

as those in their own nations. This cooperative agreement will provide a mechanism to stimulate global public health education. Results from collaborative research can be used in curriculum development, publications, and presentations at national or international meetings and to contribute to the improvement of global health. International cooperation such as this serves to meet the objectives of Healthy People 2010. This cooperative agreement will assist the OIRH in its mission to promote the health of the world's population by advancing the Department of Health and Human Service's global strategies and partnerships, thus serving the health of the people of the United States.

This program addresses the 1997 IOM report titled, "America's Vital Interest in Global Health: Protecting Our People, Enhancing Our Economy, and Advancing Our International Interests." This IOM report states the need for public health workers to be exposed to international health training to deal with the health issues of a world that is growing more diverse, but closer due to international travel and commerce, for example, emerging and drug resistant infectious diseases in one country represent a threat to the health and economics of all countries. Tobacco is a global problem by virtue of global marketing and cultural development. Answers to these challenges requires global thinking, training, and collaboration.

AUTHORITY: This cooperative agreement is authorized by Section 307 of the Public Health Service Act.

Background

Assistance will be provided only to the Association of Schools of Public Health (ASPH). No other applications are solicited. ASPH is the only organization providing services specified under this cooperative agreement because:

1. ASPH represents the 29 accredited schools of public health in the United States. These schools represent the primary educational system that trains personnel to operate the Nation's public health agencies, and to administer disease prevention and health promotion programs. ASPH has the institutional knowledge of the needs of both the schools of public health and the public health agencies as well as the access and communications network to coordinate activities of the accredited schools of public health.

2. ASPH is the only organization that can comprehensively affect the development and implementation of international health curricula to public

health workers in all of its 29 member schools of public health and provide international experiences to students and faculty in the environment of public health organizations.

3. ASPH is uniquely positioned to partner with international practitioners of public health because of its affiliation with international organizations such as the Association of Schools of Public Health in the European Region (ASPHER), the World Federation of Public Health Associations, the Pan American Health Organization (PAHO), and the World Health Organization (WHO).

4. ASPH is working through its Global Health Committee to provide the framework for its member schools of public health and the practitioners of public health in Federal, State and local governments to partner and share their experience and expertise with international schools of public health, and to enable the international perspectives of Public health to be incorporated into curricula for teaching health administration, health promotion and disease prevention, prevention-based health service delivery and health research methods. This will assist future public health workers to improve the health of the people of the United States and the world and to reduce health disparities suffered by racial and ethnic minorities. Such exchanges will assure consistent approaches to the preparation of public health workers worldwide and their performance in controlling today's major global health issues.

5. ASPH provides the structure and experience for instituting comprehensive international public health education programs and implementing programs that strengthen the public system by preparing public health workers to work in international locations and with diverse populations.

Where To Obtain Additional Information

If you are interested in obtaining additional information regarding this project, contact *Jerry Rutkoski* at 301-443-4560.

Dated: June 2, 2000.

David Satcher,

Assistant Secretary for Health and Surgeon General.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-00-38]

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) 639-7090.

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 Anne E. 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

NIOSH Training Grants, 42 CFR Part 86, Application and Regulations (OMB No. 9020-0261)—Extension—National Institute for Occupational Safety and Health (NIOSH). Public law 91-596 requires CDC/NIOSH to provide an adequate supply of professionals to carry out the purposes of the Act to assure a safe and healthful work environment. NIOSH supports educational programs through training grant awards to academic institutions for the training of industrial hygienists, occupational physicians, occupational health nurses and safety professionals. Grants are provided to 15 Education and Research Centers (ERCs) which provide multi-disciplinary graduate academic and research training for professionals, continuing education for practicing professionals and outreach programs in the Region. There are also currently 41

Training Project Grants (TPGs) which provide single discipline academic and technical training throughout the country. 42 CFR Part 86, Grants for Education Programs in Occupational Safety and Health, Subpart B—Occupational Safety and Health Training, provides guidelines for implementing Public Law 91–596.

The training grant application form (CDC2.145.A) is used by the National Institute of Occupational Safety and

Health to collect information from new grant applicants submitting competing applications, and from existing applicants for competing renewal grants. The information is used to determine the eligibility of applicants for grant review and by peer reviewers during the peer review process to evaluate the merit of the proposed training project. CDC Form 2.145B is used for non-competing awards to evaluate the annual progress of the

applicant during the approved project period.

Extramural training grant awards are made annually following an extramural review process of the training grant applications, review by an internal Training Grants Council and an internal review of non-competing applicants.

The total cost to respondents is \$220,170.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden per response (hrs)	Total burden
Universities	61	1	101	6,161
Total				6,161

Dated: June 5, 2000.

Nancy Cheal,

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

[FR Doc. 00–14583 Filed 6–8–00; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–00–39]

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) 639–7090.

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 Anne E. 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

Hearing Loss Intervention for Carpenters—New—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. This program

is scheduled for implementation and evaluation in a large apprentice training center during 2001. As part of the impact and evaluation component of this project, a 31-question 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. Initially, survey data will be gathered from 300 apprentices participating in baseline testing—200 at the experimental site and 100 at the control site. This will be followed by a re-survey of the 200 apprentices at the experimental site after they have received the enhanced educational elements of the hearing loss prevention program. Finally, all 300 apprentices will participate in a re-survey one year later to assess the lasting effects of the training. 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.

There are no costs to respondents.

Respondents (apprentices)	No. of respondents	No. of responses/respondent	Avg. burden per response (in hrs)	Total burden (in hrs)
Baseline	300	1	.25	75
Post Training	200	1	.25	50
One-year Follow-up	300	1	.25	75
Totals				200