

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

of incorporating message framing into health interventions and the importance

of promoting issue involvement through occupation-specific messages. At an

average wage of \$10.00/hour, the total cost to respondents is \$22,800.

Respondents	Phase	Number of respondents	Number of responses/ respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Taxicab drivers	Pretesting Phase I	60	1	1	60
Taxicab drivers	Pretesting Phase II	60	.....	.....	60
Taxicab drivers	Pretesting Phase III	15	1	2	30
Taxicab drivers	Pilot Test	300	1	.5	150
Taxicab drivers	Study	1,500	4	.33	1,980
Total .....	.....	.....	.....	.....	2,280

Dated: February 4, 2000.
Charles W. Gollmar,
Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).
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Officer at (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.

sole source of these data at the national level. The data are used by the Department of Health and Human Services and by other government, academic, and private research organizations in tracking changes in trends of vital events.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-15-00]

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

Proposed Project

1. *National Vital Statistics Report Forms (0920-0213)—Revision—National Center for Health Statistics (NCHS).* The compilation of national vital statistics dates back to the beginning of this century and has been conducted since 1960 by the Division of Vital Statistics of the National Center for Health Statistics, CDC. The collection of the data is authorized by 42 USC 242k. The National Vital Statistics Report (renamed from the Monthly Vital Statistics Report in January 1998) provides counts of monthly occurrences of births, deaths, infant deaths, marriages, and divorces following the end of each month. Similar data have been published since 1937 and are the

Respondents for the Monthly Vital Statistics Report Form are registration officials in each State and Territory, the District of Columbia, and New York City; in addition, 60 local (county) officials in New Mexico who record marriages occurring and divorces and annulments granted in each county of New Mexico will use this Form. There are no direct costs to respondents; the data are routinely available in each reporting office as a by-product of ongoing activities. Earlier OMB approvals of this data collection involved four separate forms, all of which are combined into a single multi-purpose form for this current approval request. The total annual burden hours are 418.

Respondents	Number of respondents	Responses/ respondent	Avg. burden/response (in hrs.)
State and Territory Registration Officials	57	12	0.2
New Mexico County Officials	60	12	0.1

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

[30DAY-14-00]

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 Officer at (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.

Proposed Project

1. *National Coal Workers' Autopsy Study Consent Release and History Form—(0920-0021)—Extension—National Institute for Occupational Safety and Health (NIOSH)—Under the Federal Coal Mine Health & Safety Act of 1977, PL91-173 (amended the*