

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
7th to 12th graders (ages 12–19)	8000	1	30/60	4000
Total				4000

Nancy E. Cheal,

Acting Director, Office of Program Planning and Evaluation, Centers for Disease Control Prevention.

[FR Doc. 03–9422 Filed 4–16–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–03–60]

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)498–1210.

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 Dale Verell, 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

International Performance Standards Project—New—Public Health Practice Program Office (PHPPO), Centers for Disease Control and Prevention (CDC).

The Centers for Disease Control and Prevention (CDC) Public Health Practice Program Office (PHPPO), is proposing to implement a required data collection to:

- a. Assess public health preparedness of countries to respond to a public health threat or emergency.
- b. Assess progress of countries towards (1) identifying any gaps that need to be strengthened in their public health systems, (2) achieving the critical and enhanced capacities of their public health systems, and (3) setting optimal standards for system performance that will enhance the delivery of public health services.
- c. Identify the focus of future proposed work plans, as well as help countries develop a public health research agenda.
- d. Provide a consistent framework for each country to characterize the status of its public health infrastructure.

This assessment will use the International Instrument for performance measurement of Essential

Public Health Functions. This instrument is used for rapid assessment of capacity at the level of the National Health Authority of countries to respond to public health threats and emergencies. This instrument focuses on the six areas of fiscal year 2002 Supplemental Funds for Public Health Preparedness and Response for Bioterrorism (Announcement Number 99051), as the framework for data collection. The six focus areas are:

Preparedness Planning and Readiness Assessment; Surveillance and Epidemiology Capacity; Laboratory Capacity—Biological Agents; Health Alert Network/Communication and Information Technology; Risk Communication and Health Information Dissemination (Public Information and Communication); Education and Training.

Hard copy assessment instruments will be used in a group setting within countries to collect the data. The respondents will be individuals from all levels of the health system who are knowledgeable about the functions of their system. This process is being done in conjunction with the World Bank and the governments of the different countries who elect to undertake performance measurement of their public health systems using this methodology. The process will be funded through the Bank and the government of the countries. No Federal funds will be used in the process. It is anticipated that more than nine (9) countries may be involved. There will be no cost to respondents.

Respondents	No. of respondents	No. of responses per respondent	Avg. burden response in hrs.	Total burden (in hrs.)
National Health Authorities in Europe and the Middle East	25	1	24	600
Total				600

Nancy E. Cheal,

Acting Director, Office of Program Planning and Evaluation, Centers for Disease Control Prevention.

[FR Doc. 03-9423 Filed 4-16-03; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03049]

Research on the Impact of Law on Public Health; Notice of Availability of Funds

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 1704 of the Public Health Service Act, 42 U.S.C. 300u-3, as amended. The Catalog of Federal Domestic Assistance number is 93.283.

B. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2003 funds for a grant program for research to evaluate the impact of law on public health. This program addresses all the "Healthy People 2010" focus areas.

The purpose of the program is to stimulate research evaluating the implementation and impact of law on the prevention and control of death, disease, injury, and disability, on health promotion, on the conduct of public health services, and on the public health system and infrastructure. In this context, "law" means statutes, regulations and rules, contract specifications, licensing requirements, case law and other judicial rulings, and other legally enforceable policies of the federal government, state governments and their political subdivisions, tribes, and territories.

Special emphasis will be given to research that will produce, on an accelerated basis, scientifically valid findings that can be used to improve law's contribution to public health preparedness for, and response to, terrorism, outbreaks of infectious disease, and other major public health threats and emergencies.

Measurable outcomes of the program will be in alignment with the following performance goal for the CDC Public Health Practice Program Office (PHPPO): Prepare state and local health systems, departments and laboratories to respond to current and emerging public health threats.

C. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, technical schools, research institutions, public health and healthcare organizations, community-based organizations, faith-based organizations, and other public and private nonprofit organizations, State and local governments or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

Note: Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

Applications that are incomplete or non-responsive to the below requirements will be returned to the applicant without further consideration. The following are applicant requirements:

1. A principal investigator who has conducted scientific research, published the findings in peer-reviewed journals, and has specific authority and responsibility to carry out the proposed project.
2. Demonstrated experience on the applicant's project team in conducting, evaluating, and publishing research evaluating public health law or other public policies, programs or interventions.
3. Effective and well-defined working relationships within the performing organization and with outside entities that will ensure implementation of the proposed activities.
4. The overall match between the applicant's proposed research objectives and those described under the heading "Program Requirements."

D. Funding

Availability of Funds

Approximately \$500,000 is available in FY 2003 to fund approximately three awards. It is expected that the average award will be \$165,000, ranging from \$150,000 to \$250,000. It is expected that the awards will begin on or about September 1, 2003, and will be made for a 12-month budget period within a

project period of up to three years.

Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Recipient Financial Participation

Matching funds are not required for this program.

E. Program Requirements

Research applications are solicited that address the specific program areas of interest below (not listed in priority order), and other areas the applicant demonstrates are significant for improved public health.

1. Terrorism: The impact of laws on public health preparedness for, and response to terrorism.
2. Infectious Diseases: The impact of laws on the prevention and transmission of diseases not related to terrorism, on the prevention of drug-resistant disease, and on patient safety.
3. Public Health Reporting: The effectiveness of state and local laws regarding the reporting of disease, injury, disability, and risk factors associated with those conditions.
4. Child, Adolescent, and Adult Health:
 - a. The impact of the absence of school-entry immunization laws on immunization levels.
 - b. The impact of legislatively mandated immunization insurance benefits (e.g., first-dollar coverage laws) and of their enforcement on immunization levels.
 - c. The impact of standing orders laws on adult immunization levels.
 - d. The impact of state laws and case law on adolescent access to health care services and participation in research.
 - e. The impact of alcohol taxes on adolescent alcohol use and alcohol-related conditions.
5. HIV, STDs, and Tuberculosis: The impact of laws on the occurrence and transmission of HIV, sexually transmitted diseases, and tuberculosis, and the impact of laws on implementation of rapid HIV testing.
6. Injury: The impact of legislative and regulatory interventions on injury, and the impact of differing levels of their enforcement on injury.

7. The Built Environment and Public Health: The impact of State and local laws on the impact the Built Environment has on the health of the public.

8. Chronic Diseases:
 - a. The impact of State and local laws on chronic diseases and on risk factors for chronic diseases, with special