

1. *Caisse Nationale de Credit Agricole*; Paris, France, to retain, indirectly through Banco Espirito Santo, S.A., Lisbon, Portugal, an existing investment in and acquire additional shares of Clarity Incentive Systems, New York, New York, and thereby continue engaging in data processing and management consulting activities pursuant to §§ 225.28(b)(9) and (b)(14) of Regulation Y.

2. *Caisse Nationale de Credit Agricole*; Paris, France, to retain, indirectly through Banco Espirito Banco Espirito Santo, S.A., Lisbon, Portugal, shares of FiNet.com, Inc., San Ramon, California, and thereby continue engaging in extending credit and activities related to extending credit pursuant to §§ 225.28(b)(1) and (b)(2) of Regulation Y.

Board of Governors of the Federal Reserve System, May 10, 2001.

Robert deV. Frierson

Associate Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-01-39]

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

Patterns of Eye Movement and Message Processing—NEW—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). The mission of the National Institute for Occupational Safety and Health is to promote safety and health at work for all people through research and prevention.

NIOSH often develops work-related health and safety messages designed to persuade workers to follow specific work-related habits that reduce the risk of on-the-job injury or disease. Research has shown that the more a reader thinks about a message being read, the more persuasive the message will be in changing the attitude and behavior of the reader. However, assessing how much a reader is actually thinking about a message has been difficult to do in any way beyond simply asking the reader questions about the material. Such self-report methods are limited in that they are imprecise and are vulnerable to measurement error.

The primary purpose of this study by the Institute's Health Effects Laboratory Division, Health Communication Research Branch (HCRB) is to determine if specific patterns of eye movement are related to the amount of thinking a person does while reading persuasive materials. From the eye-tracking literature, certain patterns of eye movement have already been associated with reading conceptually difficult text. It is believed that these identified patterns of eye movement represent more thinking about what is being read. It is predicted that the same patterns of eye-movement found for conceptually difficult text also will be found when participants are reading persuasive materials designed to be more thought provoking, or persuasive. If consistent patterns of eye movement are found to be related to more or less thinking about persuasive materials, then eye-tracking can be further developed as a measure of persuasive message effectiveness. Such a finding would be an improvement over the more commonly employed self-report methods of assessing message effectiveness.

As a secondary consideration, a measure of impulsivity will be included in this study to determine if higher or

lower ratings of impulsivity predict if a person will think about a persuasive message. It is predicted that participants higher in impulsivity will be less likely to think as much about a message as participants lower in impulsivity. If this prediction about impulsivity is confirmed in this study, messages could possibly be tailored in ways to improve persuasive effectiveness for readers potentially high in impulsivity. Additionally, a general measure of personality traits also will be administered for the purpose of considering other personality characteristics that may be related to more or less thinking about persuasive materials.

The persuasion theory guiding the first two studies is the Elaboration Likelihood Model (ELM). Each study will involve a manipulation of constructs used in the model, persuasive message relevance (high or low) and argument strength (strong or weak). The high relevance condition is intended to lead to more thinking about the material than the low relevance condition. The strong and weak arguments are a manipulation check to make sure that the high and low relevance manipulation was convincing. Both self-report measures of thinking and measures of eye movement will be obtained from all participants. Analyses will be performed to test the predictions stated above. Analyses also will be performed to determine the relation between impulsivity and personality traits to more or less thinking about the persuasive materials.

The third year will be an application of the results obtained from the first two studies. From the first two studies a template will have been developed that will show how to best design effective occupational safety and health communication materials. This template will be incorporated into other current and future HCRB projects.

The specific goals for this project are as follows: (1) partially replicate an ELM study with the addition of eye movement measures, (2) examine the relation between amount of thinking while reading persuasive materials and eye movement, (3) extend the replicated study and eye movement measure to an occupational safety and health issue, i.e., forklift operation, (4) incorporate the eye movement template into ongoing HCRB projects, and (5) disseminate findings at relevant conferences and in the appropriate professional journals. There are no costs to respondents.

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden in hours
Morgantown community members	200	1	90/60	300
Forklift operators	200	1	90/60	300
Various occupational groups	400	1	90/60	600
Total	800	1,200

Dated: May 9, 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

[30DAY-30-01]

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

Survey of User Satisfaction with National Health Care Survey Data—New—National Center for Health

Statistics (NCHS), Centers for Disease Control and Prevention (CDC). This Survey of User Satisfaction with National Health Care Survey Data is needed to provide current information on the use and usefulness of the variety of data products describing health care delivery systems in the United States. The National Health Care Survey comprises several component surveys: National Hospital Discharge Survey, National Nursing Home Survey, National Home and Hospice Care Survey, National Ambulatory Medical Care Survey, National Hospital Ambulatory Medical Care Survey and occasional other similar surveys when funded, such as the National Health Provider Inventory. Unlike other national surveys conducted by CDC National Center for Health Statistics, the National Health Care surveys address the health care delivery systems rather than the vital statistics, health status, health-related behavior, and access to care experienced by individuals and households who are consumers of the health care delivery systems. Between the years of 1968 and 1984, a number of surveys were conducted to learn more about National Center for Health Statistics (NCHS) data users and to assess the quality of data dissemination activities conducted by NCHS. Studies focusing solely on user satisfaction with National Health Care Survey data products have not been conducted since 1984. We need current specific

information on how well our users' needs are being met, how to improve our data products, and how to serve current non-users of our data who are, nonetheless, potential users. Our data products consist mainly of published reports and web-published data sets including Data Highlights and E-Stats. Our published reports include Advance Data Reports, a newsletter-like summary of more detailed analyses to be published later, and Series Reports, which are in-depth analyses of specific topics addressed by our collected data. As the contractor for this project, CHPS Consulting will conduct a multi-mode survey using a web-based survey for those in the sample for whom an email address is available and a mail survey for those without an email address. Current users will be asked questions about what publications they use, how they use them, and their opinion of the timeliness, accessibility, format, and quality of the data publications. Non-users will be asked why they do not use our publications, their current sources of health care provider data, and how we improve data products to meet their needs. Our target population will include the following groups of persons: researchers, educators, health facility administrators, practitioners, and policymakers. Our goal for this survey is to obtain 600 returned surveys with an approximately equal number of returned surveys from users and non-users. The total annualized burden is 75 hours.

Respondents	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)
Users	300	1	10/60
Non-Users	300	1	5/60