drinking conventionally treated groundwater and evaluate exposure to THMs in the same people. We plan to recruit 900 households who report that they drink unfiltered tap water from a specific public water system that treats and distributes water from a groundwater source. This utility has agreed to collaborate on the study. The study households will be randomized into one of three groups: (1) Households drinking highly treated bottled water purchased from a bottled water company, (2) households drinking groundwater that has been conventionally treated by the collaborating utility and collected and bottled at the water treatment plant (bottled plant water), or (3) households drinking municipal tap water from the distribution system of the collaborating utility (tap water). We will administer a questionnaire at the beginning of the study to collect data about water use habits and possible exposures to microbial pathogens and THMs. Each study household also will be called weekly for 52 weeks for a short telephone interview to document whether anyone in the household had any gastrointestinal symptoms during the past week. Blood and serum samples will be collected from a subset (50%) of adult household members at the beginning and end of the study. All household members will be asked to provide a saliva specimen each month for the duration of the one-year study. Stool specimens will be collected during episodes of GI symptoms. Blood samples will be analyzed for THMs, and serum, saliva, and stool samples will be stored for later analysis for enteric pathogens. Water samples will be collected from each participating household at the beginning and a subset (50%) of the households at the end of the study and analyzed for THMs. Water samples for microbial analysis will be taken routinely from the source, the finished water, and designated locations in the distribution system.

The specific aims of the study are to (1) determine the risk for GI illness associated with source water quality and treatment efficacy by comparing GI illness rates in people drinking highly treated bottled water with GI illness rates in people drinking bottled plant water; (2) determine the risk for GI illness associated with the distribution system by comparing GI illness rates in people drinking bottled plant water with GI illness rates in people drinking tap water; (3) determine water concentrations and associated blood concentrations of THMs in the study population; and (4) validate and refine existing models of THM exposure using the THM data collected at the participating households and hydraulic and water quality data collected in the distribution system at the time of household recruitment. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden (in hours)
Telephone contact	2,500	1	10/60	417
Household survey	900	1	30/60	450
Blood and serum sample collection	900	2	15/60	450
Initial tap water sample collection	900	1	10/60	150
Final tap water sample collection	450	1	10/60	75
Weekly telephone interview	900	52	15/60	780
Saliva specimen collection	900	12	5/60	900
Stool specimen collection	900	2	5/60	150
Total				3,372

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–18–03]

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: Youth Media Campaign Tracking Study—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). CDC plans to conduct ongoing monitoring of the awareness and reaction to the brand and messages of the Youth Media Campaign. In FY 2001, Congress established the Youth Media Campaign at the Centers for Disease Control and Prevention (CDC). Specifically, the House Appropriations Language said: The Committee believes that, if we are to have a positive impact on the future health of the American population, we must change the behaviors of our children and young adults by reaching them with important health messages. CDC, working in collaboration with federal partners, is coordinating an effort to plan, implement, and evaluate a campaign designed to clearly communicate messages that will help kids develop habits that foster good health over a lifetime.

The Campaign will be based on principles that have been shown to enhance success, including: Designing messages based on research; testing messages with the intended audiences; involving young people in all aspects of Campaign planning and implementation; enlisting the involvement and support of parents and other influencers; tracking the Campaign's effectiveness and revising Campaign messages and strategies as needed.

For the Campaign to be successful, ongoing monitoring of the campaign's penetration with the target audiences is essential. Campaign planners must have mechanisms to determine the targets' awareness of, and reaction to, the campaign brand and messages as the campaign evolves. Campaign planners also need to identify which messages

are likely to have the greatest impact on attitudes and desired behaviors. The purpose of this monitoring strategy is to continually assess and improve the effectiveness of the targeted communication and other marketing variables throughout the evolution of the campaign. Another important objective is to determine which media channels are most effective'to optimize communication variables such as weight levels, frequency and reach components, programming formats, etc. that will have the greatest effect upon communicating the desired message to the target audiences. As the marketing efforts are implemented in selected cities, the Campaign planners also want to evaluate which strategies are most effective in which locales.

The Youth Media Campaign will use a tracking methodology using age-targeted samples. Tracking methods may include, but are not limited to telephone surveys, telephone or in-person focus groups, web-based surveys, or intercept interviews with tweens, parents, other teen influencers and adult influencers nationally and in cities with YMC-hosted events. Continuous tracking of awareness of the brand and the advertising messages are standard tools in advertising and marketing. The commitment of resources to YMC's marketing efforts mandates that campaign planners be able to respond quickly to changes needed in message execution or delivery as is standard practice in the advertising industry. The total burden for this data collection is 2,285 hours.

Survey	Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Media Benchmarking Survey	Screener	7,170	1	2/60
	Parent	650	1	3/60
	Child	650	1	12/60
Continuous Tracking Survey (national & community).	Screener	29,076	1	1/60
	Parent	7,200	1	3/60
	Child	7,200	1	12/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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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: Evaluation of the ACT (Adults and Children Together) Against Violence Community Training Program—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC). The goal of the ACT Against Violence Community Training Program is to make early violence prevention a central and ongoing part of a community's violence prevention efforts. The program involves a training curriculum developed by child development and violence prevention experts. The curriculum is designed to help communities: (1) Disseminate information and skills on violence prevention to adults who raise, care for, and teach young children; (2) identify and select early violence prevention programs, materials, and resources; (3) work in collaborative efforts established among community-based organizations; and (4) develop early childhood violence prevention action plans.

The purpose of the evaluation is to assess pilot implementations of the ACT Community Training Program in three communities: Monterey, CA; Randolph, NJ; and Kansas City, MO. The objectives of the evaluation are to (1) assess whether the Community Training Program is being successfully disseminated and implemented; (2) examine factors that affect successful dissemination, adoption, and implementation of the training program; (3) compare findings across the three sites; and (4) assess the involvement of the public health sector in each of the three sites.

Data collected for the evaluation will provide much-needed information on the dissemination and implementation of one of the successful strategies summarized in the Best Practices of Youth Violence Prevention. The results of the evaluation will assist the Division of Violence Prevention and the National Center for Injury Prevention and Control in carrying out CDC's mission of protecting the health of the United States public by providing leadership in preventing and controlling injuries through research, surveillance, implementation of programs, and communication. The evaluation will include semi-structured interviews with local and national program stakeholders (forms 1 and 2), focus groups with a subset of ACT trainees (''facilitators'') during a site visit (form 3), and a half-hour telephone survey with the universe of ACT trainees at 6 months with e-mail follow-ups at 2 months and 12 months (form 4). In addition, we will follow-up with a small subset of ''adult community members'' reached by ACT trainees with a half-hour telephone survey (form 5). Presented below is the estimated respondent burden for the telephone surveys, semi-structured interviews, and focus groups, respectively. There are no costs to respondents.