1774 (telephone) or 301–443–6822 (facsimile) or *FCTC.OGHA@osophs.dhhs.gov.*

SUPPLEMENTARY INFORMATION: In May 1999, the World Health Assembly, the governing body of the World Health Organization, unanimously adopted resolution WHA 52.18 calling for negotiation of a Framework Convention on Tobacco Control support (FCTC). The United States joined other countries in voicing support for negotiation of the convention, which is intended to address the global problem of tobacco use. Following two meetings of an FCTC working group held in Geneva in October 1999 and March 2000, an Intergovernmental Negotiating Body (INB) was established to negotiate the text of the FCTC and related protocols. Four meetings of the INB have been conducted, in October 2000, April and November 2001, and March 2002. A negotiating team headed by staff of the Office of Global Health Affairs (DHHS) represented the United States. Other members of the negotiating team represented HHS, the Departments of State, Treasury, Justice, Agriculture, and the U.S. Trade Representative. An interagency working group developed the guidance for the negotiating team.

The fifth INB session is scheduled for October 14–25, 2002.

(Background documents on the FCTC are available on the World Health Organization's Web site at *http://tobacco.who.int/en/fctc/index.html.*)

Written Comments: In preparation for the fifth INB session, the U.S. negotiating delegation is seeking comments from the public on the FCTC. A new draft of the FCTC was released by the chairman of the INB on July 16, 2002. It is available at *http://www.who.int/gb/fctc/PDF/inb5/einb52.doc.* Comments should be based on this version of the draft convention.

Announcement of Meeting: The U.S. Government is seeking to understand the perspectives of various organizations and individuals on the FCTC. The comment period and public meeting are intended to give interested persons, including public health and medical professionals, state and local officials, farmers, retailers, manufacturers, and others an opportunity to comment on the FCTC. Respondents to this notice will have the opportunity to speak to representatives of the government.

Meeting Location and Registration: The public meeting will be held on September 20, 2002, from 9:15 a.m. to 5 p.m. at the Nashville Public Library, 615 Church Street, Nashville, TN 37219.

If you would like to attend the public meeting, you are encouraged to register early by providing your name, title, firm name, address, and telephone number to Gail Zaslow (contact information above). The U.S. Government encourages individuals to submit written comments, either electronically or by mail. Comments also will be accepted during the meeting. If you would like to speak at the meeting, please notify Gail Zaslow (address above) when you register.

The transcript of the public meeting and submitted comments will be posted on the Internet at *http://www.cdc.gov/tobacco/global/framework.htm.*

Dated: August 21, 2002.

William R. Steiger,

Special Assistant to the Secretary for International Affairs and Director, Office of Global Health Affairs.

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BILLING CODE 4510–28–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–02–69]

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 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

Work Organization Predictors of Depression in Women—NEW—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background

Depression is a costly and debilitating occupational health problem. Research has indicated that the costs to an organization of treatment for depression can rival those for heart disease, and both major depressive disorder and forms of minor depression have been found to be associated with more disability days than other types of health diagnoses. This may be of particular relevance for working women. Various national and international studies indicate that women in developed countries experience depression at up to twice the rate of men. Studies that have examined this gender difference have focused on social, personality, and genetic explanations while few have explored factors in the workplace that may contribute to the gender differential. Examples of workplace factors that may contribute to depression among women include: additive workplace and home responsibilities, lack of control and authority, and low paying and low status jobs. Additionally, women are much more likely to face various types of discrimination in the workplace than men, ranging from harassment to inequalities in hiring and promotional opportunities, and these types of stressors have been strongly linked with psychological distress and other negative health outcomes. On the positive side, organizations that are judged by their employees to value diversity and employee development engender lower levels of employee stress, and those that enforce policies against discrimination have more committed employees. Such organizational practices and policies may be beneficial for employee mental health, particularly the mental health of women.

This research will focus on the following questions: (1) Which work organization factors are most predictive of depression in women, and (2) are there measurable work organization factors that confer protection against depression in women employees.

The research will use a repeated measures, prospective design with data collection at three points (baseline and 1-year and 2-year follow-ups). A 30–40 minute survey will be administered by

telephone to 2500–3000 newly employed women and men at 25 or more different organizations. The survey will contain questions about: (1) Traditional job stressors (*e.g.*, changes in workload, social support, work roles); (2) stressors not traditionally examined, but may be linked with depressive symptoms among women (*e.g.*, roles and responsibilities outside of the workplace, discrimination, career issues); (3) depression symptoms; and (4) company policies, programs, and practices. One Human Resource (HR) representative at each company will also be surveyed about company policies, programs and practices. Analyses will determine which work organization factors are linked with depressive symptoms and what effect the organizational practices/policies of interest have on depression. Findings from this prospective study will also help target future intervention efforts to reduce occupationally-related depression in women workers. There is no cost to respondents.

Respondents	No. of respondents	No. of responses/ respondent	Avg. burden response (in hours)	Total burden (in hours)
Employees	3000	3	40/60	6000
HR Representative	30	3	20/60	30
Total				6030

Dated: August 21, 2002.

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–46–02]

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) 498–1210. 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

Evaluability Assessment of the Rape Prevention and Education Grant Program—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC). The Rape Prevention and Education (RPE) Grant Program strengthens violence against women prevention efforts by supporting increased awareness, education and training, and the operation of hotlines. The purpose of this program is to award formula grants to States and Territories to be used for RPE programs conducted by rape crisis centers, state sexual assault coalitions, and other public and private nonprofit entities.

Although the Rape Prevention and Education program has been funded since 1996 little is known about how the funds are allocated and utilized in each state and what each states public health needs are with regard to rape prevention and education. In order to effectively administer and collaboratively work with states to enhance the utilization of these funds, the CDC needs to know how these funds are allocated, what activities are being conducted with these funds and the kinds of data they are collecting. The primary objectives of this study are to: 1. Document the intended goals and objectives of the RPE program as it relates to the activities of state health departments and sexual assault coalitions, from the perspective of various stakeholder levels (*e.g.*, National, state and local); 2. Assess the allocation mechanisms, uses, and impact of the funds for RPE as they relate to these documented intentions; and, 3. Assess public health needs of states and local programs in terms of knowledge, skills, resources, and barriers to effective implementation.

To meet these objectives, a variety of data collection tasks will be employed. A critical review of the published literature and related materials pertaining to the monies for RPE will be conducted to provide guidance for the survey instrument development. Two e-mail surveys will be conducted: one with the state health department RPE coordinators and the other with sexual assault coalition directors. Each survey instrument will take approximately 30 minutes to complete. Site visits will be conducted with a sample of 15 sites to obtain more detailed information about the RPE programs and the current systems in place. Sites will be purposefully selected to maximize variability and interviews will be conducted with both the state health department RPE coordinators and the state sexual assault coalition directors. The estimated annualized burden is 427 hours.

Instrument	No. of respondents	No. of responses/ respondent	Avg. burden/ response (in hours)
REP Grant Program Web Survey			
DOH RPE Coordinators	59	1	45/60
Coalition Directors	52	1	45/60
Other Agency Reps	10	1	45/60
RPE Grant Program Site Visit Interview Guide			
DOH RPE Coordinators	15	1	180/60*
Coalition Directors	13	1	180/60*
Other Agency Reps	4	1	180/60*
RPE Grant Program Local Provider Focus Group Guide	120	1	240

*This time also includes time for a conference call with DOH RPE Coordinators and Sexual Assault Coalition Directors.