ANNUAL BURDEN HOURS FOR VALIDITY/RELIABILITY STUDY, SPRING 2000—Continued

Questionnaire	Respondent	Number of respondents	Burden hours per respondent	Total burden hours
Physical Education and Activity Classroom Teacher.	Physical education teachers (Average 2 per school).	82	0.80	65.6
Total		1,536		810.4

ANNUAL BURDEN HOURS FOR SHPPS FIELD TEST, SPRING 1999

Questionnaire	Respondent	Number of respondents	Burden hours per respondent	Total burden hours
District Health Education	District officials	9	2.00	18.0
District Physical Education and Activity	District officials	9	2.00	18.0
District Health Services	District officials	9	2.00	18.0
District Food Service	District officials	9	2.00	18.0
District Questionnaire on School Policy and Environment.	District officials	9	2.50	22.5
District Mental Health and Social Services	District officials	9	2.00	18.0
District Faculty and Staff Health Promotion	District officials	9	1.00	9.0
School Questionnaire on School Policy and Environment (interview and reinterview).	Principals or designees	80	3.00	240.0
Health Education Classroom Teacher (interview and reinterview).	Health education teachers	80	1.60	128.0
Total		223		489.5

ANNUAL BURDEN HOURS ACROSS ALL SHPPS 2000 STUDY COMPONENTS

Study component	Number of respondents	Total burden hours
Main Study Data Collection, Spring 2000	26,493 1,536 223	25,115.9 810.4 489.5
Total	28,252	26,415.8

Kathy Cahill,

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-03-99]

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 Projects

1. 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. The total annual burden hours are 17.

Type of respondents	Number of respondents	Number of responses/ respondent	Avg. burden/ response (in hrs.)
Paying Patrons	25 50	1 1	.17 .25

2. Childhood Lead Poisoning Prevention Program Quarterly Report (0920–0282)—Extension—The National Center for Environmental Health requests an extension of the Childhood Lead Poisoning Prevention Program Quarterly Report. Section 317A of the Public Health Service Act as amended by The Lead Contamination Control Act of 1988 and the Preventive Health Amendments of 1992, mandates that grant applicants report quarterly the number of infants and children screened for elevated blood lead levels, the number found to have elevated blood lead levels, the number and type of medical referrals made for them, and the outcome of such referrals. State and local health agencies are the principal delivery points for childhood lead screening and related medical and environmental management activities. In FY 1998, CDC awarded 41 grants to fund childhood lead poisoning prevention programs. The purpose of the quarterly report is to report data collected by CDC's grantees. The report consists of narrative and data sections. The narrative section (1) provides highlights of quarterly activities, (2) reports issues and activities that have significant impact on the program, and (3) lists objectives and discusses progress towards meeting those objectives. The data section provides (1) screening and case confirmation activities, (2) environmental inspection and hazard remediation activities, and (3) medical case management activities. The total annual burden hours are 328.

Respondents	Number of respondents	Number of responses/ respondent	Avg. burden/ response (in hrs.)
Grantees	41	4	2

Kathy Cahill,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Public Health Service Activities and Research at DOE Sites; Citizens Advisory Committee; Notice of Meeting

Citizens Advisory Committee on Public Health Service Activities and Research at Department of Energy Sites: Fernald Health Effects Subcommittee; Hanford Health Effects Subcommittee; Idaho National Engineering and Environmental Laboratory Health Effects Subcommittee; and Savannah River Site Health Effects Subcommittee; and the Inter-tribal Council on Hanford Health Projects: Meetings.

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the National Center for Environmental Health (NCEH) and the National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), and the Agency for Toxic Substances and Disease Registry (ATSDR) announce the following Federal advisory committee meetings.

Name: Citizens Advisory Committee on Public Health Service Activities and Research at Department of Energy Sites.

Times and Dates: 8 a.m.-5 p.m., December 8, 1998; 8:30 a.m.-5:30 p.m., December 9, 1998.

Place: Salt Lake City Hilton, 150 West 500 South, Salt Lake City, Utah 84101, telephone 801–532–3344, fax 801–531–0705.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 150 people.

Background: The Department of Health and Human Services (HHS) and the Department of Energy (DOE) have two Memoranda of Understanding (MOU) for public health activities and research at DOE sites. One transferred the responsibility for the management and conduct of energyrelated analytic epidemiologic research to HHS, and HHS subsequently delegated program responsibility to CDC. The other is a separate MOU between ATSDR and DOE. This MOU addresses ATSDR public health responsibilities around DOE sites. In addition, ATSDR is required by law (Sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act) to conduct public health assessments, and where appropriate, other health activities, many of which are conducted at DOE sites.

Implementing these MOUs requires significant interaction with communities

living in proximity to DOE sites. This committee was chartered in response to the requests by representatives of the communities surrounding DOE sites to provide consensus advice and recommendations on community concerns related to CDC's and ATSDR's activities related to the sites.

Purpose: This committee provides advice and recommendations to the Director, CDC, and the Administrator, ATSDR, regarding community, American Indian Tribes, and labor concerns pertaining to CDC's and ATSDR's public health activities and research at respective DOE sites. Activities focus on providing a forum for community, American Indian Tribal, and labor interaction, and serve as a vehicle for communities, American Indian Tribes, and labor to express concerns and provide advice and recommendations to CDC and ATSDR.

Matters to be Discussed: Agenda items will include presentations from each of the four established subcommittees; status of the Advisory Committee for Energy-Related Epidemiologic Research Subcommittee for Community Affairs; up to four break-out sessions with presentations post break-out; proposed evaluation of the health effects subcommittees; group discussions and public comments.

Name: Fernald Health Effects Subcommittee (FHES).