

In addition, I hereby, affirm and ratify any actions taken by the Assistant Secretary or any other official of the Administration for Children and Families that, in effect, involved the exercise of these authorities prior to the effective date of these delegations.

Dated: April 18, 2001.

Tommy G. Thompson,
Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-01-31]

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 or other forms of information technology. Send comments to Anne O'Connor, 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

Lessons Learned from the Community Coalition Partnership Programs for the Prevention of Teen Pregnancy—New—The United States has the highest teenage pregnancy rate of all developed countries. About 1 million teenagers become pregnant each year and most of those pregnancies are unintended. These pregnancies have profound economic, social and personal impacts on the teen mothers, their children, and society.

Since 1995, the Centers for Disease Control and Prevention (CDC) has funded 13 community-wide coalitions, the Community Coalition Partnership Programs for Prevention of Teen Pregnancy, to reduce the incidence of teenage pregnancy through a youth development model. Phase I of this effort included a 2-year planning phase and Phase II is the 5-year intervention phase to be completed in September 2002. The proposed data collection is an evaluation of lessons learned from this demonstration project. The goals of the proposed data collection are:

- to provide evidence about effective long-term programs, their components, and approaches
- to identify best practices, practices to avoid, best investments, and how-to steps
- to inform the implementation of the demonstration program
- to inform the modification (if any) and expansion (if any) of the program

The data will be collected via interviews with key stakeholders from the hub organization (the one receiving CDC funding), its partner organizations, and the community during two 3-day site visits to each site. The second site visit will occur a year after the first site visit. If any key stakeholders cannot be present during the site visit, they will be interviewed by phone. There are no costs to Respondents.

Form	Type of Respondents	No. of respondents per year	No. of responses per respondent	Avg. burden per response (in hours)	Total annual burden (in hours)
1	Hub organization leaders and stakeholders	1 ⁵ 165	2	2	260
2	Coalition partner leaders and stakeholders	2 ³ 234	2	2	936
3	Community stakeholders	3 ¹⁰ 130	2	2	520
	Total	429	2	2	1,716

¹ 5 per site, 13 sites.

² 3 per org, 6 orgs per site, 13 sites.

³ 10 per site, 13 sites.

Dated: April 16, 2001.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning, and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 01-10060 Filed 4-23-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 DAY-27-01]

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

Telephone Survey Measuring HIV/STD Risk Behavior Using Standard Methodology—New—National Center for HIV, STD, Tuberculosis Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC). The goal of the overall project is to conduct testing of a set of survey questions intended to obtain measures of risk behaviors for

Human Immunodeficiency Virus (HIV) and Sexually Transmitted Diseases (STDs). This proposed data collection is for the second phase of this 2-year project. During the first phase questions were developed and tested, and a pretest of 203 interviews was conducted. During this second phase a pilot survey with a larger number of respondents will be conducted, and a small number of additional questions will be included measuring HIV-related stigma.

Knowledge about the level of HIV risk behaviors in populations is essential for effective HIV prevention programs. Currently, survey-based assessment of these behaviors depends on a range of survey questions that differ across surveys, and that are difficult to compare and to reconcile. Therefore, the Behavioral Surveillance Working Group, coordinated by the National Center for HIV, STD and Tuberculosis Prevention, Centers for Disease Control and Prevention, has developed a draft set of

items to be proposed as standard survey questions on the topics of sexual behavior, HIV testing, drug use, and other behaviors related to risk of contracting HIV and/or STDs. As part of this effort, CDC will sponsor a telephone-based pilot of 650 persons aged 18–59, selected randomly from within an urban area, in order to test these questions.

Further, because some of the survey questions are private and potentially sensitive, the project will entail the testing of a survey administration mode: Telephone-based audio computer-assisted self-interview (T-ACASI), in which a computer will be used to administer the most sensitive questions, and in which the surveyed individual enters responses directly onto the telephone keypad. This procedure eliminates the need for communication of sensitive questions from the interviewer to the respondent, as well as the need for respondents to answer the questions verbally. In order to test the

effectiveness of this procedure, half of the interviews will be conducted using the T-ACASI procedure for the most sensitive questions, and half using standard, interviewer-based administration of all questions. Data analysis will rely on an assessment of the response rate under each mode, and on the nature of the data obtained to the sensitive questions. The larger sample size of the year 2 pilot survey will enable us to test statistical significance of the effectiveness of the T-ACASI procedure.

Information and data obtained from this evaluation will help direct future surveys, by determining whether it is feasible to attempt to administer these standard risk questions using a telephone survey, and whether a T-ACASI-based procedure represents a technological innovation that will positively contribute to such an effort, through improvements in data quality. The total annual burden is 217 hours.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden per response (in hours)
Screening	3448	1	1/60
Interview	650	1	20/60

Dated: April 16, 2001.

Nancy Cheal,

Acting Associate Director for Policy Planning, and Evaluation, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-DAY-29-01]

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: National Childhood Blood Lead Surveillance System—Renewal—(OMB No. 0920-0337), National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC). In 1992, the Centers for Disease Control and Prevention began the National Childhood Lead Surveillance Program at the National Center for Environmental Health (NCEH). The goals of the childhood lead surveillance program are to (1) establish childhood lead surveillance systems at the state and national levels; (2) use surveillance data to estimate the extent of elevated blood-lead levels among children; (3) assess the follow-up of children with elevated blood-lead levels; (4) examine potential sources of lead exposure; and (5) help allocate resources for lead poisoning prevention activities. State surveillance systems are based on reports of blood-lead tests from laboratories. Ideally laboratories report results of all lead tests, not just elevated values, to the state health department, but each state determines the reporting level for blood lead tests. In addition to blood lead test results, state child-specific surveillance databases contain follow-up data on children with elevated blood-lead levels including data on medical treatment, environmental investigations, and

potential sources of lead exposure. Surveillance data for the national database are extracted from the state child-specific databases and transferred to CDC.

OMB approval for this package will expire on March 31, 2001. This request is for a three-year renewal with a change in the burden hours. The annual burden hours are estimated to be 600.

Type of respondents	No. respondents	Frequency of responses	Avg. burden/response (in hrs)
State Health Departments:			
(a) annual report	28	1	10.0
(b) quarterly report	40	4	2.0

Dated: April 16, 2001.

Nancy E. Cheal,

Acting Associate Director for Policy Planning, and Evaluation Centers for Disease Control and Prevention (CDC).

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