

prevention information. There is no cost to respondents other than their time. The estimated annualized burden is 157 hours.

Annualized Burden Table:

Respondents	Number of respondents	Number of responses/respondents	Average burden/respondents (in hours)
Screened Households:			
Helpline Callers	430	1	.5/60
High-Risk Population	1400	1	1/60
Respondents:			
Helpline Callers	300	1	10/60
High-Risk Population	600	1	8/60

Dated: November 24, 2004.

B. Kathy Skipper,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-05AK]

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 404-498-1210 or send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

National Intimate Partner Violence Survey—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Intimate partner violence (IPV) is considered by many to be a serious problem. CDC considers IPV to be a "substantial public health problem for Americans that has serious consequences and cost to individuals, families, communities and society." The past twenty years have witnessed an extraordinary growth in research on the prevalence, incidence, causes and effects of IPV. Various disciplines have contributed to the development of research on the subject including psychology, epidemiology, criminology and public health.

Still, there is a lack of reliable information on the prevalence of IPV and on trends over time. Estimates vary widely regarding the magnitude of the problem. This variance is due in large

part to the different methods that are used to measure IPV and the context in which questions are asked about IPV. Thus, CDC is engaged in work to improve the quality of data, and hence knowledge about IPV. Part of this process includes comparing various ways of introducing questions about IPV and comparing information obtained from both men and women when questions about IPV victimization and perpetration are asked in differing order.

The purpose of this project is to administer questions, via telephone interviews, that measure both victimization and perpetration for various forms of intimate partner violence (IPV) including stalking, sexual violence, physical violence, and emotional control. The questions will be administered to a random sample of 1500 men and 1500 women ages 18-50. The survey instrument has been developed specifically for this study.

The overall benefit of this project is to determine the optimal order for asking questions about IPV victimization and perpetration and to compare and select the most useful context for introducing IPV questions (*i.e.*, health vs. crime vs. family conflict). Ultimately, this knowledge will assist the CDC in establishing an ongoing data collection system for monitoring IPV victimization and perpetration. CDC, National Center for Injury Prevention and Control (NCIPC) intends to contract with an agency to conduct the survey. The only cost to the respondents is the time involved to complete the survey.

Respondent	No. of respondents	No. of responses per respondent	Avg. burden number per responses (in hours)	Total burden hours
Female	1500	1	45/60	1125
Male	1500	1	45/60	1125
Total	3,000	2250

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B. Kathy Skipper,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-05AL]

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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. Written comments should be received within 60 days of this notice.

Proposed Project

Evaluation and Assessment of the Effectiveness of Activities Supporting Fire Prevention and Safety—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

This project will evaluate the effect of fire safety and prevention education for second grade children and identify program components that contribute to successful outcomes. The fire safety prevention education programs are delivered by fire department personnel and funded by the United States Fire Administration's (USFA) Assistance to Firefighters Grant Program (AFGP). Deaths from fires and burns are the sixth most common cause of unintentional injury-related deaths in the United States with over three-fourths of fire-related deaths and three-fourths of fire-related injuries resulting from house fires. Children are particularly at high risk for injury with residential fire death rates approximately two times that of adult age groups. The prevention programs that are funded by AFGP

provide local fire departments with resources to conduct fire safety education for elementary school children. None of these programs has been systematically evaluated to determine impact on fire safety knowledge, skills, and behaviors. The proposed project does not assume a direct link from knowledge, skills, and behaviors to reductions in fire death rates; however, these intermediate outcomes may predispose and enable children to protect themselves from fire-related injury.

Children's knowledge, skills, and behaviors will be studied as a function of time (pre-, immediate post-, and 6 month post-), geographic setting (urban, rural, suburban) and instructional format (classroom, safety trailer, classroom + safety trailer, none). The design used in this study is a 3 x 4 factorial design with repeated measures. A survey will be used to assess children's fire safety knowledge, skills, and behaviors. Information will also be collected from the children's parents on fire safety activities within the home.

Teachers, school administrators, and the fire fighters delivering the program will complete surveys to gather information on messages delivered, props used, and possible additional exposures to fire safety education. Information will also be collected regarding the school and Fire Department personnel's perception of program sustainability and the relationship between the Fire Department and school. The only cost to the respondents is the time involved to complete the survey.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs)	Total burden hours
Fire Fighters	24	2	15/60	12
2nd Grade Children	1920	3	20/60	1920
Parents of 2nd Grade Children	1920	2	10/60	640
Teachers of 2nd Grade Children	96	2	15/60	48
School Administrators	48	1	20/60	16
Total				2636

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B. Kathy Skipper,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health Advisory Board on Radiation and Worker Health

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 committee meeting:

Name: Advisory Board on Radiation and Worker Health (ABRWH), National Institute for Occupational Safety and Health (NIOSH).

Subcommittee Meeting Time and Date: 8:30 a.m.–9:30 a.m., December 13, 2004.

Committee Meeting Times and Dates: 9:45 a.m.–4:30 p.m., December 13, 2004; 8 a.m.–4:30 p.m., December 14, 2004; 7 p.m.–8:30 p.m., December 14, 2004; 8:30 a.m.–4:30 p.m., December 15, 2004.