Maryland

Naval Air Station Patuxent River (a/k/a Patuxent Naval Air Station)—Patuxent—(PB97–198212)

Massachusetts

PSC Resources—Palmer—(PB98–105869)

Michigan

Albion Sheridan Township Landfill—Albion—(PB–105794)
North Bronson Industrial Area—Bronson—(PB98–105877)

Nebraska

Sherwood Medical Company—Norfolk—(PB97–203384)

North Carolina

U.S. Marine Corps Camp Lejeune Military Reservation—Camp Lejeune—(PB97–194740)

Oregon

U.S. Army Umatilla Depot Acitivty (a/k/a Umatilla Army Depot (Lagoons))—Hermiston—(PB98–103278)

Utah

Kennecott (South Zone)—Copperton—(PB98–106230)
Monticello Mill Tailings (DOE) and Monticello Radioactively Contaminated Properties (a/k/a Monticello Vicinity Properties)—Monticello—(PB98–106222)

Wisconsin

Madison Metropolitan Sewage Sludge Lagoon—Madison (Town of Blooming Grove)—(PB98–100886)

Non NPL Petition Sites

Colorado

Hansen Containers—Grand Junction—(PB98–105893)

Montana

Burlington Northern Livingston Complex (a/k/a Burlington Northern Rail Yard) Livingston—(PB98–105794)

South Carolina

GSX of South Carolina (a/k/a GSX Landfill)—Pinewood—(PB98–100878)

Dated: March 5, 1998.

Georgi Jones,

Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.

[FR Doc. 98–6195 Filed 3–10–98; 8:45 am]

BILLING CODE 4163–70–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–98–13]

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, Assistant CDC Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. TB in Children (0920–0400)—Extension—National Center for HIV, STP, and TB Prevention—As a result of the rise of tuberculosis among children, CDC sponsored a Workshop on TB in Children a few years ago. Recommendations from the workshop included the need for further research concerning the epidemiology of TB in children, including children co-infected with HIV, improved diagnostic technologies, and the infectiousness of TB in children in health care settings. A contract with Columbia University (to study children in New York City) and with the University of California, San Diego (to study children in San Diego) was approved in December, 1996. The contract consisted of three Modules. Module II, Studies of the Diagnosis of TB in Children, was canceled in December, 1997 due to a lack of participant response. Module III, Reducing the Risk of Nosocomial Transmission of Tuberculosis in Pediatric Settings, has completed data collection and the results are being analyzed. Data collection for Module I, Epidemiology, Magnitude and Risk Factors for TB in children, including HIV-infected Children, was not completed within the original OMB timeframe. This is mainly due to the recent decline in TB incidence in children experienced in the last year in the two study areas.

Data collection will need to be completed for Module I. The data collected to date is not useful because the numbers are too small to be statistically significant to meet the study objectives.

Estimated cost to respondents and government: The costs of epidemiologists working on the contract will be $100,000. This is included in the total cost of the contract which is $1.8 million.

Clinicians will interview parents of pediatric TB cases and controls. We have estimated a payment of $10 per hour of parents time for the interviews. The costs are estimated as follows:

(a) Positive TST's—$10 @ hr. divided by 3 multiplied by 100=s $333.33

(b) Negative TST's—$10 @ hr. divided by 3 multiplied by 200=s $666.67

(c) Source case—$10 @ hr. divided by 2 multiplied by 150=s $750.00

Total cost is: $1750.00.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
Positive Tuberculin Skin Tests (TST's)	100	1	0.333	33
Negative TST's	200	1	0.333	68
Source Case	150	1	0.5	75
Total				176

2. Evaluation of the C. Everett Koop Community Health Information Center (CHIC)—New—The National Center for Chronic Disease Prevention and Health Promotion intends to conduct a survey of 25 individuals who pay for library research services from the CHIC and an additional 50 individuals who represent members of key intermediary organizations that the CHIC would like to reach but is currently not reaching. The specific topic area for this study relates to the ability of the CHIC to meet the health information needs of the general public.

The purpose of this survey is to determine:

—The level of satisfaction with CHIC services among paying patrons who request services via telephone (the CHIC currently conducts a satisfaction survey with all walk-in patrons)
—The level of knowledge about the CHIC among key intermediary individuals and organizations
—The health information needs of key intermediary individuals and organizations
—How to market CHIC services to key intermediary individuals and organizations

Results from this research will be used to help evaluate the effectiveness of the CHIC in meeting the health information needs of the general public. Results from this research will provide the government with information about the efficacy of health information centers. In addition, this information will also be used by the CHIC to further enhance their ability to deliver health information services to the public residing in the Delaware Valley. There is no cost to the respondents.

Type of respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Paying Patrons	25	1	.17	4.0
Key Intermediaries	50	1	.25	12.5
Total				16.5

3. National CDC AIDS and STD Hotline Callers Survey—Extension—(0920–0295)—The National Center for HIV, STD, and TB Prevention (NCHSTP) is requesting clearance to gather information for management and evaluation purposes. The information gathered will assists NCHSTP in the improvement of HIV/STD services to high risk populations. Every 30th caller to the National AIDS Hotline and every 15th caller to the National STD Hotline will be surveyed. Only callers to the AIDS and STD Hotlines will be affected. Respondents (callers) will be the general public. There is no cost to the respondent.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Callers to the Hotline	28,311	1	.0236	595
Total				595

4. Audience-Derived Input Regarding Campaign Development To Promote Colorectal Cancer Screening—New—The National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control is requesting clearance to gather information about colorectal cancer screening. Colorectal cancer is the second leading cause of cancer-related deaths in the United States. In 1997, approximately 131, 200 new cases of colorectal cancer will have been diagnosed, and an estimated 54,900 deaths will be caused by the disease. When colorectal cancer is detected early, chances for survival are greatly enhanced: current studies indicate that deaths from colorectal cancer could be reduced by approximately 33 percent through screening and by providing special attention to individuals at increased risk for this disease. As a result, in 1997 several major health organizations, including the Centers for Disease Control and Prevention, recommended routine screening be conducted for colorectal cancer among all Americans over 50 years of age in good health. Recent documented usage of colorectal cancer screening by the U.S. population, however, lags far behind screening for other cancers, such as breast and cervical cancers. Finding ways to promote the new recommendation for routine colorectal cancer screening among the target population, therefore, is a necessity in combating the disease.

The Division of Cancer Prevention and Control is planning to obtain input from the target audience of all adults within the U.S. who are in good health and age 50 and older. Information collected from the target audience will assist in the design and implementation of a national campaign intended to promote screening for colorectal cancer. Such information will include knowledge and attitudes regarding colorectal screening as well as responses to draft messages promoting screening, and will be gathered using focus groups, interviews, and the purchase of omnibus survey questions. Information on the estimated annual respondent burden is shown in the table below. Based on previous formative efforts, the cost to respondents is estimated to be $10 per hour, for a total cost of $2,250 for the 225 total burden hours listed.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Focus Groups	50	1	1.5	75
Intercept Interviews	100	1	0.5	50

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Questions included in omnibus surveys	1000	1	0.10	100
Total				225

5. Breast Cancer Incidence in an Occupational Cohort Exposed to Ethylene Oxide and in an Occupational Cohort Exposed to Polychlorinated Biphenyls (0920–0366)—Extension—Breast cancer is the most common incident cancer among U.S. women, and the second leading cause of cancer mortality in U.S. women.

Increasing numbers of women are employed outside the home, yet few studies of breast cancer etiology have addressed occupational and environmental chemical exposures, and many cancer studies of industrial cohorts have excluded women. This study will provide information concerning (1) the incidence of breast cancer in a cohort of women exposed to ethylene oxide (ETO) and (2) the incidence of breast cancer in a cohort of women exposed to polychlorinated biphenyls (PCBs). Both compounds are suspected breast carcinogens. These two cohorts have been previously assembled by NIOSH, and each represents the largest and best defined female study cohort in the U.S. for the respective exposure.

All women in the existing NIOSH ethylene oxide cohort (n=9,929) and PCB cohort (13,736) will be enrolled in the study. For both cohorts, data from personnel records has been coded into a computer file containing demographic, and work history information. This information will be used to estimate workplace exposures. Vital status has been determined through automated data sources. Questionnaires are currently being mailed to each living cohort member to obtain information on breast cancer incidence and risk factors for breast cancer. For deceased cohort members, next-of-kin will be asked to provide this information. Other record sources such as death certificates and population-based cancer incidence registries will also be used to identify cancer cases. The diagnosis will be confirmed by medical records. Each questionnaire will take approximately 30 minutes to complete. The total cost to respondents is $187,500.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
Workers	23,000	1	.50	11,500
Medical providers	2,000	1	.50	1,000
Total				12,500

6. Respiratory Protective Devices—42 CFR 84—Regulation—(0920–0109)—Extension—The regulatory authority for the National Institute for Occupational Safety and Health (.0NIOSH) certification program for respiratory protective devices is found in the Mine Safety and Health Amendments Act of 1977 (30 U.S.C. 577a, 651 *et seq.*, and 657(g)) and the Occupational Safety and Health Act of 1970 (30 U.S.C. 3, 5, 7, 811, 842(h), 844). These regulations have as their basis the performance tests and criteria for approval of respirators used by millions of American construction workers, miners, painters, asbestos removal workers, fabric mill workers, and fire fighters. In addition to benefitting industrial workers, the improved testing requirements also benefit health care workers implementing the current CDC Guidelines for Preventing the Transmission of Tuberculosis. Regulations of the Environmental Protection Agency (EPA) and the Nuclear Regulatory Commission (NRC) also require the use of NIOSH-approved respirators.

NIOSH, in accordance with implementing regulations 42 CFR 84: (1) Issues certificates of approval for respirators which have met improved construction, performance, and protection requirements; (2) establishes procedures and requirements to be met in filing applications for approval; (3) specifies minimum requirements and methods to be employed by NIOSH and by applicants in conducting inspections, examinations, and tests to determine effectiveness of respirators; (4) establishes a schedule of fees to be charged applicants for testing and certification, and (5) establishes approval labeling requirements. The total cost to respondents is $4,691,120.

Respondents	Number of respondents	Number of responses/respondent	Avg. Burden/response (in hrs.)	Total burden (in hrs.)
Respirator Manufacturers	56	14	227	177,968
Total				177,968

Dated: March 5, 1998.

Charles Gollmar,

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

[FR Doc. 98–6193 Filed 3–10–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 98024]

Creating Healthy Work Organizations; Notice of Availability of Funds for Fiscal Year 1998

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1998 funds for a cooperative agreement program to design, implement, and evaluate organizational change interventions to create healthy work organizations.

CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of Healthy People 2000, see the section WHERE TO OBTAIN ADDITIONAL INFORMATION.)

Authority

This program is authorized under sections 20(a) and 22(e)(7) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 669(a) and 671(e)(7).

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the nonuse of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private, non-profit and for-profit organizations and governments, and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local health departments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- and/or women-owned businesses are eligible to apply.

Note: An organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible to receive Federal funds constituting an award, a grant, contract, loan, or any other form of funding.

Availability of Funds

Approximately $240,000 is available in FY 1998 to fund one award. The project period may last up to three years, depending on availability of funds, with budget periods of 12 months. It is expected that the award will begin on or about July 1, 1998. The funding estimate is subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and availability of funds.

Use of Funds

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1998 Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act (Pub. L. 105–78) states in Section 503(a) and (b) that no part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, or any State legislature, except in presentation to the Congress or any State legislative body itself. No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Background

Research over the past 25 years has identified job factors and work routines which are associated with employee stress and ill-health and has resulted in lengthy lists of both job stressors and stress-related health outcomes. A recent conceptual development has been a broadening of the focus from job stressor-health relationships to overall organizational health. Organizational health is a more inclusive concept and refers to enhanced organizational performance (productivity and effectiveness) plus worker good health. A healthy work organization is one whose culture/climate, values and practices promote employee health and company effectiveness. This definition accommodates heretofore opposing goals: (1) Organizational goals of profitability and competitiveness, and (2) worker goals of health and well-being.

In 1991, NIOSH initiated a program of research to study healthy work organizations. The research emphasized the interrelationship of individual worker well-being and organization effectiveness, and focused on macro-organization characteristics, in addition to job-level characteristics, as risk factors for ill health and performance impairment. NIOSH analyzed organizational climate survey data obtained from one corporate partner during the years 1993–1995. Over 10,000 workers filled out the anonymous questionnaire, which contained measures of stress and coping, management practices, individual and team performance, organizational culture, values, and performance. Statistical analyses of these cross-sectional data identified key organizational variables associated with low employee stress and high organizational effectiveness.

Based on these analyses, NIOSH developed a provisional model of a healthy work organization which contains three broad, interrelated categories: *Organizational values, culture/climate*, and *management practices.* Healthy work organizations demonstrate commitment to company values which emphasize employee growth and development, integrity and honesty in communication, workforce diversity, and view the individual worker as a valuable human resource. These organizations have a culture/climate in which workers (a) are personally valued, (b) have authority to take actions to solve problems, (c) are