next-of-kin, and physicians.

The annual reporting burden is as follows: Estimated Number of Respondents: 2,567. Estimated Number of Responses per Respondent: 1. Average Burden Hours Per Response are shown in the table below; and Estimated Total Annual Burden Hours Requested: 68,658. The annualized cost to respondents is estimated at: \$791,246 consist of their time and assumes a rate of \$11.50 per hour for the cohort and next-of-kin decedents and \$45 per hour for physicians.

Estimates of the annual reporting burden to respondents.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
JHS individuals of families	2,167	1	31.65	68,575
Morbidity & Mortality AFU next-of-kin decedents	200	1	0.17	33
Morbidity & Mortality AFU Physicians	200	1	0.25	50
Total	2,567	68,658

The average annual Capital Costs are \$52,800. The average annual Operating and Maintenance Costs are \$5,402,000.

Request for Comments

Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic,

mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Cheryl Nelson, Jackson Heart Study Project Officer, 6701 Rockledge Drive, Room 8152, MSC 7934, Rockville, MD 20892-7934, or call non-toll-free number (301) 435-0451 or E-mail your request, including your address to: cn80n@nih.gov

Comments Due Date

Comment regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: November 5, 1999.

Lawrence Friedman,

Director, Division of Epidemiology and Clinical Applications.

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