

to determine the effect of message framing and message expectancy manipulations in increasing the receiver's elaboration about latex allergy prevention among five different occupational groups (N = 300 per group or 1,500 total participants). In addition, change in attitude and behavior will be assessed one month after exposure to the brochure. These combined studies will test the use of message framing and contrasts in message expectancy in applied health communication research.

Specifically, the studies will assess the effectiveness of these communication variables in influencing attitude, intentions, and behavior concerning the prevention of latex allergy. The results and conclusions drawn from this project will be used to develop a health communication template based on message framing and increased systematic message processing.

Overall, this study will contribute significantly to the knowledge concerning application of the message

framing theory, provide NIOSH with specific recommendations for effective health communication, and provide a template for future health interventions. In addition, this study will identify effective methods of communicating health and safety messages to those populations not normally reached by NIOSH.

The total annual burden for this data collection is 1,820 hours.

Respondents	Phase	Number of Respondents	Number of Responses/ Respondent	Average Burden per Response
Daycare workers, housekeeping personnel, foodservice personnel, hairdressers, police officers.	Pretest Phase I	150	1	60/60
Daycare workers, housekeeping personnel, foodservice personnel, hairdressers, police officers.	Pretest Phase II	10	1	120/60
Daycare workers, housekeeping personnel, foodservice personnel, hairdressers, police officers.	Pilot Test	300	1	30/60
Daycare workers, housekeeping personnel, foodservice personnel, hairdressers, police officers.	Main Study	1,500	2	15/60
Daycare workers, housekeeping personnel, foodservice personnel, hairdressers, police officers.	Followup Study	1,500	1	30/60

Dated: March 28, 2001.

Nancy E. Cheal,

Acting 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

[60 Day-01-28]

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, the Centers for Disease Control and Prevention (CDC) is providing opportunity for public comment on proposed data collection 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 at (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 Anne E. 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 Projects: Factors and Strategies that are Effective in

Establishing Policy and Environmental Interventions Designed to Promote Good Nutrition and Physical Activity—New—The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC), proposes to conduct a study to determine what is needed to implement and sustain policy and environmental interventions to promote physical activity and good nutrition for cardiovascular health. Policy and environmental intervention approaches to promoting physical activity and good nutrition are a new paradigm shift for intervention activities, therefore, research is required to determine what is needed to implement and sustain these types of interventions.

The proposed study will be conducted in three phases. *Phase 1 Background Information:* A review will be conducted of the literature of national conferences to identify experts

in the field of policy and environmental interventions to promote physical activity and good nutrition. *Phase 2 Expert Interviews:* State representatives, recognized experts, and others will be contacted via telephone to gather detailed information on both successful and promising environmental and

policy interventions. *Phase 3 Key Informant Interviews:* Key informant interviews will be conducted with selected interventions and programs that were indicated in Phases 1 and 2 to identify activities, methods, and lessons learned for their successful implementation. We will summarize

and evaluate interview results and disseminate to cardiovascular health funded States to assist in designing policy and environmental interventions to promote physical activity and good nutrition.

The total cost estimate is \$ 16,551 over a three-month period.

Respondents	Number of respondents	Responses/ respondent	Average burden of response in hrs.	Total burden (hrs.)
Expert Interviews	40	1	15/60	10
Key Informant Interviews	25	1	30/60	12.5
Total				22.5

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Nancy E. Cheal,

Acting 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

[Program Announcement 01029]

Notice of Availability of Funds for the Public Health Foundation To Improve the Nation's Public Health Infrastructure Through Applied Research, Training, and Technical Assistance

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2001 funds for a cooperative agreement program entitled "Improving the Nation's Public Health Infrastructure." This program addresses the "Healthy People 2010" priority focus area of Public Health Infrastructure. For a copy of "Healthy People 2010," visit the web site—<http://www.health.gov/healthypeople>.

The purpose of this cooperative agreement program is to improve the Nation's public health infrastructure and improve the performance of public health agencies by:

1. Developing and/or implementing strategies to encourage the development and use of standards for public health organizations, the public health workforce, and public health information systems;
2. Developing and/or implementing strategies to inform the public health community about effective approaches

to improving public health organizations, the public health workforce, and public health information systems; and

3. Conducting activities to encourage the public health community to implement the most effective approaches to improving public health organizations, the public health workforce, and public health information systems.

B. Eligible Applicants

Assistance will be provided only to the Public Health Foundation (PHF). No other applications are solicited. PHF is uniquely qualified to be the recipient organization for the following reason:

PHF previously completed the Community Health Status Indicators Project, in which it is the only organization that has access to the 10 years of disaggregated data used to develop the project. Using this disaggregated data from the Community Health Status Indicators reports and other relevant sources, only PHF will be able to conduct and/or publish continued applied research to strengthen the science base of public health practice with this critical project. This is the most important requirement of this cooperative agreement.

Note: Public Law 104-65 states that an organization, described in section 501(c) (4) of the Internal Revenue Code of 1986, that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

C. Availability of Funds

Approximately \$200,000 is available in FY 2001 to fund this award. It is expected that the award will begin on or about June 1, 2001, and will be made for a 12-month budget period within a project period of up to five 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. During the first year, funds are expected to be available to support the projects/activities listed in Part D.1. below as follows:

1. Core Activities \$ 50,000
2. Special Projects 1, 2, 6, 7, and 8 \$150,000

Use of Funds

Funds may be spent for reasonable program purposes, including personnel, travel, supplies, and services. Equipment may be purchased, with appropriate justification, including cost comparison of purchase with lease. Although contracts with other organizations are allowable, the recipient must perform a substantial portion of activities for which funds are requested. Cooperative agreement funds may not supplant existing funds from any other public or private source. Funds may not be expended for construction, renovation of existing facilities, or relocation of headquarters, affiliates, or personnel.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities listed under 1. (Recipient Activities), and CDC will be responsible for the activities listed under 2. (CDC Activities).

1. Recipient Activities

Recipients may undertake the following types of activities:

A. Core Activities

(1) Develop and maintain an effective governance structure within the organization that provides for effective leadership and day-to-day fiscal and operational management by competent full-time management staff.

(2) Conduct regular and ongoing assessments of the organization and its progress toward meeting its strategic