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 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project: Evaluating the Effectiveness of the Asthma Intervention Program, Power Breathing—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

The Centers for Disease Control and Prevention (CDC) seeks to conduct an evaluation of the effectiveness of the asthma intervention program, Power Breathing, in two school districts in Kansas City, KS and Fredericksburg, VA. The overall aim of this program, developed by the Asthma and Allergy Foundation of America, is to provide adolescents with a basic understanding of asthma and its management in a peer-friendly environment and to empower them to take control of their asthma on a personal level.

The proposed data collection for the evaluation will provide feedback to CDC about the usefulness and cost-effectiveness of this teen asthma intervention program. Sample participants will come from students, parents, program facilitators, and school personnel (school nurses and teachers) in the selected two school districts. Self-administered questionnaires will be given to students at baseline (pre-intervention program), immediately post-program, and at six-months post-program, while parents receive baseline and six-months post-program surveys. The student survey will focus on: knowledge, attitudes, and behaviors regarding their asthma; perception of their health status and quality of life; assessment of the program; and impact of the program on their asthma management skills. Parents will be asked about their child's asthma condition, assessment of the program, and cost-related issues for their child's asthma.

Individual, one-time interviews will be conducted with program facilitators and school personnel regarding their perceptions of the intervention program and its impact on the students. Two focus groups will be conducted with students post-program to obtain additional, in-depth information about their perceptions of the program. The annualized burden is estimated to be 1029 hours.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)
Students:			
Baseline	524	1	30/60
Post-program	524	1	15/60
6-month follow-up	524	1	30/60
Focus group	16	1	1
Parents:			
Baseline	524	1	10/60
6-month follow-up	524	1	15/60
Program facilitators:			
Interview	6	1	40/60
Program sessions	6	12	30/60
School nurses:			
School profile	6	1	10/60
Record abstraction	6	87	10/60
Interview	6	1	40/60
Teachers:			
Interview	12	1	40/60

Dated: September 25, 2003.

Nancy E Cheal,

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

[FR Doc. 03–24972 Filed 10–1–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–71–03]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project: Work-related Assaults Treated In Hospital Emergency Departments (OMB Control No. 0920–0575)—Reinstatement without change—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). Workplace violence, both fatal and nonfatal, is recognized as an important occupational safety and health issue. Various data systems have provided fairly detailed information on fatal workplace violence, but much less is known about the circumstances and risk factors for nonfatal workplace violence. A number of strategies have been suggested for reducing the incidence and severity of workplace violence in various settings (*e.g.*, taxicabs, health care, law enforcement, social services), yet, little empirical knowledge exists about what has been implemented and what impact such strategies may have. The report, *Workplace Violence: A Report to the Nation,* published by the University of Iowa based on recommendations from a workshop of experts states, ''* * * research focused on a much broader understanding of the scope and impact of workplace violence is urgently needed to reduce the human and financial burden of this significant public health problem.'' In 2000, there were 677 workplace homicides in the U.S. From 1993–1999, there were an estimated 1.7 million non-fatal victimizations ''while at work or on duty'' every year, accounting for 18

percent of all violent crime during the seven-year period.

The Consumer Product Safety Commission (CPSC) maintains a database of injuries treated in a nationally-representative sample of U.S. hospital emergency departments (ED) called the National Electronic Injury Surveillance System (NEISS). Data routinely collected through NEISS include a brief narrative description of the injury event as well as basic demographic information, intent and mechanism of injury, work-relatedness, principal diagnosis, part of body affected, location where the injury occurred, involvement of consumer products, and disposition at ED discharge. For assaults, summary data are also being collected on the relationship of the perpetrator to the injured person and the context (*e.g.*, altercation, robbery, sexual assault, etc.). For work-related cases, occupation and industry information is collected. The data system does not include any information on issues such as the specific workplace circumstances and risk factors for workplace violence, security measures in place in the workplace and whether they were utilized/worked appropriately, training in workplace violence risk factors and prevention strategies, previous incidents of workplace violence, return to work after assault, and other specific workplace violence information.

In December 2001, Congress directed NIOSH to develop an intramural and extramural prevention research program that will target all aspects of workplace violence. For the last ten years, NIOSH has been collaborating with CPSC to collect surveillance data on work-related injuries treated in the NEISS EDs. In addition, NIOSH has utilized the capacity of NEISS to incorporate follow-back surveys. Follow-back surveys allow collection of first-hand, detailed knowledge that does not exist in administrative or other records. CPSC routinely uses this mechanism to collect information on various types of injuries (*e.g.*, fireworks-related injuries, injuries to children in baby walkers, etc.). NIOSH has used this mechanism to collect information on the circumstances of injury, training, protective equipment (if appropriate), and other issues important to more fully understanding the risk factors for work-related injuries and to make appropriate recommendations for preventing other such injuries in the future.

The current proposed study will consist of a telephone interview survey of workers treated in NEISS hospital emergency departments for injuries sustained during a work-related assault over a one-year period. CPSC will hire a contractor to conduct the actual telephone interviews. NIOSH will review potential cases to identify those cases that should be forwarded to the contractor for interview. The survey includes an extended narrative description of the injury incident as well as items regarding general workplace organization; personal characteristics of the worker; work tasks at the time of the assault; training on workplace violence risk factors and prevention strategies; security measures in place and how they impacted the outcome of the incident; medical care received for injuries; time away from work; and return to work after the assault. This study will provide critical information for understanding the nature and impact of nonfatal assault among U.S. workers. In combination with data collected from other sources, this information will ultimately contribute to the prevention of violence in the workplace. The annualized burden for this data collection is 227 hours.

Survey	Number of respondents	Number of responses/respondent	Avg. burden/response (hours)
Work-related assaults treated in hospital emergency departments	680	1	20/60

Dated: September 26, 2003.

Nancy Cheal,

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

[FR Doc. 03–24998 Filed 10–1–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–79–03]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 NCHS/CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395–7245. Written comments should be received within 30 days of this notice.

Proposed Project: NCHS 2003–2004 National Ambulatory Medical Care Survey (NAMCS) (OMB Control No. 0920–0234)—Extension—National Center for Health Statics (NCHS), Centers for Disease Control and Prevention (CDC). The National Ambulatory Medical Care Survey (NAMCS) was conducted annually from 1973 to 1981, again in 1985, and resumed as an annual survey in 1989. It is directed by the Division of Health Care Statistics, National Center for Health Statistics, CDC. The purpose of NAMCS is to meet the needs and demands for statistical information about the provision of ambulatory medical care services in the United States. Ambulatory services are rendered in a wide variety of settings, including physicians' offices and hospital outpatient and emergency departments. The NAMCS target population consists of all office visits within the United States made by ambulatory patients to non-Federal office-based physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who are engaged in direct patient care. Since more than 80 percent of all direct ambulatory medical care visits occur in physicians' offices, the NAMCS provides data on the majority of ambulatory medical care services. To complement these data, in 1992 NCHS initiated the National Hospital Ambulatory Medical Care Survey (NHAMCS, OMB No. 0920–0278) to provide data concerning patient visits to hospital outpatient and emergency departments. The NAMCS, together with the NHAMCS constitute the ambulatory component of the National Health Care Survey (NHCS), and will provide coverage of more than 90 percent of ambulatory medical care.