

are likely to have the greatest impact on attitudes and desired behaviors. The purpose of this monitoring strategy is to continually assess and improve the effectiveness of the targeted communication and other marketing variables throughout the evolution of the campaign. Another important objective is to determine which media channels are most effective to optimize communication variables such as weight levels, frequency and reach components, programming formats, etc. that will have the greatest effect upon

communicating the desired message to the target audiences. As the marketing efforts are implemented in selected cities, the Campaign planners also want to evaluate which strategies are most effective in which locales.

The Youth Media Campaign will use a tracking methodology using age-targeted samples. Tracking methods may include, but are not limited to telephone surveys, telephone or in-person focus groups, web-based surveys, or intercept interviews with tweens, parents, other teen influencers and adult

influencers nationally and in cities with YMC-hosted events. Continuous tracking of awareness of the brand and the advertising messages are standard tools in advertising and marketing. The commitment of resources to YMC's marketing efforts mandates that campaign planners be able to respond quickly to changes needed in message execution or delivery as is standard practice in the advertising industry. The total burden for this data collection is 2,285 hours.

Survey	Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Media Benchmarking Survey	Screener	7,170	1	2/60
	Parent	650	1	3/60
	Child	650	1	12/60
Continuous Tracking Survey (national & community).	Screener	29,076	1	1/60
	Parent	7,200	1	3/60
	Child	7,200	1	12/60

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Thomas Bartenfeld,

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-19-03]

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) 498-1210. 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: Evaluation of the ACT (Adults and Children Together) Against Violence Community Training

Program—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC). The goal of the ACT Against Violence Community Training Program is to make early violence prevention a central and ongoing part of a community's violence prevention efforts. The program involves a training curriculum developed by child development and violence prevention experts. The curriculum is designed to help communities: (1) Disseminate information and skills on violence prevention to adults who raise, care for, and teach young children; (2) identify and select early violence prevention programs, materials, and resources; (3) work in collaborative efforts established among community-based organizations; and (4) develop early childhood violence prevention action plans.

The purpose of the evaluation is to assess pilot implementations of the ACT Community Training Program in three communities: Monterey, CA; Randolph, NJ; and Kansas City, MO. The objectives of the evaluation are to (1) assess whether the Community Training Program is being successfully disseminated and implemented; (2) examine factors that affect successful dissemination, adoption, and implementation of the training program; (3) compare findings across the three sites; and (4) assess the involvement of

the public health sector in each of the three sites.

Data collected for the evaluation will provide much-needed information on the dissemination and implementation of one of the successful strategies summarized in the Best Practices of Youth Violence Prevention. The results of the evaluation will assist the Division of Violence Prevention and the National Center for Injury Prevention and Control in carrying out CDC's mission of protecting the health of the United States public by providing leadership in preventing and controlling injuries through research, surveillance, implementation of programs, and communication. The evaluation will include semi-structured interviews with local and national program stakeholders (forms 1 and 2), focus groups with a subset of ACT trainees ("facilitators") during a site visit (form 3), and a half-hour telephone survey with the universe of ACT trainees at 6 months with e-mail follow-ups at 2 months and 12 months (form 4). In addition, we will follow-up with a small subset of "adult community members" reached by ACT trainees with a half-hour telephone survey (form 5). Presented below is the estimated respondent burden for the telephone surveys, semi-structured interviews, and focus groups, respectively. There are no costs to respondents.

Form and type of respondent	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden (in hours)
Local-level program stakeholders—interview (form 1)	10	1	1	10
Facilities—screening (as part of consent procedures for both survey and focus groups)	75	1	1/60	1.25
Facilitators—Survey (form 2)	60	1	30/60	30
Facilitators—focus groups (form 3)	60	1	90/60	90
Adult Community members—screening (as part of consent procedure for survey)	250	1	1/60	4.17
Adult community members—survey (form 4)	200	1	15/60	50
Total				185.42

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–20–03]

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) 498–1210. 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 Public Health Performance Standards Program Local Public Health Governance Performance Assessment Instrument—New—Public Health Practice Program Office (PHPPO), Centers for Disease Control and Prevention (CDC).

Since 1998, the CDC National Public Health Performance Standards Program has convened workgroups with the National Association of County and City Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), the National Association of Local Boards of Health (NALBOH), the American Public Health Association (APHA), and the Public Health Foundation (PHF) to develop performance standards for public health systems based on the ten Essential Services of Public Health. In the spring

of 2001, CDC conducted field tests with the local public health governance instruments in the state of Massachusetts.

CDC is now proposing to implement a voluntary data collection to assess the capacity of local boards of health to deliver the Essential Public Health Services. This data collection will provide a framework for local boards of health to evaluate their effectiveness. Electronic data submission will be the method of choice. If computer technology in local jurisdictions does not support electronic submission, hard copy survey instruments will be available. Local jurisdictions using hard copy survey instruments will receive assistance from State or local level field coordinators for web-based data entry.

Local boards of health will respond to the survey. An estimated 33 percent of approximately 3,200 United States local boards are expected to participate in the National Performance Standards Program per year. The annual burden hours are estimated to be 6402.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)
Local Boards of Health Year 1	1,066	1	6
Local Boards of Health Year 2	1,067	1	6
Local Boards of Health Year 3	1,067	1	6

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02060–FY03]

National Cancer Prevention and Control Program; Open Season; Notice of Availability Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2003 funds for an Open Season for the

National Cancer Prevention and Control Program (NCPCP) cooperative agreement program previously announced in Program Announcement 02060, National Cancer Prevention and Control Program (Henceforth referred to as PA 02060.) This program addresses the “Healthy People 2010” focus areas related to cancer.

PA 02060 was published in the **Federal Register** on April 23, 2002, Volume 67, Number 78, pages 19932–19950. Amendment 1 was published May 23, 2002, and Amendment 2 was published January 2, 2003. Applicants may access the amended version of PA