

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-14-04]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project: Workplace Exacerbation of Asthma (OMB No. 0920-0495)—Extension—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Work-related asthma is the most common lung disease seen in occupational health clinics in the United States based on data from the Association of Occupational and Environmental Clinics for 1991-1996. Work-related asthma includes both new onset asthma initiated by workplace exposures and pre-existing asthma exacerbated by workplace

environments, in both types of cases repeated exposure to asthmatic agents can lead to chronic pulmonary impairment. The 1985 American Thoracic Society statement "What Constitutes an Adverse Health Effect of Air Pollution" identified exacerbation of asthma as one of the serious effects of environmental air pollution. While anecdotal evidence suggests that as many as one-half of work-related asthma patients treated in occupational medicine clinics had pre-existing asthma that was exacerbated by workplace conditions, there are few data from studies in the United States to support this claim.

Three years ago, NIOSH requested approval from OMB to conduct a three phase study. In Phase 1 (Baseline Study), a telephone interview was conducted to address three specific aims: (1) To determine the frequency of workplace exacerbation of asthma (WEA); (2) to determine the circumstances at work associated with exacerbation of asthma; and (3) to determine the social and economic costs associated with workplace exacerbation of asthma. To date, the Baseline Study telephone interviews have been completed for a total of 615 participants. Also, patient care records have been obtained in order to ascertain cost of care for asthma for each participant (Specific Aim 3).

Phase 2 (Validation Phase) is being conducted with a subset of respondents from the Baseline Study. Employed respondents with and without workplace exacerbation are being asked to conduct serial spirometry with a

portable device. These findings will serve as the "gold standard" to determine the sensitivity and specificity of a self-report of workplace exacerbation of asthma (Specific Aim #4). As part of the serial testing, respondents complete a diary and final brief telephone interview at the end of the serial testing. Data collection for Phase 2 continues. The Paperwork Reduction Act does not apply to Phase 2 of the study.

In Phase 3 (Follow-up Study), all respondents from the Baseline Study will be asked to complete a follow-up telephone interview approximately two years later to investigate whether workplace exacerbation at baseline predicts an increase in asthma severity (Specific Aim #5). We anticipate that interviewing for Phase 3 will continue through August, 2004.

The data collected in this study will be used to further understand the frequency of workplace-exacerbated asthma, the social and economic impacts of this problem, and the implication of self-reporting WEA for subsequent asthma severity. This information can be used to prioritize resources for addressing this problem. The data collected in this study will also identify which jobs and exposures are likely to exacerbate existing asthma, thus providing guidance on where to focus preventive efforts. Collected data on the validity of self-reporting WEA will be useful to both clinicians and researchers who attempt to treat or study individuals with this problem. The annualized burden for this data collection is 214 hours.

Respondents	Number of respondents	Number of responses per respondent	Average Burden per Response (in hours)
Validation Study*	(200)	(1)	(7.5)
Follow-up Study: Attempt to conduct an interview	465	1	5/60
Follow-up Study: Completed interviews	349	1	30/60

* The Paperwork Reduction Act does not apply to the Validation Study.

Dated: December 11, 2003.

Alvin Hall,

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

[FR Doc. 03-31306 Filed 12-18-03; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-11-04]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project: Families, Communities, and Diabetes Management Project—New—National Center for Chronic Disease Prevention

and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Diabetes Mellitus Type 2 is a chronic metabolic disease that has the potential for serious health consequences which include both psychological and physical conditions. Effective management of this disease is important to prevent the development of these problems. No previous studies have systematically examined the ways in which psychological functioning, patient-provider relationships, family and social support, health insurance availability and utilization, lifestyle practices, and community support influence diabetes self-management among African American patients. Most diabetes management information is based on

research conducted primarily with Caucasian patients. The Division of Diabetes Translation within the National Center for Chronic Disease Prevention and Health Promotion of the Centers for Disease Control and Prevention plans to conduct a pilot study of a longitudinal, family-centered research project to determine optimal ways of teaching African American patients and their families how to work together to manage diabetes successfully.

The research will involve samples of 40-to 64-year-old African American men and women with Type 2 diabetes and their close family members. Participating families will be divided into two groups, an intervention group that will receive the intervention at the

beginning of the study, and a comparison group that will receive a modified version at the end. Measurements of self-care adherence and diabetes control will include both self-reports and objective measures such as blood glucose levels obtained through clinical lab work. Other data will include diabetes knowledge, community characteristics, social support, community support, psychological functioning, patient-provider relationships, and health care coverage. Participant involvement will occur over a 13 month period.

CDC is requesting a three year approval for this data collection. The estimated annualized burden is 1,433 hours. The total burden over the course of this data collection is 4,300 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Adults with Diabetes:			
Questionnaires	400	3	1
Clinical Lab Work	400	3	1
Glucose Test Meter Training	400	1	1
Family Members: Questionnaires	400	3	45/60
Teenagers: Questionnaires	400	3	30/60

Dated: December 9, 2003.

Alvin Hall,

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

[FR Doc. 03-31307 Filed 12-18-03; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-12-04]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 or by fax to (202)

395-6974. Written comments should be received within 30 days of this notice.

Proposed Project: "Physical Activity: The Arthritis Pain Reliever" Campaign Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Arthritis affects nearly 43 million Americans, or about one in every six people, and is the leading cause of disability among adults in the United States. Because of the broad public health impact of this disease, the Centers for Disease Control and Prevention (CDC) developed the National Arthritis Action Plan in 1998 as a comprehensive approach to reducing the burden of arthritis on the United States. As part of its efforts to implement the National Arthritis Action Plan, CDC, National Center for Chronic Disease Prevention and Health Promotion developed a physical activity campaign, People with Arthritis (PWA). PWA targets African American and Caucasian men and women aged 45-64, high school education or less, with an annual income less than \$35,000 per year. Campaign materials include print ads, 15-, 30- and 60-second radio public service announcements, and desktop displays with brochures for pharmacies, doctors' offices, and community centers.

The campaign objectives are to increase target audience members' (1) beliefs about physical activity as an arthritis management strategy (there are "things they can do" to make arthritis better, and physical activity is an important part of arthritis management); (2) knowledge of the benefits of physical activity and appropriate physical activity for people with arthritis; (3) confidence in their ability to be physically active, and (4) trial of physical activity behaviors.

During 2002, the health communications campaign, "Physical Activity: The Arthritis Pain Reliever" was pilot-tested by 6 CDC-funded states. CDC plans to disseminate the health communications arthritis campaign to 38 CDC-funded states. The preliminary pilot tests focused on reach and exposure. The purpose of this evaluation is to determine if core campaign messages are reaching the target audience; and if so, how they are affecting knowledge, beliefs, confidence and behaviors of people with arthritis. CDC will use the data from this evaluation to make recommendations to state health departments and their partners on the use of this media campaign.

In this data collection, CDC proposes to conduct an evaluation using