

8. Budget Justification (Not Scored)

The budget will be evaluated to the extent that it is reasonable, clearly justified, and consistent with the intended use of funds.

I. Other Requirements**Technical Reporting Requirements**

Provide CDC with the original and two copies of:

1. Semi-annual progress report. The progress report will include a data requirement that demonstrates measures of effectiveness.

2. Financial Status Report (FSR) no more than 90 days after the end of the budget period.

3. Final financial status report and performance report, no more than 90 days after the end of the project.

Send all reports to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

The following additional requirements are applicable to this program:

- AR-1 Human Subjects Requirements
- AR-2 Requirements of Inclusion of Women and Racial and Ethnic Minorities in Research
- AR-7 Executive Order 12372 Review
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-17 Peer Review and Technical Reviews of Final Reports of Health Studies—ATSDR
- AR-18 Cost Recovery—ATSDR
- AR-19 Third Party Agreements—ATSDR
- AR-22 Research Integrity

J. Where to Obtain Additional Information

A complete copy of the announcement may be downloaded from CDC's home page on the Internet at <http://www.cdc.gov> Click on "Funding" then "Grants and Cooperative Agreements."

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from:

Edna Green, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Announcement 02155, 2920 Brandywine Road, Suite 3000, Atlanta, Georgia 30341-4146, Telephone (770) 488-2743, E-mail address: ecg4@cdc.gov.

For program assistance, contact:

Wendy E. Kaye, Ph.D., Chief, Epidemiology and Surveillance Branch,

Division of Health Studies, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, NE., Mail Stop E-31, Atlanta, Georgia 30333, Telephone: (404) 498-0102, E-mail address: wek1@cdc.gov. Or: Patricia Price-Green, MSPH, Division of Health Studies, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, NE., Mail Stop E-31, Atlanta, Georgia 30333, Telephone: (404) 498-0558, E-mail address: pap5@cdc.gov.

Dated: June 14, 2002.

Sandra R. Manning, CGFM,

*Director, Procurement and Grants Office,
Centers for Disease Control and Prevention.*

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

[60Day-02-62]

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 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: National Health Care Provider Survey on Genital Human Papillomavirus Infection—NEW—

National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC). CDC is proposing to conduct a national survey of health care providers' knowledge, attitudes, and practices in caring for patients at risk for or infected with genital human papillomavirus (HPV).

Genital HPV infection is common among sexually active populations. An estimated 50 percent of sexually active adults have been infected with one or more genital HPV types, making this the most common sexually transmitted infection in the United States (Cates, 1999). Many health care providers may not be aware of data demonstrating the high prevalence of this sexually transmitted virus, the association of certain HPV types with various clinical manifestations including cervical and other anogenital cancers, or the type-specific natural history of HPV infection. To date, however, no nationally representative qualitative or quantitative surveys have measured health care providers' knowledge, attitudes, and practices about genital HPV infection.

The CDC proposes to fill that gap through a national sample survey of clinicians in 13 specialties who care for substantial numbers of sexually active patients at risk for acquiring HPV, infected with genital HPV, or that have at least one of two clinical manifestations of HPV infection, cervical neoplasia or anogenital warts. The group of clinicians includes primary care clinicians, as well as selected specialists to whom patients with genital HPV infection, cervical neoplasia, or anogenital warts may be referred for HPV diagnosis, treatment, or management. These will include 11 physician specialties, pediatrics, obstetrics/gynecology, family and general practice, internal medicine, infectious disease, oncology, gynecologic oncology, dermatology, urology, colorectal surgery; and three mid-level provider specialties, nurse practitioners, certified nurse midwives, and physician assistants.

The survey will be sent to 730 clinicians of each specialty, totaling 9,490 clinicians. An 80 percent response rate is anticipated, and 23 percent of these are expected to be ineligible for various reasons (e.g., retired, deceased, no patient care), resulting in a total of 5,850 completed surveys. The survey will provide baseline information on practicing clinicians' knowledge, attitudes and practices concerning patients at risk for or infected with HPV. The survey findings will be used to inform CDC initiatives and

recommendations for HPV control including appropriate practices for HPV testing, referral and clinical management, counseling, patient education, sex partner services, and clinician training and education in these areas. The information gathered from the survey will also provide a valuable knowledge base to guide the development and implementation of interventions to improve the prevention,

control, and management of genital HPV infection in the U.S.

Data collection will involve a mail survey of a stratified random sample of practicing clinicians in 13 specialties. A reminder postcard will follow the survey mailing after one week, a second mailing to non-respondents at four weeks, a third mailing to non-respondents at seven weeks, and a final mailing to non-respondents at ten

weeks. A study specific computerized tracking and reporting system will monitor all phases of survey mailings. Receipt of the completed survey or a refusal will be logged into this computerized tracking system to ensure that respondents who return the survey or decline participation will not be contacted with reminders. There are no costs to respondents.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden (in hours)
Office Managers	1742	1	2/60	58
Clinicians	5850	1	20/60	1950
Total				2035

Dated: June 13, 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-38-02]

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: CDC/ATSDR Health Message Development and Testing System—New—Office of the Director, Office of Communication (OD/OC), Centers for Disease Control and Prevention (CDC). The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; promotes healthy living through strong partnerships with local, national and international organizations, and enhances health

decisions by providing credible information on critical health issues.

Members of the public and health practitioners at all levels require up-to-date, credible information about health and safety in order to make rational decisions. To help support this crucial decision making, CDC has continued to increase and apply its preeminent expertise in the disciplines of public health surveillance, epidemiology, statistical analysis, laboratory investigation and analysis, behavioral risk reduction, technology transfer, prevention research, social marketing, and health communication. CDC applies the science that underpins those disciplines to develop and disseminate credible and practical health information to meet the diverse needs of its primary clients, the people of the United States. Such information affects the health and well-being of people across all stages of life by making our food supply safe, identifying harmful behaviors, and improving our environment.

CDC, and its sister agency, the Agency for Toxic Substances and Disease Registry (ATSDR), in order to fulfill their mission and mandates, must frequently communicate urgent and sensitive health messages with the general public, members of the public with certain diseases or disabling conditions, and those at a greater risk of exposure to disease or injury causing agents. CDC/ATSDR makes this crucial health information available through many channels including books, periodicals, and monographs; internet Web sites; health and safety guidelines; reports from investigations and emergency responses; public health monitoring and statistics; travel advisories; answers to public inquiries; and health education campaigns.

In addition to serving the public, CDC/ATSDR delivers health information that enables health providers to make critical decisions. For instance, the practicing medical and dental communities and the nation's health care providers are target audiences for numerous official CDC recommendations concerning the diagnosis and treatment of disease, immunization schedules, infection control, and clinical prevention practices. CDC/ATSDR offers technical assistance and training to health professionals as well.

In order to ensure that the public and other key audiences, like health care providers, understand the information, are motivated to take action, and are not offended or react negatively to the messages, it is critical to test messages and materials prior to their production and release. Currently, each CDC program developing health messages is required to submit its message development and testing activities for individual OMB review. Many CDC programs have extremely short deadlines for developing and producing health messages. Some deadlines are imposed by Congress, and others are necessitated by the time-sensitive nature of the work. Many programs cannot accommodate the time required for OMB approval and, therefore, skip the message testing step all together, or resort to testing specific portions of messages with nine or fewer individuals. The science of health communication does not support these programmatic practices. In fact, these undesirable alternatives weaken CDC/ATSDR position as a research-based public health agency providing credible health information that people can count on and use.