

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 Anne 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: 2002 National Health Interview Survey Basic Module—Revision—OMB. No. 0920-0214, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). The annual National Health Interview Survey (NHIS) is a basic source of general statistics on the health of the U.S. population. In accordance with the

1995 initiative to increase the integration of surveys within the Department of Health and Human Services, respondents to the NHIS serve as the sampling frame for the Medical Expenditure Panel Survey. This survey is conducted by the Agency for Healthcare Research and Quality. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, AIDS, and childhood immunizations. Journalists use its data to inform the general public. It will continue to be a leading source of data for the Congressionally-mandated "Health US" and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, "Healthy People 2010."

Because of survey integration and changes in the health and health care of the U.S. population, demands on the

NHIS have changed and increased, leading to a major redesign of the annual core questionnaire, or Basic Module, and a redesign of the data collection system from paper questionnaires to computer assisted personal interviews (CAPI). Those redesigned elements were partially implemented in 1996 and fully implemented in 1997. This clearance is for the sixth full year of data collection using the Basic Module on CAPI and for the implementation of Topical Modules (or supplements) on asthma, hearing, vision, disability, environmental health, arthritis, and alternative medicine. The supplements will help track many of the Health People 2010 objectives. This data collection, planned for January—December 2002, will result in publication of new national estimates of health statistics, release of public use micro data files, and a sampling frame for other integrated surveys. There is no cost to the respondents other than their time.

Respondents	Number of respondents	Number of responses/ Respondent	Avg. burden/ response (in hours)	Total burden (in hours)
Family	42,000	1	0.35	14,700
Sample adult	42,000	1	0.70	29,400
Sample child	18,000	1	0.25	4,500
Total				48,600

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Nancy Cheal,

Acting 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

[60Day-01-46]

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: Willingness to Pay Project—NEW—Epidemiology Program Office (EPO), Centers for Disease Control and Prevention (CDC). The mission of the Prevention Effectiveness Branch is to provide information and training to build internal and external

capacity in economic and decision sciences.

This project will use qualitative and quantitative research to develop and test informational approaches (educational materials or product labeling) to educate consumers about food safety issues, develop and test survey instruments and test experimental protocols to be used in the main quantitative data collection; provide a nationally-representative estimate of consumer willingness to pay for (a) publicly-provided reductions in the probability of contracting foodborne illnesses; (b) reductions in severity of symptoms associated with foodborne illnesses, and (c) materials that facilitate private, defensive precautions against foodborne illness during home food preparation (e.g., meat thermometers, antibacterial soaps and cutting boards). Estimate the effect of education programs and product labeling on willingness to pay for the reductions; compare the empirical estimates of the above mentioned consumer willingness to pay derived from a conjoint analysis instrument and a simulated marketplace experiment.

Public awareness and stated concern regarding foodborne illnesses have

increased rapidly over the past decade. The general public while seemingly well informed and concerned about some relevant food safety issues, appear unknowledgeable or ill-informed about emerging issues. The *Food Safety Survey* data suggest that information provided to consumers at the point of purchase may be a fruitful means of educating the public about food safety, and analyses of consumer purchase data indicate that health-related information provided at the point of purchase can make significant long-term changes in purchasing behavior.

While providing health-related information about food has been the focus of major policy initiatives in the last few years, little empirical economic research has attempted to understand the market and welfare effects of different health information policies. In addition, previous research does not address the distribution of effects across

different consumers. Policy makers and food manufacturers cannot provide labels that satisfy everyone's information desires while simultaneously catering to consumers' cognitive and time constraints. As a result, policy makers need to understand how different sectors of the consumer population will be affected, particularly those members of the population who face relatively high food safety risks.

The lack of information hinders policy makers from making informed decisions on the proper allocation of resources in this area since the benefits or reducing the risk of illness are not well known. Not having the information readily available makes cost-effectiveness and cost-benefit analyses difficult to do as well as resource-intensive. This data collection effort, then will reduce this burden by making data available to researchers for use in

program and policy evaluation. If this data collection effort were not to take place, agencies will either have to continue to piece together data when conducting economic analyses of food safety policies and regulations, or they will fund a large-scale effort like the one being proposed. Another large-scale effort would be a waste of public funds. Providing consumers information about the risks and about protective measures allows consumers to more accurately assess how much they would pay for reductions in this risk, but more importantly, it also informs the consumer as to what the risks are and how they can protect themselves. This information is important since the consumer is the last line of defense in the campaign against foodborne illnesses. There are no costs to respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Survey respondents	5,000	1	30/60	2,500
Virtual shopping respondents	1,200	1	1	1,200
Total				3,700

Dated: May 23, 2001.

Nancy Cheal,

Acting 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

[Program Announcement 01162]

Disability and Health Screening Programs; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2001 funds for grant programs entitled "Disability and Health Screening Programs." This program addresses the "Healthy People 2010" focus areas of Disability and Secondary Conditions, Environmental Health, and Maternal, Infant, and Child Health. The purpose of the programs is: (1) To establish and enhance screening, follow-up, and

referral for Glaucoma and other visual acuity problems and diseases of the eye, and (2) to investigate intestinal motility disorders in children.

B. Eligible Applicants

Assistance will be provided only to the Congressional Glaucoma Caucus Foundation and to Children's Hospital of Buffalo. No other applications are solicited. Eligibility is limited to these applicants because FY 2001 Federal appropriations specifically directs CDC to award these grant funds for the following glaucoma screening and intestinal motility disorder programs:

1. Congressional Glaucoma Caucus Foundation, Whitestone, NY. The Foundation is a non-partisan organization of members of the U.S. Congress whose purpose is to educate their communities about the risks of glaucoma and other blindness-causing eye diseases, and to provide diagnostic screening opportunities for high risk groups in their home districts across the nation.

2. Children's Hospital of Buffalo, Buffalo, NY. Established in 1892, the Children's Hospital of Buffalo is a regional center for comprehensive, specialized pediatric and women's health services. They provide a variety

of clinical services for children and see more than 128,000 outpatients per year.

Note: Title 2 of the United States Code, Chapter 26, Section 1611 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 \$441,856 is available in FY 2001 to fund one award to the Congressional Glaucoma Caucus Foundation and approximately \$176,592 is available to fund one award to the Children's Hospital of Buffalo. It is expected that each award will begin on or about September 1, 2001, and will be made for a 12-month budget period within a one year project period. Funding estimates may change.

D. Where To Obtain Additional Information

For business management technical assistance, contact: Nancy B. Pillar, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement Number 01162, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, MS E-13, Atlanta,