In 1961, responsibility for the collection of data on nationally notifiable diseases and deaths in 122 U.S. cities was transferred from the National Office of Vital Statistics to CDC. For 37 years the Morbidity and Mortality Weekly Report (MMWR) has consistently served as CDC's premier communication channel for disease outbreaks and trends in health and health behavior. In collaboration with the Council of State and Territorial Epidemiologists (CSTE), CDC has demonstrated the efficiency and effectiveness of computer transmission of data. The data collected electronically for publication in the MMWR provides information which CDC and State epidemiologists use to detail and more effectively interrupt outbreaks. Reporting also provides the timely information needed to measure and demonstrate the impact of changed immunization laws or a new therapeutic measure. Users of data include, but are not limited to, congressional offices, state and local health agencies, health care providers, and other health related groups.

The dissemination of public health information is accomplished through the MMWR series of publications. The publications consist of the MMWR, the CDC Surveillance Summaries, the Recommendations and Reports, and the Annual Summary of Notifiable Diseases.

The estimated cost to respondents is $51,194.00 assuming an hourly wage of $11.00.

Type of respondents	Number of respondents	Frequency of response	Average time of response	Annual hour burden
State and Local Health Departments	179	52	30/60	4,654

Dated: November 20, 2001.

Nancy E. 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

[30DAY–07–02]

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 Project: The State and Local Area Integrated Telephone Survey (SLAITS) (OMB No. 0920–0416)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). This is a request to continue for three years the integrated and coordinated survey system designed to collect needed health and welfare related data at the state and local levels. Using the random-digit-dial sampling frame from the ongoing National Immunization Survey (NIS) and Computer Assisted Telephone Interviewing (CATI), the State and Local Area Integrated Telephone Survey (SLAITS) has quickly collected and produced data to monitor health status, child and family well-being, health care utilization, access to care, program participation, chronic conditions, and changes in health care coverage at the state and local levels. These efforts are conducted in cooperation with Federal, state, and local officials. SLAITS offers a centrally administered data collection mechanism with standardized questionnaires and quality control measures which allow comparability of estimates between states, over time, and with national data. SLAITS is designed to allow oversampling of population subdomains and to meet federal, state and local needs for subnational estimates which are compatible with national data.

For some SLAITS modules, questionnaire content was drawn from existing surveys including the National Health Interview Survey (NHIS), the National Health and Nutrition Examination Survey (NHANES), the Current Population Survey (CPS), the Survey of Income and Program Participation (SIPP), the National Household Education Survey, and the National Survey of America's Families. Other questionnaire modules were developed specifically for SLAITS during the pilot study phase and during the past three years. The existing modules include General Health, Child Well-Being and Welfare, Children with Special Health Care Needs, Asthma Prevalence and Treatment, Knowledge of Medicaid and the State Children's Health Insurance Program (SCHIP), Survey of Early Childhood Health, and HIV/STD Related Risk Behavior.

Over the past three years, SLAITS has provided policy analysts, program planners, and researchers with high quality data for decision making and program assessment. The module on Medicaid and SCHIP will be featured prominently in a report to Congress on insuring children. The module on children with special health care needs (CSHCN) will be used by federal and state Maternal and Child Health Bureau Directors in evaluating programs and service needs. The American Academy of Pediatrics is using the module on early childhood health to advise pediatricians on patient care standards and informing parents about the health and well-being of young children.

Funding for SLAITS is obtained through a variety of mechanisms including Foundation grants, State collaborations, and federal appropriation and evaluation monies. The level of implementation depends on the amount of funding received and can be expanded as funding permits. Questionnaire modules will be compiled to address the data needs of interest to the federal, state or local funding agency or organization. Possible topics include but are not limited to disability, children's health, violence against women, health behaviors, unintentional injuries, program participation, health care coverage, or any of the topics previously studied. The annualized burden for this data collection is 150,606 hours.

Module	Year	Number of responses	Responses per respondent	Average burden (in hours)
Asthma—Screener	2002	36,000	1	8/60
Asthma—Survey	.....	4,920	1	20/60
Pretest—General Children's Health— Screener	2002	4,398	1	5/60
Pretest—General Children's Health— Survey	.....	1,000	1	20/60
General Children's Health—Screener	2003	448,596	1	5/60
General Children's Health—Survey	.....	102,000	1	20/60
Pretest Module #3 Screener	2003	4,398	1	5/60
Pretest Module #3 Survey	.....	1,000	1	20/60
Module #3 Screener	2004	448,596	1	5/60
Module #3 Survey	.....	102,000	1	20/60
Pretest 2005 Module—Screener	2004	4,398	1	5/60
Pretest 2005 Module—Survey	.....	1,000	1	20/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02008]

Integrated, Multi-Level Interventions To Improve Adolescent Health Through the Prevention of Sexually Transmitted Diseases, Including HIV, and Teen Pregnancy; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2002 funds for a cooperative agreement research program for Integrated, Multi-level Interventions to Improve Adolescent Health through the Prevention of Sexually Transmitted Diseases, including HIV, and Teen Pregnancy. This program addresses the ''Healthy People 2010'' priority area(s) of Sexually Transmitted Diseases, HIV, and Family Planning. For the conference copy of ''Healthy People 2010'', visit the Internet site: *http://www.health.gov/healthypeople.*

The goal of this cooperative agreement research program is to develop, implement and evaluate interventions to prevent STD, including HIV, and pregnancy among adolescents. These interventions should be multi-level and should be integrated, interactive, and synergistic. CDC expects that continuation funds will be available for project periods of up to eight years.

The goal of this research program is to take a developmental approach to delivering multi-level interventions, that change over time to be age appropriate. Applications should include three groups of adolescents: (1) Younger adolescents (*i.e,* about 11 to 13 years of age) who will be followed through late adolescence (*i.e.,* about 16 to 18 years of age); (2) middle adolescents (*i.e,* about 14–16 years) who will be followed through late adolescence (*i.e.,* 2–3 years); and (3) younger (*i.e,* about 11 to 13 years of age) adolescents who will be recruited 2 to 3 years after groups 1 and 2 and followed for a shorter duration (*e.g.,* 2–3 years). These three groups will allow examination of both longitudinal and cross-sectional effects as well as cohort effects of integrated multi-level interventions. Interventions should target adolescents at high risk for STD, including HIV, and teen pregnancy. Catchment areas should have rates of chlamydia and teen pregnancy that exceed ''Healthy People 2010'' targets. Interventions should be community-wide, with sufficient numbers of communities to appropriately address study questions, and contamination across communities should be minimal.

Study Objectives

Note: Please see Appendix A for a complete background and level-specific objectives for this research program. Appendix A is available as part of this program announcement contained in the application kit (available by calling 1–888–GRANTS4) and on the CDC home page Internet address—*http://www.cdc.gov.* Click on ''Funding'' then ''Grants and Cooperative Agreements.''

The overall objectives of this research program are:

1. To design developmentally appropriate, interactive and synergistic interventions to prevent STD, including HIV, and teen pregnancy.

2. To develop and implement interventions at a minimum of three social context levels, including (1) parents, and (2) providers or medical institutions, and (3) at least one other level of the applicants' choice. Interventions should address level-specific objectives as presented in Appendix A and may include existing interventions, new interventions or some combination of both.

3. To develop, implement and evaluate the main and interactive effects of these multi-level interventions using strong experimental or quasi-experimental research designs.

4. To examine the effects of integrated, multi-level interventions on: (1) Behavioral outcomes: rates of unprotected intercourse, delay of coital debut among non-sexually active adolescents, and return to abstinence after coital debut; (2) Process outcomes: annual clinical preventative health services utilization among adolescents and annual chlamydia screening; (3) Morbidity outcomes: Rates of STD, HIV, and teen pregnancy among adolescents in the target community. (Assessment of outcomes should be age-appropriate.)

B. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State and local governments or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

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