

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

Dated: April 25, 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

[Program Announcement 02044]

A Community-Based Intervention with Opinion Leaders to Achieve Syphilis Elimination; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year FY 2002 funds for a cooperative agreement research program for a Community-Based Intervention with Popular Opinion Leaders (CPOL) to Achieve Syphilis Elimination. This program addresses the "Healthy People 2010" objectives for Sexually Transmitted Diseases (STDs). This project also addresses the "National Plan to Eliminate Syphilis from the United States" pertaining to the strengthening of community involvement and partnerships and enhanced health promotion. For a copy of the "National Plan to Eliminate Syphilis from the United States," visit the Internet site: <http://www.cdc.gov/stopsyphilis>.

It is intended that this research program will be conducted in communities that are located in high morbidity areas (HMAs) for syphilis as defined by the CDC on Attachment A. Funding is available for two demonstration sites for up to three years.

The goal of this research program is to implement and evaluate a community level intervention to prevent transmission of primary and secondary syphilis in rural and urban communities by training key community members (*i.e.* opinion leaders) within the affected communities to promote risk reduction and health seeking behaviors. The intervention that will be evaluated in this demonstration project is the Popular Opinion Leader (POL) model (Kelly, St. Lawrence, Stevenson, *et al.*, 1992). For the purposes of this announcement and research program, POL will be referred to as the Community Popular Opinion Leader (CPOL) model. The CPOL model is based on Diffusion of Innovation Theory

(Rogers, 1985), which suggests that changes can be rapidly disseminated and subsequently adopted by identifying, enlisting, and training opinion leaders within the affected community to endorse the desired behaviors. The Community Opinion Leaders function as "agents of change" by disseminating and personally endorsing health promotion (*e.g.* syphilis prevention) messages. They utilize their ability to influence other community members and facilitate changes in social norms and behaviors by sharing factual information, expressing their concern for syphilis prevention, and endorsing and modeling effective behavior change strategies within their social and sexual networks.

It has been empirically determined that the CPOL model is effective in reducing HIV-related sexual risk of men who have sex with men (MSM) in U.S. cities (*e.g.* Kelly, St. Lawrence, Stevenson, Hauth, *et al.*, 1992; Kelly, Murphy, Sikkema, McAuliffe *et al.*, 1997), and ethnic minority women who lived in urban low-income housing (Sikkema, Kelly, Winett, Solomon *et al.*, 2000). The Popular Opinion Leader model is also included in the "Compendium of HIV Prevention Interventions with Evidence of Effectiveness." For a copy of the "Compendium of HIV Interventions," visit the Internet site: <http://www.cdcnpi.org/Reports/HIVcompendium.pdf>. Although the CPOL model is effective in reducing HIV risk, its efficacy in preventing STDs other than HIV has never been empirically determined.

The goal of this research project is to evaluate the utility of the CPOL model in preventing primary and secondary syphilis in rural and urban HMA communities. It is required that the proposed research program be implemented in communities located in HMAs for syphilis. Applications should target heterosexually active adults at risk for syphilis due to sexual risk behaviors. It is also required that the program include collaboration between the local health department, community-based organizations (CBOs) that work directly with the at-risk population, and university researchers experienced in designing, implementing, and evaluating community-level interventions for STD/HIV prevention.

Overall Study Objectives

The overall objectives for this research program are:

(1) To design and implement a community-level intervention to

prevent syphilis based on the (CPOL) model and using an experimental design.

(2) To target the CPOL intervention for heterosexually active adults at risk for syphilis infection and living in counties identified as HMAs.

(3) To evaluate the effectiveness of the CPOL intervention by identifying changes in attitudes, beliefs, health care seeking, sexual risk behaviors, and syphilis incidence in the intervention community, as compared to a similar community that does not receive the CPOL intervention.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies including public and nonprofit faith-based organizations; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State and local governments or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, and federally recognized Indian Tribal Governments, Indian Tribes, or Indian Tribal Organizations.

Note: Title 2 of the United State Code Section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

Other eligibility criterias include the following:

(1) Applicants must use the CPOL model as a basis for the community level intervention.

(2) Applicants must target male and female heterosexually active adults at-risk for syphilis infection.

(3) Applicants must implement the research program in two rural or two urban communities within project areas that are defined as (HMAs) for syphilis and received 2002 funding for syphilis elimination (*see* Attachment A).

(4) The two urban or two rural communities must be a matched pair, similar in population and demographic characteristics. The matched pair should also be located in the same state. One community must serve as the study community and have the interventions implemented immediately, while the matched community must serve as the control and have the interventions offered after the completion of the research program.

(5) The locations of the communities, within each matched pair of urban or rural sites, must be such that activities implemented in one community are unlikely to have any impact in the other.