''health disparity groups,''; and (4) creates initiatives to enhance inclusion as well as targeted minority health disparities research and research on other health disparities.

Division of Community-Based Research and Outreach (NE3, formerly HNE3). (1) Develops and implements partnering initiatives to promote cooperation among Federal agencies, State, local, tribal, and regional public health agencies, and private entities in minority health disparities research and research on other health disparities as required by the Minority Health and Health Disparities Research and Education Act of 2000; (2) develops and implements a community-based research program for the National Institutes of Health with a focus on disease prevention, implementation of health messages in relevant racial and ethnic minority and disadvantaged communities, and elucidating barriers to effective health care, etc; and (3) coordinates with appropriate DHHS organizations and other Federal entities on programs of relevance to the mission of the Center.

Division of Scientific Planning and Policy Analysis (NE4, formerly HNE4). (1) Advises the Center Director regarding the analysis and evaluation of Center-supported programs, as requested; (2) represents the Center Director, as requested, on the trans-NIH Coordinating Committee during the consultative process of identifying annual trans-NIH priorities in regard to minority health disparities research, research training and capacity building, and research on other health disparities, including the allocation of resources in support of identified priorities; (3) provides program support for trans-NIH conferences and/or other conferences and workshops of relevance to the mission of the Center; (4) develops major policy and program recommendations, as requested by the Director, NIH, based on an evaluation of the status of support and accomplishments of NCMHD-supported programs; (5) conducts the Center's legislative liaison activities; and (6) serves as the clearinghouse and focal point for interpreting the goals and results of Center-supported research programs and projects for disseminating information to Congress and the Executive Branch.

Office of Scientific and Strategic Planning (NE42, formerly HNE42). (1) Coordinates, as requested, with the Center's Director on the development of a trans-NIH health disparities strategic plan; (2) assists and advises the Director in preparation for Congressional testimony and hearings and in the development of justifications for resource appropriations; (3) develops annual reports reflecting the status of trans-NIH implementation of initiatives, including executive orders, related to minority health disparities research and research on other health disparities, including those designed to enhance research and training capacity at minority and minority-serving institutions; and (4) conducts the Center's Freedom of Information and Privacy Act activities.

Office of Program Analysis and Data Management (NE43, formerly HNE43). (1) Coordinates, as required, with the Office of Scientific Planning, NCMHD, on the development of annual reports reflecting the status of trans-NIH implementation of initiatives, including executive orders, related to minority health disparities research and research on other health disparities, including those designed to enhance research and training capacity at minority and minority-serving institutions; (2) represents the Center, as requested, in the development, implementation, and monitoring of a trans-NIH coding system for identifying ''targeted'' and ''inclusion'' research and training initiatives as it relates to ''health disparity populations'' as well as identifying infrastructure and capacity building awards made to minority and minority-serving institutions; (3) collects and maintains data on trans-NIH programs and activities aimed at reducing and/or eliminating health disparities; (4) provides oversight for the development of the Health Disparities Information (HDI) System, a database for identifying and tracking all NIH-supported minority health disparities research, research on other health disparities, research training, and construction projects data; (5) acquires data and performs analyses for use in NCMHD planning and development; and (6) coordinates the presentation of the Center's plans and reports.

Delegations of Authority Statement: All delegations and redelegations of authority to offices and employees of NIH that were in effect immediately prior to the effective date of this reorganization and are consistent with this reorganization shall continue in effect, pending further redelegation.

Dated: January 16, 2001.

Donna E. Shalala,

Secretary, Department of Health and Human Services.

[FR Doc. 01–1808 Filed 1–19–01; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–15–01]

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) 639–7090. 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

A Survey of Pediatricians' Attitudes and Practices about Promoting Communication between Parents and Their Children about Sexuality and Sexual Risk—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC). CDC proposes to assess pediatricians' attitudes, beliefs, and practices regarding promotion of parent-child communication about sexuality and sexual risk, and barriers to offering sexual health counseling to parents. The survey will assess which services are currently offered by physicians (e.g., discussions, pamphlets, videos, referrals to educational programs); when and to whom physicians offer services; the barriers that prevent physicians from offering services; and the types of services pediatricians believe are feasible to offer. Results of this survey will be used to develop effective programs to help pediatricians facilitate communication between parents and children about sexuality and STD/HIV prevention. Increasing parent-adolescent communication about sexuality and STD/HIV is important because many adolescents are having unprotected sex at an early age, and although parent-adolescent communication has been found to be associated with lower sexual risk behavior among adolescents, many parents are not talking to their adolescents. Thus, strategies are needed to inform parents about the benefits of communication as a way to enhance their child's sexual health. Consistent with recommendations from the American Medical Association and the

American Academy of Pediatrics, physicians can play an important role in educating parents about ways to promote their child's sexual health. The total annual burden for this project is 300 hours.

Respondents	Number of respondents	Number of responses	Average hour burden per response
Pediatricians	900	1	20/60

Dated: January 16, 2001.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 01–1763 Filed 1–19–01; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 00N–1283]

Agency Information Collection Activities; Submission for OMB Review; Comment Request; Food Labeling Regulations

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995 (the PRA).

DATES: Submit written comments on the collection of information by February 21, 2001.

ADDRESSES: Submit written comments on the collection of information to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW., rm. 10235, Washington, DC 20503, Attn: Wendy Taylor, Desk Officer for FDA.

FOR FURTHER INFORMATION CONTACT: Peggy Schlosburg, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

Food Labeling Regulations—21 CFR Parts 101, 102, 104, and 105 (OMB Control No. 0910–0381)—Extension

FDA regulations require food producers to disclose to consumers and others specific information about themselves or their products on the label or labeling of their products. Related regulations require that food producers retain records establishing the basis for the information contained in the label or labeling of their products and provide those records to regulatory officials. Finally, certain regulations provide for the submission of food labeling petitions to FDA. FDA's food labeling regulations in parts 101, 102, 104, and 105 (21 CFR parts 101, 102, 104, and 105) were issued under the authority of sections 4, 5, and 6 of the Fair Packaging and Labeling Act (the FPLA) (15 U.S.C. 1453, 1454, and 1455) and of sections 201, 301, 402, 403, 409, 411, 701, and 721 of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 321, 331, 342, 343, 348, 350, 371, and 379e). Most of these regulations derive from section 403 of the act, which provides that a food product shall be deemed to be misbranded if, among other things, its label or labeling fails to bear certain required information concerning the food product, is false or misleading in any particular, or bears certain types of unauthorized claims. The disclosure requirements and other collections of information in the regulations in parts 101, 102, 104, and 105 are necessary to ensure that food products produced or sold in the United States are in compliance with the labeling provisions of the act and the FPLA.

Section 101.3 of FDA's food labeling regulations requires that the label of a food product in packaged form bear a statement of identity (i.e., the name of the product), including, as appropriate, the form of the food or the name of the food imitated. Section 101.4 prescribes requirements for the declaration of ingredients on the label or labeling of food products in packaged form. Section 101.5 requires that the label of a food product in packaged form specify the name and place of business of the manufacturer, packer, or distributor and, if the food producer is not the manufacturer of the food product, its connection with the food product. Section 101.9 requires that nutrition information be provided for all food products intended for human consumption and offered for sale, unless an exemption in § 101.9(j) applies to the product. Section 101.9(g)(9) also provides for the submission to FDA of requests for alternative approaches to nutrition labeling. Finally, § 101.9(j)(18) provides for the submission to FDA of notices from firms claiming the small business exemption from nutrition labeling.

Section 101.10 requires that restaurants provide nutrition information, upon request, for any food or meal for which a nutrient content claim or health claim is made. Section 101.12(b) provides the reference amount that is used for determining the serving sizes for baking powder, baking soda, and pectin. Section 101.12(e) provides that a manufacturer that adjusts the reference amount customarily consumed (RACC) of an aerated food for the difference in density of the aerated food relative to the density of the appropriate nonaerated reference food must be prepared to show FDA detailed protocols and records of all data that were used to determine the density-adjusted RACC. Section 101.12(g) requires that the label or labeling of a food product disclose the serving size that is the basis for a claim made for the product if the serving size on which the claim is based differs from the RACC. Section 101.12(h) provides for the submission of petitions to FDA to request changes in the reference amounts defined by regulation.

Section 101.13 requires that nutrition information be provided in accordance with § 101.9 for any food product for which a nutrient content claim is made. Under some circumstances, § 101.13 also requires the disclosure of other types of information as a condition for the use of a nutrient content claim. For example, under § 101.13(j), if the claim compares the level of a nutrient in the food with the level of the same nutrient in another ''reference'' food, the claim must also disclose the identity of the reference food, the amount of the nutrient in each food, and the