

needed to identify those educational approaches that are most effective in shaping the attitudes and behaviors of new workers.

Trade-specific safety and health materials will be tested for two vocations: electrical trades and cosmetology. Both sets of instruction are designed for vocational secondary school students enrolled in courses on either of these subjects. These curricula cover the following topics: hazard recognition and control, personal protection, safe work practices, and safe working environments. This instruction is expected to improve students' knowledge and attitudes in the area of occupational safety and health, thereby reducing the incidence of illness, injury, and death in tomorrow's workplace. Students will receive this instruction in a pedagogically conceived manner, within the classroom setting, as part of their overall vocational training. A variety of instructional approaches are

available to convey information and affect attitudes. The purpose of this study is to identify approaches that readily and consistently produce desired outcomes among vocational students. The electrical safety curriculum, which contains a videotaped program, will be used to explore the effectiveness of television as a delivery mechanism. The cosmetology safety curriculum will be used to examine the effectiveness of problem solving exercises, especially with regard to group size.

The time-line for this study is approximately one year. In May of the 1998–99 school year, a baseline assessment of safety knowledge and attitudes of vocational secondary school students will be performed. The NIOSH training materials will not be used with this group of students. For the Fall of 1999, participating schools will each be assigned one of the instructional approaches under investigation. At the

beginning of the 1999–2000 school year, knowledge and attitude pretests for both trades will be administered to students. During the school year, as the prescribed safety topics are taught, knowledge and attitudes will be assessed. Teachers and students will be surveyed regarding their perceptions of the instructional materials and their cognitive and attitudinal impacts. During this phase of the study, the most effective approaches will emerge.

A final assessment will be administered to all students in May 2000, allowing comparison with the assessments taken the previous May of students who had not been exposed to any of the curricular elements under study.

The identities and performances of individual students, teachers, and schools will be held in confidence. The total annual burden hours are 2,964.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden per response
Electrical teachers	80	1	1.00
Electrical students:			
Baseline data	1600	1	.50
Early video	800	4	.25
Late video	800	4	.25
Cosmetology teachers	80	1	1.00
Baseline data:			
All discussion groups	160050
	1600	1	.33
		3	

Dated: September 9, 1999.

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–24004 Filed 9–14–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 DAY–27–99]

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

1. Aggregate report of follow-up for contacts of tuberculosis, and aggregate report of screening and preventive therapy for tuberculosis infection: two revised tuberculosis program management reports—New—National Center for HIV, STD, and TB Prevention (NCHSTP)—To ensure the elimination of tuberculosis in the United States, key program activities such as finding tuberculosis infections in recent contacts of cases and in other persons likely to be infected, and providing prevention therapy, must be monitored. The Division of Tuberculosis Elimination (DTBE), is implementing two revised program management reports for annual submission:

Aggregate report of follow-up for contacts of tuberculosis, and aggregate report of screening and preventive therapy of tuberculosis infection. The respondents for these reports are the 68 state and local tuberculosis control programs receiving federal cooperative agreement funding through (DTBE). The revised reports phase out two, twice-yearly program management reports in the Tuberculosis Statistics and Program Evaluation Activity (OMB 0920–0026): *Contact Follow-up* (CDC 72.16) and *Completion of Preventive Therapy* (CDC 72.21). The revised reports, which are being submitted for an OMB approval outside of OMB 0920–0026, have several improvements over the old reports for the respondents and for DTBE, such as the emphasis on preventive therapy outcomes, the focus on high-priority target populations vulnerable to tuberculosis, and programmed electronic report generation and submission through the Tuberculosis Information Management System. The old reports, CDC 72.16 and

CDC 72.21, which have been submitted at least in some form by the respondents since 1961, are tabulated by hand.

Three program management reports in the previous series already have been phased out. They are Bacteriologic

Conversion of Sputum (CDC 72.14), Case Register (CDC 72.15), and Drug Therapy (CDC 72.20). These three reports have been superseded by integrated reporting in Tuberculosis Statistics and Program Evaluation

Activity (OMB 0920-0026). The discontinuation of these reports has resulted in an estimated reduction in the annual response burden of 159 hours. The total annual burden hours are 136-340.

Report	No. of respondents	No of responses per respondent	Average burden per response (in hrs.)
Aggregate report of follow-up for contacts of tuberculosis	68	1	2.5
Aggregate report of screening and preventive therapy for TB infection	68	1	2.5

Date: September 9, 1999.

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99-24005 Filed 9-14-99; 8:45 am]

BILLING CODE 4163-18-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 DAY-25-99]

Agency Forms Undergoing Paperwork Reduction Act Review

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1. Proposed Project

Evaluating the Effectiveness of Tailored Occupational Safety and Health Information on the World Wide Web: Increasing Knowledge and

Changing Behavior of Residential Building Construction Contractors—New—The National Institute for Occupational Safety and Health (NIOSH)—Workers in the construction industry face higher than normal risks of fatal injury, nonfatal injury, and illness resulting from on-the-job exposures. According to the NIOSH, during the period from 1980 through 1992, construction had the highest number of deaths resulting from workplace injury—over 14,000 deaths, or more than 1,000 deaths per year. According to the Bureau of Labor Statistics (BLS) and the Center to Protect Workers' Rights (CPWR), construction had the highest number of deaths resulting from injury (1,039) and the third highest rate of fatal injury (13.9 deaths per 100,000 workers) in 1996.

The majority of construction companies are very small. According to Dun and Bradstreet, 96% of residential building contractors employ less than 15 workers on average; over 80% employ less than 5 workers. In general, small companies have insufficient resources to identify and apply risk and prevention information relevant to their operations. According to a recent study (conducted by NIOSH), lack of tailored, relevant, and timely occupational safety and health information is a major barrier identified by small construction contractors.

The goals of this investigation are to: (1) explore the effectiveness of tailored safety and health information that is developed based on the individual

contractor's construction specialties and specific operations, as well as the contractor's psychosocial factors; and (2) explore the effectiveness of the Internet World Wide Web as a mechanism for delivering tailored safety and health information. Specifically, the goal of this data collection is to compare the effectiveness of tailored Internet messages (based on interactive Internet and computer-tailoring technologies), non-tailored Internet messages (based on current static, menu-driven, non-interactive models), tailored print messages delivered by direct mail, and non-tailored print messages delivered by direct mail in influencing changes in safety-and health-related knowledge, intentions, and behaviors. Messages will address two leading cases of injuries and illnesses in construction: Falls and silicosis.

The data collected in this study will be used to further current understanding of tailoring safety and health information utilizing the Internet and the relative effectiveness of this approach when compared to traditional and current mechanisms of communicating safety and health information. The data collected in this study will also be used to provide a basis for developing industry-specific occupational safety and health information systems that provide relevant, timely risk and prevention information, especially to small business owners. The total annual burden hours are 249.

Respondents	No. of respondents	No. of responses/respondent	Average burden/response (in hrs.)
Residential Building Construction Contractors	250	2	.33

2. The development and implementation of a theory-based health communications intervention to decrease silica dust exposure among masonry workers—New—The National

Institute of Occupational Safety and Health (NIOSH)—Construction is the most frequently recorded industry on death certificates with mention of silicosis. Overexposure to crystalline

silica is well documented in the construction industry, especially in brick laying and masonry. According to 1993 BLS data, there are 136,139 (at 24,362 establishments) masonry and