

paragraph above, through which the Agency carries out its work.

DATES: Nominations should be received on or before May 23, 2003.

ADDRESSES: Nominations should be sent to Ms. Anne Lebbon, AHRQ, 2101 East Jefferson Street, Suite 600, Rockville, Maryland, 20852. Nominations also may be faxed to (301) 594-2249.

FOR FURTHER INFORMATION CONTACT: Ms. Anne Lebbon, AHRQ, at (301) 594-7216.

SUPPLEMENTARY INFORMATION: 42 U.S.C. 299c, section 921 of the PHS Act, provides that the National Advisory Council for Healthcare Research and Quality shall consist of 21 appropriately qualified representatives of the public appointed by the Secretary of Health and Human Services and eight ex officio representatives from Federal agencies conducting or supporting health care research. The Council meets in the Washington, DC, metropolitan area, generally in Rockville, Maryland, approximately three times a year to provide broad guidance to the Secretary and AHRQ's Director on the direction and programs for AHRQ.

Nine individuals will presently be selected by the Secretary to serve on the Council beginning with the meeting in the fall of 2003. Members generally serve 3-year terms. Appointments are staggered to permit an orderly rotation of membership.

Interested persons may nominate one or more qualified persons for membership on the Council. Nominations shall include a copy of the nominee's resume or curriculum vitae, and state that the nominee is willing to serve as a member of the Council. Potential candidates will be asked to provide detailed information concerning their financial interests, consultant positions, and research grants and contracts, to permit evaluation of possible sources of conflict of interest.

The Department is seeking a broad geographic representation and has special interest in assuring that women, minority groups, and the physically handicapped are adequately represented on advisory bodies and, therefore, extends particular encouragement to nominations for appropriately qualified female, minority, and/or physically handicapped candidates.

Dated: April 9, 2003.

Carolyn M. Clancy,
Director.

[FR Doc. 03-9415 Filed 4-16-03; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-03-61]

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 Dale Verell, 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

Youths Evaluation of Anti-Tobacco Ads—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background

In FY 2002, Congress mandated CDC, Office on Smoking and Health (OSH), to facilitate programs to prevent tobacco use among young people using counter-advertising targeted to young people. Demoralization and the reduction of tobacco use among youth and adolescents are the focus of six objectives in *Healthy People 2010*. There are no nationwide studies assessing the perceived effectiveness of multiple categories of anti-tobacco advertisements (only one nationwide study exists which only explores the

effectiveness of one type of message). CDC is coordinating an effort to plan, implement, and evaluate a media literacy lesson plan designed to clearly communicate messages that will prevent tobacco use among young people. The lesson plan will be based on principles that have been shown to enhance success, including: showing messages based on research; testing messages with the intended audiences; involving young people in media literacy, providing salient reasons to not smoke; enlisting the involvement and support of teachers and other influencers; and tracking the lesson plan's effectiveness.

For tobacco control efforts to continue to be successful and to promote the use of CDC media resources for tobacco control (Media Campaign Resource Center), it is critical that we understand which ads are perceived as most effective with the target audience. CDC planners are seeking a vehicle to evaluate anti-tobacco ads that are used by state health departments. In order to maximize the CDC's Media Campaign Resource Center, it is important to determine which ads should be promoted to the state health departments for use with their constituents. This understanding will facilitate any strategic changes and or promotions that may be necessary to increase the Media Campaign Resource Center's effectiveness and sustainability. The data will provide state health departments, the government, health education and communication practitioners, and committees that make recommendations regarding which types of tobacco prevention advertisements may be perceived as most likely to reduce tobacco use among youth.

CDC proposes to use an evaluation tool with middle and high school students from schools across the United States. GIS mapping will inform the selection of approximately 200 public and private American schools. The data collection instrument is a paper and pencil computer scan sheet. Students will view 12 tobacco prevention advertisements and respond using a computer scan sheet. The survey will take 26 minutes to complete and will be delivered during school hours. CDC will support the cost for development, implementation, data collection, and analysis out of funds budgeted for these purposes. There is no cost to the respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
7th to 12th graders (ages 12–19)	8000	1	30/60	4000
Total				4000

Nancy E. Cheal,

Acting Director, Office of Program Planning and Evaluation, Centers for Disease Control Prevention.

[FR Doc. 03–9422 Filed 4–16–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–03–60]

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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 Dale Verell, 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

International Performance Standards Project—New—Public Health Practice Program Office (PHPPPO), Centers for Disease Control and Prevention (CDC).

The Centers for Disease Control and Prevention (CDC) Public Health Practice Program Office (PHPPPO), is proposing to implement a required data collection to:

- Assess public health preparedness of countries to respond to a public health threat or emergency.
- Assess progress of countries towards (1) identifying any gaps that need to be strengthened in their public health systems, (2) achieving the critical and enhanced capacities of their public health systems, and (3) setting optimal standards for system performance that will enhance the delivery of public health services.
- Identify the focus of future proposed work plans, as well as help countries develop a public health research agenda.

d. Provide a consistent framework for each country to characterize the status of its public health infrastructure.

This assessment will use the International Instrument for performance measurement of Essential

Public Health Functions. This instrument is used for rapid assessment of capacity at the level of the National Health Authority of countries to respond to public health threats and emergencies. This instrument focuses on the six areas of fiscal year 2002 Supplemental Funds for Public Health Preparedness and Response for Bioterrorism (Announcement Number 99051), as the framework for data collection. The six focus areas are:

Preparedness Planning and Readiness Assessment; Surveillance and Epidemiology Capacity; Laboratory Capacity—Biological Agents; Health Alert Network/Communication and Information Technology; Risk Communication and Health Information Dissemination (Public Information and Communication); Education and Training.

Hard copy assessment instruments will be used in a group setting within countries to collect the data. The respondents will be individuals from all levels of the health system who are knowledgeable about the functions of their system. This process is being done in conjunction with the World Bank and the governments of the different countries who elect to undertake performance measurement of their public health systems using this methodology. The process will be funded through the Bank and the government of the countries. No Federal funds will be used in the process. It is anticipated that more than nine (9) countries may be involved. There will be no cost to respondents.

Respondents	No. of respondents	No. of responses per respondent	Avg. burden response in hrs.	Total burden (in hrs.)
National Health Authorities in Europe and the Middle East	25	1	24	600
Total				600