

February 27, 2002—10 a.m.–3:30 p.m.

Place: Hubert H. Humphrey Building, Room 705A, 200 Independence Avenue SW., Washington, DC 20201.

Status: Open.

Purpose: At this meeting the Committee will hear presentations and hold discussions on several health data policy topics. On the first day the full Committee will be briefed by HHS staff on number of topics including an update on activities of the HHS Data Council; Department responses to recent reports and recommendations from the Committee; and the status of implementation of the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) including the status of privacy and data standards regulations. The Committee will hear presentations on Public Health Preparedness and the National Health Information Infrastructure from a panel of speakers, and a second panel of speakers will present on the Public Key Infrastructure. The Committee will also review drafts of written materials including its 5th annual report to Congress on the implementation of HIPAA administrative simplification provisions. There will be Subcommittee breakout sessions late in the afternoon of the first day and prior to the full Committee meeting on the second day. On the second day the Committee will hear from the Director of the National Center for Health Statistics on that agency's activities and will be briefed by the HHS Office for Human Research Protections on the mission and purpose of that Office. Later in the day the Committee will hear reports from the Subcommittees and Workgroups. Finally, the agendas for future NCVHS meetings will be discussed.

Notice: In the interest of security, HHS has instituted stringent procedures for entrance to the Hubert H. Humphrey building by non-government employees. Persons without a government identification card may need to have the guard call for an escort to the meeting.

Contact Person for More Information: Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone (301) 458-4245. Information also is available on the NCVHS home page of the HHS website: <http://www.ncvhs.hhs.gov/>, where further information including an agenda will be posted when available.

Dated: February 8, 2002.

**James Scanlon,**

Director, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 02-3753 Filed 2-14-02; 8:45 am]

**BILLING CODE 4151-05-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-02-26]

#### 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 or other forms of information technology. Send comments to Seleda Perryman, 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

Levels of Selected Drinking Water Disinfection By-products in Whole Blood after Showering: The Effect of Genetic Polymorphisms—NEW—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Chlorine is the most commonly used chemical for disinfecting U.S. water supplies; however, chlorine reacts with organic compounds in the water to produce halogenated hydrocarbon by-products. Exposure to these disinfection by-products (DBPs) has been associated with liver and bladder cancer in humans and is suspected of other

adverse health outcomes. We recently completed a study of household exposure to one class of DBPs in tap water, trihalomethanes (THMs) (Backer *et al.*, 2000). We found an increase in whole blood levels of one class of (THMs) after people showered or bathed in tap water. We also found that the increases fell roughly into two groups; one group was clustered around a higher level, the other a lower level. It is possible that this clustering is the result of individual variations in physiological characteristics or it could be the result of differences in the ability to metabolize THMs.

Since several polymorphically expressed enzymes are linked to the metabolism of DBPs, these physiologic and genetic differences may be important in determining an individual's risk for cancer and other health risks associated with exposure to these compounds. We plan to measure the change in blood concentration of DBPs after showering. We will then examine the association between people with different enzyme variants and post-exposure blood THM levels. The study will be conducted in two parts. Part 1 will involve recruiting 250 volunteers who do not have a history of lung problems and who are willing to participate in all aspects of the study. These 250 will be asked to provide some demographic information. They will also provide a buccal cell sample that will be analyzed in order to find a pool of 100 volunteers who have the genetic polymorphisms of interest. Part 2 will involve the 100 study subjects giving three blood samples before and three blood samples after taking a shower. A urine sample will be collected and stored for future use in evaluating urine levels of haloacetic acids (HAAs), another important class of drinking water DBPs. Air and water samples will also be collected.

Subjects will complete a brief questionnaire in order to obtain personal information that might impact the dose of volatized DBPs they receive. This data will be analyzed to determine whether the physiologic and genetic differences among individuals result in differences in blood THM levels after similar exposure. There are no costs to respondents.

Respondents	Number of respondents	Number of responses respondent	Average burden/response (in hours)	Total burden (in hours)
Healthy, College-age adults .....	250	1	1	250

Respondents	Number of respondents	Number of responses respondent	Average burden/response (in hours)	Total burden (in hours)
Respondents with genetic variants of interest .....	110	1	2	220
Total .....				470

Dated: February 8, 2002.

**Julie Fishman,**

*Acting Deputy Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.*

[FR Doc. 02-3729 Filed 2-14-02; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-02-27]

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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 Project

Process Evaluation of CDC's Youth Media Campaign—NEW—National Center For Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC)

In FY 2001, Congress established the Youth Media Campaign at the Centers for Disease Control and Prevention (CDC). Specifically, the House Appropriations Language said: *The Committee believes that, if we are to have a positive impact on the future health of the American population, we must change the behaviors of our children and young adults by reaching them with important health messages.* CDC, working in collaboration with the Health Resources and Services Administration (HRSA), the National Center for Child Health and Human Development (NICHD), and the Substance Abuse and Mental Health Services Administration (SAMHSA), is coordinating an effort to plan, implement, and evaluate a campaign designed to clearly communicate messages that will help kids develop habits that foster good health over a lifetime. The Campaign will be based on principles that have been shown to enhance success, including: designing messages based on research; testing messages with the intended audiences; involving young people in all aspects of Campaign planning and implementation; enlisting the involvement and support of parents and other influencers; tracking the Campaign's effectiveness and revising Campaign messages and strategies as needed.

For the Campaign to be successful, close monitoring of the implementation of the Campaign through process evaluation is essential. Campaign planners are interested in understanding how well and under what conditions the Campaign was implemented and the size of the audience that was exposed to the messages. This understanding will facilitate any strategy changes that may be necessary to increase the Campaign's effectiveness and sustainability.

The Youth Media Campaign will conduct process evaluation with convenience samples during community events in up to 15 communities nationwide, as well as through the Campaign Web site and listservs. This process evaluation may include, but is not limited to, gathering information from tweens, parents, other teen and adult influencers, community stakeholders, and partners through: in-person and follow-up telephone interviews; intercept interviews; panels or reoccurring focus groups; internet online surveys; and bounce-back Web surveys with users of Web site. Additionally, the Youth Media Campaign process evaluation will examine the implementation of Campaign strategies through community partners. Partner process evaluation methods include, but are not limited to, partner reporting logs, a partner listserv reporting system, partner surveys, and partner interviews.

The purpose of the process research is to determine to what extent the Youth Media Campaign was implemented as planned, the challenges that occurred and how they were addressed, in order to refine campaign strategies. Additionally, the process research will examine to what extent partnerships were formed and the effectiveness of the partnership activities.

Respondents	Number of respondents	Number of responses/ respondent	Average burden of response (in hours)	Total burden (in hours)
Tweens (ages 9-13) .....	20,000	1	15/60	5,000
Reoccurring tween panel(s) .....	30	4	2	240
Parents .....	10,000	1	15/60	2,500
Reoccurring parent panel(s) .....	30	4	2	240
Adult influencers .....	7,500	1	15/60	1,875
Older teen influencers .....	4,000	1	15/60	1,000
Community stakeholders .....	2,000	1	30/60	1,000