

definition has not been validated, meaning it is unclear if patients who report arthritis symptoms or a diagnosis of arthritis truly have arthritis based on a clinical evaluation by a health care provider. It is also not known if persons who deny chronic joint symptoms and do not recall a diagnosis of arthritis are free of the condition. It is essential to know the validity of the BRFSS case definition because this survey is currently being used to estimate the burden of arthritis on the population.

To assess whether the BRFSS case definition of arthritis is valid, patients aged 45 and older who are enrolled in the Fallon Clinic, (a health maintenance organization in central and eastern Massachusetts), and have an upcoming

annual physical examination with a primary care physician will be identified through the computerized appointment system. A letter will be sent to 2,100 patients aged 45 to 64 and 2,900 patients aged 65 and older two weeks prior to their scheduled visit informing them of this study and that a research assistant will be calling to conduct a 10 minute interview in the next few days. The telephone survey will identify patients in each age group (aged 45 to 64 and aged 65 and older), who fall into the four following categories: (1) Chronic joint symptoms without a diagnosis of arthritis from a health care provider; (2) a diagnosis of arthritis by a health care provider without chronic joint symptoms; (3)

both chronic joint symptoms and a diagnosis of arthritis by a health care provider; and (4) no chronic joint symptoms and no diagnosis of arthritis by a health care provider. A standardized history and physical examination will be performed on at least 50 persons in the two age groups who fall in the 4 categories described above. Those patients who complete the examination will receive a \$20.00 gift certificate. Results of this clinical evaluation will be compared to the telephone survey responses and also to data derived from ambulatory encounters to assess the validity of the arthritis case definition. There are no cost to respondents.

| Respondents                  | Number of respondents | Responses per respondents | Average burden (in hours) | Total burden (in hours) |
|------------------------------|-----------------------|---------------------------|---------------------------|-------------------------|
| Patients—phone survey .....  | 3,000                 | 1                         | 10/60                     | 500                     |
| Patients—physical exam ..... | 500                   | 1                         | 30/60                     | 250                     |
| Total .....                  |                       |                           |                           | 750                     |

Dated: November 27, 2000.

**Nancy 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-07-01]

#### 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

##### *Racial and Ethnic Approaches to Community Health (REACH)*

*Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).* The REACH 2010 Demonstration Program is a part of the Department of Health and Human Services' response to the President's Race Initiative and to the Healthy People 2010 goal to eliminate disparities in the health status of racial and ethnic minorities. The purpose of REACH 2010 is to demonstrate that adequately funded community-based programs which are designed and led by the communities they serve can reduce health disparities in infant mortality, deficits in breast and cervical cancer screening and management, cardiovascular diseases, diabetes, HIV/AIDS, and deficits in childhood and adult immunizations. The communities served by REACH 2010 include: African

American, American Indian, Hispanic American, Asian American, and Pacific Islander. Thirty-two communities were funded in Phase I to construct Community Action Plans (CAP). In Phase II, seventeen of those communities will receive continued funding to implement their CAP.

As part of the President's Race Initiative, it is imperative that REACH 2010 demonstrate success in reducing health disparities among racial and ethnic minority populations. Toward that end, it is of critical importance that CDC collect uniform survey data from each of the seventeen communities funded for the Phase II REACH 2010 Demonstration Program. The same survey will be conducted in each community; it will contain questions that are standard public health performance measures for each health priority area. Surveys will be administered by either telephone or household interview. These surveys will be administered annually for four years using a different sample from each community.

The total annualized burden hours for this project is 5358 hours.

| Respondents             | Number of respondents | Responses per respondent | Hours per response |
|-------------------------|-----------------------|--------------------------|--------------------|
| Introductory Call ..... | 31,058                | 1                        | 1/60               |
| Questionnaire .....     | 26,400                | 1                        | 10/60              |

| Respondents                             | Number of respondents | Responses per respondent | Hours per response |
|---|-----------------------|--------------------------|--------------------|
| Respondent Reliability Assessment ..... | 2,640                 | 1                        | 10/60              |

Dated: November 27, 2000.

**Nancy E. Cheal,**

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

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**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

##### Proposed Projects

*Title:* Request for State Data to Determine the Tribal Family Grant Amount.

OMB No.: 0790-0173.

*Description:* This information collection will be used to request data from States that will be used to determine the amount of Tribal Family Assistance Grants. The data requested is the data required to be used by section 412(a)(1)(B) of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

*Respondents:* State Governments.

#### ANNUAL BURDEN ESTIMATES

| Instrument                                | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|---|-----------------------|------------------------------------|-----------------------------------|--------------------|
| Request .....                             | 18                    | 1                                  | 42                                | 756                |
| Estimated Total Annual Burden Hours ..... |                       |                                    |                                   | 756                |

In compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to

comments and suggestions submitted within 60 days of this publication.

Dated: November 27, 2000.

**Bob Sargis,**

*Reports Clearance Officer.*

[FR Doc. 00-30646 Filed 11-30-00; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. 00D-1309]

#### Agency Information Collection Activities; Announcement of OMB Approval; Suggested Documentation for Demonstrating Compliance With the Channels of Trade Provision

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing that a collection of information entitled "Suggested Documentation for Demonstrating Compliance With the Channels of Trade Provision" has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.

#### FOR FURTHER INFORMATION CONTACT:

Peggy Schlosburg, Office of Information Resources Management (HFA-250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-1223.

**SUPPLEMENTARY INFORMATION:** In the **Federal Register** of October 6, 2000 (65 FR 59853), the agency announced that the proposed information collection had been submitted to OMB for review and clearance under 44 U.S.C. 3507. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has now approved the information collection and has assigned OMB control number 0910-0455. The approval expires on November 30, 2003. A copy of the supporting statement for this information collection is available on the Internet at <http://www.fda.gov/ohrms/dockets>.

Dated: November 24, 2000.

**Margaret M. Dotzel,**

*Associate Commissioner for Policy.*

[FR Doc. 00-30579 Filed 11-30-00; 8:45 am]

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