

risk of disease in the exposed population through the use of person-time. Third, disease specific mortality rates for Washington County, Utah, and a control county, Cache County, Utah,

will be compared for people who lived in these two counties during the time of above-ground testing. This comparison will determine if the risk of mortality in Washington County (the exposed group)

is significantly greater than Cache County (the control group). CDC, NCEH is requesting a three-year clearance. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/respondent	Average burden per response (in hrs.)	Total burden hours
Telephone Location Script	3700	1	5/60	308
Telephone Location Script (Return Letter)	200	1	5/60	17
Refusal Telephone Script	150	1	5/60	13
Recruitment Next of Kin Telephone Script	225	1	5/60	19
Recruitment & Appointment Script	3700	1	5/60	308
Broken Appointment Telephone Script	120	1	5/60	10
Exposure Questionnaire	500	1	90/60	750
Questionnaire Preparation Booklet	3700	1	30/60	1850
Group Member Information	3700	1	5/60	308
Consent Forms	3700	1	10/60	617
Interview Booklet	500	1	30/60	250
Medical History Questionnaire (male)	1800	1	45/60	1350
Medical Records Release Telephone Script	120	1	5/60	10
Medical History Questionnaire (female)	1900	1	45/60	1425
Travel Form	240	1	20/60	80
Residence History	500	1	5/60	42
Refusal Questionnaire	24	1	5/60	2
Total hours in burden	24779	7359

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*Acting Director, Executive Secretariat,
Centers for Disease Control and Prevention.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-04-08]

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) 498-1210.

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 or other forms of information technology. Send comments to Seleda Perryman, 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: Evaluation of James A. Ferguson Emerging Infectious Diseases Fellowship Program—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

CDC is particularly concerned with the racial, ethnic, and gender health disparities in the distribution of infectious diseases in the U.S. To help address the health and well-being of minority and underserved populations, CDC endeavors to train a racially and ethnically diverse public health workforce. Since 1989, the James A. Ferguson Emerging Infectious Disease Summer Fellowship Program, which is administered by the Minority Health Professions Foundation (MHPF), has been providing an 8-week program of educational and experiential opportunities for racial and ethnic minority medical, dental, pharmacy, veterinary, and public health graduate students. The Fellows are given

opportunities to explore the wide range of public health career options available to them once their formal training is completed. As of summer 2003, 311 Fellows have completed the program.

The purpose of this study is to conduct a multi-facet evaluation of the Ferguson Fellowship Program. The data from this study will be used to develop planning and decision making initiatives regarding expansion and funding. The study aims to evaluate and measure the success of the program for the dual purposes of program expansion and encouraging other organizations to implement similar mechanisms to increase the presence of racial and ethnic minorities in public health.

Data for this study will be collected from relevant documents, telephone interviews with key stakeholders, and a mail survey of Ferguson Fellows.

CDC proposes to conduct the study to (1) Examine the views and perspectives of the constituents and their experiences with the Ferguson Fellowship Program and (2) assess the impact of the program on strengthening and diversifying the workforce and addressing racial and ethnic health disparities in the field of Public Health. To minimize respondent burden, the mail survey questionnaire will be carefully developed with appropriate guidance from CDC to develop survey items that are relevant and succinct.

Prior to fielding the surveys, an evaluation contractor with guidance from CDC, will select nine Fellows from