

Respondents	Phases	Number of respondents	Number of responses/ respondents	Avg. burden per re- sponse (in hours)	Total bur- den (in hours)
Hairdressers, food service personnel, housekeeping personnel, daycare workers, police officers.	Pretesting Phase II .....	10	1	2	20
University students .....	Pilot Testing Phase .....	300	1	.5	150
Hairdressers, food service personnel, housekeeping personnel, daycare workers, police officers.	Combined Studies .....	1,500	2	.5	1,500
Totals .....	.....	1,960	.....	.....	1,745

Dated: February 2, 2000.  
**Nancy Cheal,**  
*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**

[60Day-00-21]

**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, the Centers for Disease Control and Prevention is providing opportunity for public comment on proposed data collection 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**

*The Role of Positive and Negative Emotion in Promoting Hearing Conservation Behaviors Among Coal Miners*—New—The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote "safety and health at work for all people through research and prevention." NIOSH investigates and identifies occupational safety and health hazards and conducts a variety of activities, including educational programs with workers, to help prevent work-related illness and injury.

One of the most widespread, but often overlooked, occupational hazards is noise. As a result, hearing loss is the most common occupational disease in the United States today. More than 30 million workers are exposed to hazardous noise levels.

The risk of hearing loss is particularly high in certain occupations. Research shows that more than 90 percent of coal miners will experience moderate to significant hearing loss by the time they reach retirement. This level of hearing loss has a number of negative implications for both the affected individual and others: (1) Impaired communication with family members, friends, and coworkers can result in social isolation; (2) unrelenting tinnitus (ringing in the ears) can significantly lower one's quality of life; (3) a diminished ability to monitor the work environment (including warning signals, etc.) increases the risk of accidents and further injury at the workplace; and, finally, (4) there are economic costs that result from workers' compensation and lower productivity.

New noise standards for the mining environment have recently been issued

by the Department of Labor and will go into effect in September 2000. The new rules require that mine operators take necessary action to protect miners' hearing when noise levels reach 85 dBA or more over an eight-hour period with additional actions required at 90 dBA. While the new standard establishes mandatory behaviors, such as the wearing of both ear plug and earmuff-type hearing protectors at noise levels of 105 dBA or more over an eight-hour period, there are also voluntary behaviors associated with the new rules. The wearing of hearing protectors at levels below 90 dBA and getting hearing tests as part of a hearing conservation program are both voluntary on the part of the individual miner.

This study is designed to ascertain factors that can be used to encourage adoption of voluntary behaviors among coal miners. The choice of this subset of miners is based upon research that indicates they experience significantly more hearing loss than metal and nonmetal miners. NIOSH proposes working with the United Mine Workers of America and experts in health communication to test the effectiveness of several innovative approaches to communicating hearing loss risk and promoting self-protective behaviors. Different messages will be sent to four different groups of coal miners, and there will be one control group that receives no message. The researchers will follow up with these groups at two different points in time to assess the relative effectiveness of the messages.

The central purpose of this study is to promote hearing conservation among coal miners and encourage the adoption of the voluntary components of the new noise standard. However, NIOSH believes that the results of this study will help in similar efforts with other worker populations. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/re- spondent (in hrs.)	Ave. burden per response (in hrs.)	Total burden (in hrs.)
Coal miners in pretest .....	80	1	30/60	40

Respondents	Number of respondents	Number of responses/respondent (in hrs.)	Ave. burden per response (in hrs.)	Total burden (in hrs.)
Coal miners in study .....	300	2	30/60	300
Total .....	.....	.....	.....	340

Dated: February 2, 2000.

**Nancy Cheal,**

*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**

[60Day-00-24]

**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 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**

*Developing Communication to Reduce Workplace Violence and Assault Against Taxicab Drivers—New—The mission of the National Institute for*

Occupational Safety and Health (NIOSH) is to promote "safety and health at work for all people through research and prevention." In order to carry out this goal effectively and efficiently, NIOSH and the occupational safety and health community implemented the National Occupational Research Agenda (NORA) in 1996. NORA is the first step in an ongoing, synergistic effort by the various institutions of the occupational safety and health community to identify and research the most important workplace safety and health issues. In order to accomplish the NORA objectives in preventing violence and assault in the workplace, NIOSH is conducting health communication research to determine the most effective means of promoting preventive behavior among taxicab drivers, a high risk occupational group. This research is based upon the following NIOSH publications: "Alert: Preventing Homicide in the Workplace" (NIOSH, 1993) and "Violence in the Workplace—Risk Factors and Prevention Strategies" (NIOSH, 1996).

Workplace violence is a significant cause of injury and death in the workplace. It was the second leading cause of death in 1997, accounting for approximately 18% of worker fatalities during that year (BLS, 1998). Approximately 85% of occupational homicides involved robberies, and approximately four-fifths of the homicides were the result of shootings. An increased risk of workplace homicide was clustered within certain occupational areas including sales occupations, protective service occupations, and taxicab drivers. Furthermore, 60% of occupational fatalities within taxicab drivers were due to homicide (BLS, 1998). Although these statistics are significant, a limited amount of information is known concerning the level of worker awareness about the risk of workplace violence. In addition, little is known about the level of worker self-efficacy in regard to recommended preventive measures or the current status of the prevention strategies utilized by both the worker and employer. Therefore, the goal of this study is to identify those communication variables that are most effective in increasing the following in

regard to workplace violence prevention: worker awareness, comprehension, and use of recommendations in the workplace.

To achieve this goal, this project will assess the combined effect of message framing (gain or loss) and highly involving messages on the elaboration likelihood of the receiver, and the subsequent attention, intention, and behavior change that result (Maheswaran & Levy, 1990; Smith & Petty, 1996). A study will be conducted in which message framing (gain, loss), issue involvement (high, low), and argument quality (strong, stronger) are varied. First, three phases of Message Pretesting will be done (N = 175) to determine the appropriate version of these communication variables to be used in the studies: (1) Selecting appropriate written versions of communication variables; (2) test several formats of the brochure to determine the most effective graphics, design, and presentation; and (3) pretest the combination of the print and visual variables for clarity and manipulation accuracy. Second, a Pilot Study will be conducted with a sample of taxicab drivers (N >> 300). The Pilot Study will be a small scale study in which participants are randomly assigned to the conditions of a 2 (message framing: gain, loss) × 2 (issue involvement: high, low) × 2 (argument quality: strong, stronger) factorial design. The effect of each variable on elaboration, attitude, and intentions will be determined through pre- and post-surveys. The knowledge obtained in this Pilot Test will be used to improve the version of the brochure to be used in the main Study. The Study will be conducted with taxicab drivers (N >> 1,500 total) in a major US city. The goal of the Study will be to determine the effect of message framing, issue involvement, and argument quality on the participant's level of elaboration, attitude, and intentions. In addition, a follow-up survey at 1, 3, and 6 months will assess any corresponding behavior change over time.

These combined studies will assess the use of message framing and issue involvement in applied health communication research. Specifically, the studies will assess the effectiveness