

noise-exposed, hearing-impaired workers so that they can continue to perform their jobs safely while preventing additional hearing loss. Three General Motors (GM) manufacturing plants have agreed to participate in the field-testing phase of this project as part of the Memorandum of Understanding between NIOSH, the General Motors Corporation and the International Union, United Automotive, Aerospace and Agricultural Implement Workers of America (UAW) which was signed on October 23, 2000. Beginning in 2002 and continuing into 2003, the field study proposal was developed in consultation with representatives from GM and the UAW from each of the three plants. The field

study is scheduled to begin during 2004 and to conclude during 2005.

One hundred noise-exposed, hearing-impaired workers will be enrolled in the study. Participants will complete the necessary release of information forms, receive a clinical hearing evaluation and case history interview by a certified audiologist to identify the type of hearing protection most appropriate for them, and be provided with this protector for use in their actual job. As part of the impact and evaluation component of this project, each study participant will fill out a 36-item pre-intervention Hearing Protection Device (HPD) Questionnaire at the time he or she enrolls in the study. The HPD Questionnaire is an expansion of a

previously approved HPD questionnaire (OMB NO. 0920-0552) which was developed in 1999 by NIOSH researchers. The post-intervention HPD Questionnaire will be mailed to each participant along with the 7-item Post-Intervention Questionnaire following a one-year trial with the study HPD. NIOSH researchers will use this information to assess the success of the evaluation and HPD selection protocol, and make recommendations to hearing health professionals and hearing conservation program managers, regarding the auditory management of noise-exposed, hearing-impaired workers. This request is for 2 years. There is no cost to respondents.

Respondents	No. of respondents	No. of responses/ respondents	Avg. burden/ response (in hrs)	Total burden hours
Release of Information (GM to NIOSH)	100	1	5/60	8
Release of Information (Clinic to NIOSH)	100	1	5/60	8
Contact Information Card	100	1	2/60	3
HPD Questionnaire (pre-intervention)	100	1	15/60	25
HPD Questionnaire (post-intervention)	100	1	15/60	25
Case History	100	1	10/60	17
Telephone Follow-Up	100	6	7/60	70
Post-Intervention Questionnaire	100	1	10/60	17
Total				173

Dated: April 12, 2004.

Diane Allen,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-04-40]

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 Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

Integrating HIV and Other Prevention Services into Reproductive Health and Other Community Settings On-Line Performance Reporting System—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background

Integrating HIV and Other Prevention Services into Reproductive Health and Other Community Settings is a training project of CDC, National Center for Chronic Disease Prevention and Health Promotion, the grantees, and their ten family planning regional training centers. The grantees must submit project reports twice a year (each of whom corresponds to one of the ten federal public health regions) on their training-centered intervention activities. CDC guidelines also obligate grantees under cooperative agreements to provide performance reporting. To facilitate grantee compliance with performance reporting requirements, a secure online performance reporting system has been designed to capture training activity information—an indicator of consistent and measurable project progress. Each grantee enters and edits their own training activity data and generates project evaluation documents and semi-annual reports on the Internet. CDC will use the reported data to assess project progress towards achieving:

- Measurable information about grantees' prevention training activities.
- Prevention training needs, complexity, diversity, and availability.

- Comparisons between the trained population and the general population of the local area.
- Special cultural and regional needs.
- Complexity of the trained workforce.

- Grantees access to on-line data reports.

Grantees' semi-annual performance reports are due March 31 and September 30 during each year of the 5-year cooperative agreement. Using the on-line system, grantees enter data during

each reporting period. The information obtained from the online performance reporting system will help CDC meet its evaluation objectives. No proprietary items or sensitive information will be collected. There is no cost to respondents except their time.

Respondents	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
Region 1 Grantee	1	2	1	2
Region 2 Grantee	1	2	1	2
Region 3 Grantee	1	2	1	2
Region 4 Grantee	1	2	1	2
Region 5 Grantee	1	2	1	2
Region 6 Grantee	1	2	1	2
Region 7 Grantee	1	2	1	2
Region 8 Grantee	1	2	1	2
Region 9 Grantee	1	2	1	2
Region 10 Grantee	1	2	1	2
Total				20

Dated: April 9, 2004.

Diane Allen,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-04-39]

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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-E11, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

Assessment of State Early Hearing Detection and Intervention Programs (EHDI): A Program Operations Evaluation Protocol—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Every year, an estimated 12,000 newborns are diagnosed with permanent hearing loss, a condition that if not identified and treated early can lead to impaired functioning and development. CDC's role in the detection, diagnosis, and treatment of early hearing loss through the "Early Hearing Detection and Intervention Program" (EHDI) is of vital importance for families of newborns and infants affected by hearing loss. Nonetheless, recent data indicate that only 60 percent of the newborns that fail hearing screening are evaluated by the recommended 3 months of age.

This study aims to examine the policy, structural, personal, and financial factors and barriers associated with loss to follow-up and identify "best practices" for improving detection; referral to evaluation and intervention; and adherence to intervention. Data

from this evaluation will be used to improve EHDI programs across the nation.

The evaluation will involve an integrative evaluation approach that encompasses the following activities, conducted in Arkansas, Massachusetts, Michigan, Utah, and Virginia: (1) a 10-minute survey of 3,000 mothers whose newborns have been screened (the "Maternal Exit Survey"); and (2) a 20-minute computer-assisted telephone interviewing (CATI) survey of 1,000 mothers of newborns who have been referred for additional hearing evaluation (the "Maternal CATI Interview"). The Maternal Exit Survey and the Maternal CATI Interview will address the following research questions: (1) What are the factors that impede or enable families to follow-up for early hearing evaluation and intervention; (2) What EHDI strategies implemented by hospitals appear to be most successful in reducing loss to follow-up; and (3) Is loss to follow-up associated with maternal characteristics such as parity, age or ethnicity? Both surveys will be available in English and Spanish.

Hearing loss is the most common disorder that can be detected through newborn screening programs. Prior to the implementation of newborn hearing screening, children with hearing loss typically were not identified until 2 to 3 years of age. This is well beyond the period of early language development. Now, with comprehensive EHDI programs, the average age of identification of children with hearing loss has been reduced so that it is now possible to provide interventions for