

*Proposed Project:* An Evaluation of Targeted Health Communication Messages: Folic Acid and Neural Tube Defects (OMB No. 0920-0461)—Revision—The National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

**Background**

The Division of Birth Defects and Developmental Disabilities, within NCBDDD launched a national education campaign in January 1999 to increase women's knowledge about neural tube birth defects (NTDs) and the beneficial role folic acid, a B vitamin, plays in the prevention of NTDs. Studies show that a 50 to 70 percent reduction in the risk of neural tube birth defects is possible if all women capable of becoming pregnant consume 400 micrograms of

folic acid daily both prior to and during early pregnancy. Studies also indicate that Hispanic women have a greater risk for NTD-affected pregnancies than women in the general population. Specific, culturally sensitive, targeted media messages need to be directed at this population.

CDC and the March of Dimes Birth Defects Foundation developed health communication media messages and educational materials targeted to health care providers and English- and Spanish-speaking women. These media messages and educational materials consist of television and radio public service announcements (PSA), brochures and resource manuals. The Spanish-language folic acid communication evaluation survey examines the impact of Spanish-

language media messages on the levels of awareness, knowledge, and vitamin use among Hispanic women of childbearing age.

Hispanic women's exposure to Spanish-language media messages and educational materials on folic acid information will be collected and measured to determine whether these exposures influenced the women's knowledge and usage of folic acid. The number and frequency of women's exposures to the media messages such as television and radio PSAs will be collected from media channels and compared to information collected from survey data, National Council on Folic Acid organizations and the National Clearinghouse on Folic Acid activities. The estimated annualized burden is 250 hours.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hours)
Telephone Interview .....	1,000	1	15/60

Dated: February 28, 2003.

**Thomas Bartenfeld,**

*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-32-03]**

**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:* Outcome Follow-up Survey for CDC's Youth Media Campaign—New—National Center for Chronic Disease Prevention and Health

Promotion (NCCDPPH), Centers for Disease Control and Prevention (CDC).

**Background**

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 youth develop habits that foster good health over a lifetime. The Campaign is 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; refining the messages based on research; and measuring the effect of the campaign on the target audiences.

To measure the effect of the campaign on the target audiences, CDC designed a baseline survey for tween and parent dyads (Children's Youth Media Survey

and Parents' Youth Media Survey) that assessed aspects of the knowledge, attitudes, beliefs, and levels of involvement in positive activities of tweens and a parent or guardian. The baseline survey was conducted prior to the launch of the campaign from April 8, 2002 through June 21, 2002. The methodology was to use a panel design and to survey 3000 dyads (3000 parents and 3000 tweens) from a nationally representative sample and to survey 3000 dyads (again 3000 parents and 3000 tweens) from the six "high dose" communities for a total of 6000 dyads or 12,000 respondents. The survey was conducted using random digit dial.

The next steps in the measurement of effects of the campaign is to collect follow-up data one year post baseline survey and two years post baseline survey. The same panel members (minus attrition) of 6000 tween/parent dyads used in the baseline survey—nationally and in the six selected metropolitan areas—would be re-contacted to complete a survey that would be similar to that used at baseline. Items on campaign awareness would be added to the survey to enable segmentation of the respondents by awareness of the campaign. Thus, the data collection would be with approximately 4,200 tween/parent dyads in spring 2003 and 3,350 tween/parent dyads in 2004. The average annualized burden is 2,571 hours.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)
2003:			
Screener .....	7,502	1	1/60
Child .....	4,242	1	20/60
Parent .....	4,009	1	20/60
2004:			
Screener .....	4,009	1	1/60
Child .....	3,353	1	20/60
Parent .....	3,247	1	20/60

Dated: February 28, 2003.

**Thomas Bartenfeld,**

*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 03052]

**Building Capacity To Address Emerging Infectious Diseases in the Americas; Notice of Intent To Fund Single Eligibility Award**

**A. Purpose**

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2003 funds for a cooperative agreement program for Building Capacity to Address Emerging Infectious Diseases in the Americas. The purpose of the program is to implement a coordinated plan to assist national governments and regional authorities in the Americas to better address infectious diseases. Specific activities will focus on improving surveillance and response, building public health infrastructure, promoting applied research activities, and developing improved infectious disease prevention and control strategies. The Catalog of Federal Domestic Assistance number for this program is 93.283.

**B. Eligible Applicant**

Assistance will be provided only to the Pan American Health Organization (PAHO).

PAHO is the only international/intergovernmental agency qualified to conduct the activities (improve infectious disease surveillance and response, develop infectious disease prevention and control strategies, build public health infrastructure and promote applied research activities in

the Americas) under this cooperative agreement for the following reasons:

1. PAHO is the one single health organization that represents all countries in the Americas Region. It began as the International Sanitary Bureau, established in 1902 by the International Conference of American States to serve as "a general convention of representatives of the health organizations of the different American republics." In 1924, the 21 American republics assigned broader functions and responsibilities to the International Sanitary Bureau as the central coordinating agency for international health activities in the Americas. PAHO continues in this role for countries in North, Central, and South America, including the Caribbean nations.

2. PAHO has access to national health promotion and disease prevention programs and potential research sites in the Americas through their 35 member governments, scientific and technical expert employees, 28 country offices, and 10 scientific centers. PAHO member countries are: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, and Venezuela. PAHO maintains country offices in 28 of the above member states and is headquartered in Washington, DC.

3. Because of its unique status representing and uniting all member country health agencies, PAHO is the only appropriate "pinnacle" organization to conduct the activities under this cooperative agreement.

4. In its role as the central coordinating agency for health in the Americas, PAHO collaborates with Ministries of Health, social security agencies, other government institutions, non-governmental organizations,

universities, community groups, and others in all member countries.

5. PAHO has nearly 100 years of experience working to improve health and living standards of countries of the Americas.

6. PAHO serves as the regional office for the Americas for the World Health Organization and is a component of the United Nations.

**C. Funding**

Approximately \$500,000 is available in FY 2003 to fund this award. It is expected that the award will begin on or before May 16, 2003, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

**D. Where To Obtain Additional Information**

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, *Telephone: (770) 488-2700.*

For technical questions about this program, contact: Greg Jones, National Center for Infectious Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Atlanta, GA 30333, *Telephone: (404) 639-4180, E-mail address: gjj1@cdc.gov.*

Dated: February 28, 2003.

**Sandra R. Manning,**

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

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