develop recommendations for prevention.

The purpose of this project is to evaluate the impact of the Fire Fighter Fatality Investigation and Prevention Program (FFFIPP), and the effects of the FFFIPP recommendations and information products which are periodically distributed to the nation's 30,000 fire departments. This study will examine career and volunteer; large and small size; and urban and rural fire departments to determine the extent to which firefighter reports, recommendations and other information products are being implemented by fire departments. This evaluation will also measure the effects of the FFFIPP on the knowledge, behavior, attitudes and safety practices of fire department management.

This study will consist of a mail survey of 1,140 fire departments to obtain information from the officers (Captain, Safety Officer and Training Officer or Lieutenants) regarding use of the FFFIPP information products. There will also be a set of six focus groups for active, front-line firefighters; each focus group will have approximately 9 participants.

The FFFIPP investigated approximately 114 injury fatalities and 101 cardiovascular disease fatalities over the first 5 years of operations. Reports based on these investigations are mailed to select fire departments on a regular basis. An evaluation of the program at this time is appropriate because the FFFIPP has acquired sufficient data on firefighter fatalities to permit substantial improvements in knowledge, awareness and the practice of fire fighting. The FFFIPP information products have been published and disseminated with sufficient time to allow positive changes. An evaluation at this time could ultimately reduce risk for firefighters through elimination of barriers to better knowledge, behavior, attitudes and safety practices for fire department leadership/management and for front-line firefighters. Evaluation provides a means to strengthen the impact of the program through modification or re-direction of the FFFIPP strategy.

CDC proposes to conduct an evaluation survey that will include 1,140 fire departments. A fire department survey (Tier 1) and focus groups (Tier 2) will be used to collect data for this evaluation. The fire department survey will use a cross-sectional design with restricted random sampling. The sample will include each of the 215 fire departments where an investigation has been done. For comparison, a random sample of 300 fire departments where there has not been any investigation will be selected and surveyed. The ten largest fire departments will be deliberately included in the sample because of their unique status. The random selection of additional fire departments will be restricted to balance various factors such as the number of volunteer vs. career, rural vs. urban and other considerations. To supplement findings from the Tier 1 Fire Department Survey, the evaluation team will conduct a series of six focus groups with firefighters from across the country. These Tier 2 focus group discussions will serve as avenues for exploring how and why the FFFIPP may have had an impact. Information collected in the focus groups will thus complement the Tier 1 Fire Department Survey by providing rich descriptions of the ways in which FFFIPP may have affected firefighter knowledge, attitudes, behaviors, and safety practices. The focus groups (Tier 2) will take place either at a national conference of firefighters or at local venues convenient to the fire departments represented by the participants. Each focus group will take 1½ hours. Questions will address firefighter knowledge, attitudes, behavior, and safety practices. Data collection will take no more than 5 to 12 months to complete after OMB approval. There are no costs to respondents except their time to participate in the survey.

ANNUALIZED BURDEN TABLE

Data collection instruments	Number of respondents	Number of responses	Average burden per response	Total burden hours
Fire Dept. Survey	1,140	1	25/60	475
Focus Group Guide—Fire Fighters	54	1	1.5	81
Total	1,194			556

Dated: December 23, 2004.

Joseph E. Salter,

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–05AV]

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 404–371–5973 or send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, 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

Hemophilia Treatment Center Laboratory Survey—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Up to 2 million women in the United States may have an inherited bleeding disorder and not know it. Many women learn to live with the problems their bleeding causes, such as heavy periods, and not realize that they could have a bleeding disorder. Other women may have more serious bleeding problems such as hemorrhages after childbirth or surgery, and some have hysterectomies to end their heavy periods. With proper diagnosis, women with bleeding disorders could avoid these complications and surgeries. Management of bleeding in these women can decrease heavy periods and can improve quality of life.

The most common bleeding disorder is called Von Willebrand disease (VWD). VWD is caused by a deficiency or defect in the body's ability to make a protein, Von Willebrand factor, which helps blood clot. The symptoms of VWD can range in severity; however, 90 percent of people who have this disease have the mild form. VWD occurs in men and women equally, but women are more likely to notice the symptoms of VWD due to heavy or abnormal bleeding during their menstrual periods and after childbirth. There are many gynecological and physical causes for heavy periods, such as endometriosis, thyroid problems and cancer; however, the cause is not identified in half the cases. A CDC–Emory University survey found that gynecologists rarely considered bleeding disorders as a cause of heavy menstrual bleeding. However, recent research from Europe and CDC has shown that 15–20% of women with heavy periods have inherited bleeding disorders. Women with VWD interviewed by CDC reported an average of 16 years between the onset of bleeding symptoms and diagnosis of a bleeding disorder. CDC and the National Hemophilia Foundation have been working to encourage gynecologists to consider bleeding disorders in women who have menorrhagia. As a result, the American College of Obstetricians and Gynecologists has recently recommended screening for VWD in these women.

An important part of increasing the awareness among physicians and their patients with heavy periods who may have an underlying bleeding disorder is referral for appropriate diagnosis. Federally funded Hemophilia Treatment Centers (HTCs) are thought to be the best source for appropriate laboratory diagnosis; however, the following concerns have been raised: (1) Anecdotal reports from HTC providers describe reduced capacity of in-house laboratory support and access to specialty coagulation laboratory tests that are essential for appropriate diagnosis of bleeding disorders; (2) A CDC study demonstrated reduced capacity to perform specific coagulation tests through their survey of hospital laboratories but it is impossible to know if HTCs have higher capacity than the hospitals studied; and (3) HTCs report that changes in third party payer policies, especially health maintenance organizations, are dictating the source of laboratory testing requiring shipment of laboratory specimens to sites away from the hospital that reduce the quality of the sample and effect the reliability of the results. It is important to assess the HTCs and determine their capabilities and barriers to delivering comprehensive care to patients with bleeding disorders.

The setting for the proposed study are federally funded HTCs. The study participants are composed of medical directors, adult hematologists, pediatric hematologists, and coagulation laboratory technicians. A survey will be distributed to the above personnel to ascertain their perceptions of lab capabilities and procedures. Research questions of interest include the following:

(1) What tests can be performed?

(2) How timely can results be obtained?

(3) Which HTCs have an in-house coagulation laboratory?

(4) What percentage of tests must be sent to outside laboratories?

(5) What is the perceived quality of results obtained from an outside laboratory?

A stamped, self-addressed envelope will be attached to each survey, along with a cover letter explaining the survey. After a specified period of time, non-responders will receive a phone call reminder and sent another copy of the survey if needed. There will be no cost to the respondents except their time to complete the survey.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
HTC medical directors and coagulation technicians	325	1	20/60	108
Total				108

Dated: December 23, 2004.

Joseph E. Salter,

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–05AG]

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 email 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

Process Evaluation of the Protocol for Assessing Community Excellence in Environmental Health—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

CDC, through a cooperative agreement with the National Association of City and County Health Organizations (NACCHO), developed and disseminated the Protocol for Assessing Community Excellence in Environmental Health (PACE EH). This document consists of 13 tasks to engage the community in environmental health planning and assessment activities. PACE EH seeks to strengthen public health leadership, promote community collaboration, and encourage environmental justice. In the long run, PACE EH seeks to establish a new leadership role for local public health agencies and build sustainable community processes for decision-making. More than 1,700 copies of a guidebook have been disseminated to the public and organizations that requested one or more copies for review. Little is known about how each of the hundreds of potentially interested communities nationwide evaluates the suitability of the PACE EH methodology to its own situation; the relative advantages and disadvantages each perceives in this methodology compared to other tools; methods available for conducting environmental health assessments; and the range of challenges encountered in implementing the method.

The purpose of the proposed study is to obtain information from current and potential PACE EH users that will be used to guide resource decisions related to its continued support and development. Two data collection activities are proposed. The first is a Web survey of all state and local health agencies that requested a copy of the PACE EH Guidebook. The survey will ask questions about their decision whether to adopt the method; and if they did choose to adopt it, questions will be asked about their progress, challenges faced, and impact of the method on their agency, community, and environment. The second data collection activity is a one-day site visit to 24 of the communities that are actively engaged in implementation to conduct interviews with key staff and community members. These site visits will provide additional detail about implementation issues and challenges that are not readily obtained through survey methodology. There are no costs to respondents except for their time to participate.

ANNUALIZED BURDEN TABLE

Data collections	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
PACE EH Requestor Survey	700	1	45/60	525
PACE EH Participant Interview	192	1	1	192
Total				717

Dated: December 21, 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–05AS]

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) 371–5973 or send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.