

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Draft Report on Guidelines for Ensuring and Maximizing the Quality, Objectivity, Utility and Integrity of Information Disseminated by HHS Agencies**

AGENCY: Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice announces the availability for comment of the U.S. Department of Health and Human Services Draft Agency Guidelines for Ensuring the Quality of Information Disseminated to the Public. The HHS Draft Agency Guidelines have been developed pursuant to the government-wide OMB Guidelines for Information Quality published on January 3, 2002. Comments are invited on the HHS draft guidelines, which are now available for review and comment at the following HHS Web site: <http://www.hhs.gov/infoquality>

DATES: Comments on the HHS draft agency guidelines must be submitted by 5 p.m., May 31, 2002.

ADDRESSES: Please submit written comments to Director, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation, Attn: Information Quality Comments, U.S. Department of Health and Human Services, Room 440D, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201. Comments also may be e-mailed to Info.comments@hhs.gov. Single copies of the draft report are also available by contacting the Division of Data Policy at (202) 690-7100.

FOR FURTHER INFORMATION CONTACT: James Scanlon, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. DHHS, Telephone (202) 690-7100.

SUPPLEMENTARY INFORMATION: On January 3, 2002, OMB issued final guidelines to federal agencies that implement Section 515 of the Treasury and General Government Appropriations Act for Fiscal Year 2001 (Pub. L. 106-554). Section 515 directs OMB to issue government-wide guidelines that provide policy and procedural guidance to federal agencies for ensuring and maximizing the quality, objectivity, utility and integrity of information (including statistical information) disseminated by federal agencies. The OMB guidelines in turn direct each federal agency to issue its own guidelines for ensuring the quality, objectivity, utility and integrity of the

information it disseminates to the public, including administrative mechanisms allowing affected persons to seek and obtain, where appropriate, correction of information disseminated by the agency that does not comply with the guidelines. The agency's guidelines will apply to information that the agency first disseminates on or after October 1, 2002.

The OMB Guidelines further direct federal agencies to prepare a draft report, no later than May 1, 2002, providing the agency's information quality guidelines and describing the administrative mechanisms developed by the agency to allow affected persons to seek and obtain appropriate correction of information. The agency also is directed to publish a notice of the availability of this draft report in the **Federal Register**, and post this report on the agency's Web site to provide an opportunity for public comment.

HHS Draft Agency Guidelines

In accordance with the requirements of the OMB Guidelines, the HHS draft report on agency guidelines is now available for review and comment at the following HHS Web site: <http://www.hhs.gov/infoquality>.

Within HHS, we have developed draft guidelines for each of the HHS Operating Agencies and Staff Offices that disseminate substantive information subject to the OMB guidelines. Our HHS draft report includes an HHS overview and summary followed by agency specific information quality guidelines. For each operating agency identified below, our draft report describes the following information—the mission of the agency, the scope and applicability of the guidelines within the agency, the types of information that the agency disseminates to the public, the types of dissemination methods employed, the agency quality assurance procedures, and the agency administrative mechanisms to allow affected persons to seek correction of agency information.

- A. Administration for Children and Families
- B. Administration on Aging
- C. Agency for Healthcare Research and Quality
- D. Centers for Disease Control and Prevention/Agency for Toxic Substances & Disease Registry
- E. Centers for Medicare and Medicaid Services
- F. Food and Drug Administration
- G. Health Resources and Services Administration
- H. Indian Health service
- I. National Institutes of Health
- J. Substance Abuse and Mental Health Services Administration
- K. Office of the Secretary

1. Office of the Assistant Secretary for Planning and Evaluation
2. Office of Public Health and Science
3. Office of the Inspector General

Comments Invited

Comments on the draft report are invited and must be submitted in writing to the office and email addresses specified. Because of staff and resource limitations, we cannot respond to individual comments.

Dated: April 24, 2002.

William Raub,

Deputy Assistant Secretary for Planning and Evaluation.

[FR Doc. 02-10553 Filed 4-30-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control And Prevention**

[60Day-02-47]

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, the Center for Disease Control and Prevention is providing opportunity for public comment on proposed data collection 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 for other forms of information technology. Send comments to Seleda M. Perryman, 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 Projects: PHS Supplements to the Application for Federal Assistance SF-424 (0920-0428)—Extension—Office of the Director (OD), Centers for Disease Control and

Prevention (CDC) is requesting a three-year extension for continued use of the Supplements to the Request for Federal Assistance Application (SF-424). The Checklist, Program Narrative, and the Public Health System Impact Statement (third party notification) (PHSIS) are a part of the standard application for State and local governments and for private

non-profit and for-profit organizations when applying for financial assistance from PHS grant programs. The Checklist assists applicants to ensure that they have included all required information necessary to process the application. The Checklist data helps to reduce the time required to process and review grant applications, expediting the

issuance of grant awards. The PHSIS Third Party Notification Form is used to inform State and local health agencies of community-based proposals submitted by non-governmental applicants for Federal funding. There is no cost to the respondent.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden (in hrs.)
State and local health departments; non-profit and for-profit organizations ...	7,457	1	5.7255	42,695
Total	42,695

Dated: April 25, 2002.

Nancy Cheal,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-26-02]

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: Preventing Hearing Loss Among Construction Workers—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. Using Health Belief/ Promotion models and stages of change theory (Prochaska's Transtheoretical Model), NIOSH has collaborated with the United Brotherhood of Carpenters (UBC) to develop a comprehensive hearing loss prevention program targeted specifically for carpenter apprentices. As part of the impact and evaluation component of this project, a survey will be administered to assess carpenter apprentices' hearing health attitudes, beliefs, and behavioral intentions before and after they receive the training program and at a one-year follow-up interval. The survey was developed and validated by NIOSH in collaboration with university partners and the UBC. This study involves 400 carpenters

divided into four groups of 100 each: three experimental groups and one control group. Each of the three experimental groups will participate in one of three methods for delivering OSHA-required hearing loss prevention training (29 CFR, subpart D, 1926.52). The 300 participants in the experimental groups will be given one survey prior to training and a second survey (using an equivalent form) after training. The control group will not receive the experimental training and will simply be given one survey in conjunction with existing apprentice training activities. Half (50) of the participants in the control group will be administered one form, and the other half (50) will be given the equivalent form. This process will be repeated one and two years after the initial survey administration activities. Data collected in this investigation will enable NIOSH to better evaluate the effectiveness of the hearing loss prevention program in educating and motivating these workers to actively protect their hearing well before they suffer permanent noise-induced hearing loss. The annual burden for this data collection is 140 hours.

Form name	Number of respondents	Responses per respondent	Hours per response
Form A	350	1	12/60
Form B	350	1	12/60