

all stages of life by making our food supply safe, identifying harmful behaviors, and improving our environment.

CDC and the Agency for Toxic Substances and Disease Registry (ATSDR) must fulfill their mission and mandate to frequently communicate urgent and sensitive health messages with the general public, members of the public with certain diseases or disabling conditions, and those at a greater risk of exposure to disease or injury causing agents. CDC/ATSDR makes this crucial health information available through many channels including books, periodicals, and monographs; internet Web sites; health and safety guidelines; reports from investigations and emergency responses; public health monitoring and statistics; travel advisories; answers to public inquiries; and health education campaigns.

In addition to serving the public, CDC/ATSDR delivers health information that enables health providers to make critical decisions. For instance, the practicing medical and dental communities and the nation's health care providers are target audiences for numerous official CDC

recommendations concerning the diagnosis and treatment of disease, immunization schedules, infection control, and clinical prevention practices. CDC/ATSDR offers technical assistance and training to health professionals as well.

In order to ensure that the public and other key audiences, like health care providers, understand the information, are motivated to take action, and are not offended or react negatively to the messages, it is critical to test messages and materials prior to their production and release. Currently, each CDC program developing health messages is required to submit its message development and testing activities for individual OMB review. Many CDC programs have extremely short deadlines for developing and producing health messages. Some deadlines are imposed by Congress, and others are necessitated by the time-sensitive nature of the work. Many programs cannot accommodate the time required for OMB approval, and therefore skip the message testing step altogether, or resort to testing specific portions of messages with 9 or fewer individuals. The science of health communication does not

support these programmatic practices. In fact, these undesirable alternatives weaken CDC/ATSDR position as a research-based public health agency providing credible health information that people can count on and use.

CDC may achieve a greater level of efficacy if it can use four routine health message development and testing methods: (1) Central Location Intercept Interviews (*i.e.*, "shopping mall" interviews); (2) Customer Satisfaction Phone Interviews; (3) Focus Groups; and (4) Web-enabled research. Virtually every Center, Institute, and Office (CIO) at CDC could achieve a higher level of confidence that health messages were understandable and would provoke no unintended consequences if they were empowered to use these methods efficiently. The CDC Office of Communication therefore requests approval for renewal of the Health Message Testing System that will conduct up to 64 message testing activities per year for each of three years. If all 64 testing activities are implemented, the total estimated annualized burden is 3,000 hours.

*Annualized Burden Table:*

Data collection	Number of activities per year	Number of respondents per activity	Number of responses per respondent	Average burden per response (in hours)
Intercept and touch screen interviews .....	64	1,600	1	30/60
Customer Satisfaction Phone Interviews .....	64	1,200	1	30/60
Focus Groups .....	64	1,200	1	30/60
Web-enabled research .....	64	2,400	1	30/60

Dated: February 3, 2005.

**Betsey Dunaway,**

*Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Disease, Disability, and Injury Prevention and Control Musculoskeletal Disorders, Request for Applications (RFA) OH-05-004**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

*Name:* Disease, Disability, and Injury Prevention and Control Special Emphasis

Panel (SEP): Musculoskeletal Disorders, Request for Applications (RFA) OH-05-004.

*Times and Dates:* 8 a.m.-8:30 a.m., March 22, 2005 (Open). 8:30 a.m.-5 p.m., March 22, 2005 (Closed).

*Place:* Embassy Suites Hotels, 1900 Diagonal Road, Alexandria, VA 23114 telephone 703-684-5900.

*Status:* Portions of the meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

*Matters To Be Discussed:* The meeting will include the review, discussion, and evaluation of applications received in response to Request for Applications OH-05-004.

*Contact Person for More Information:* Joan F. Karr, Ph.D., Scientific Review Administrator, Office of Extramural Programs, National Institute for Occupational Safety and Health, CDC, 1600 Clifton Road, NE., MS-D72, Atlanta, GA 30333, Telephone 404-371-5261.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices

pertaining to announcements of meetings and other committee management activities, for both the CDC and the Agency for Toxic Substances and Disease Registry.

Dated: February 3, 2005.

**Alvin Hall,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Occupational Exposure Risk on Reproduction/ Development, Request for Applications (RFA) OH-05-003**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act