of national importance, and recommendations for preventing infections and antimicrobial resistance.

DHQP is occasionally involved in gathering information to determine if a recognized adverse event (*e.g.,* an infection following the use of a particular product, type of equipment, or with a microorganism that has rarely been reported) has occurred on a national level in healthcare facilities. The information gained would be used to target corrective actions or educational strategies to improve the public's health by preventing future adverse events.

To rapidly determine the scope of adverse events at the time soon after a public health notification or product recall, DHQP seeks to conduct short surveys using OMB approved questions among participants in the Rapid Notification System, National Nosocomial Infection Surveillance (NNIS), and other CDC networks. The survey will also be posted on the CDC website to reach additional healthcare professionals. The number of questions in each survey will range from five to 10. Data will be collected using a Web-based data collection form. There will be no costs to the respondents. The burden estimate is based on three surveys per year. The table below shows the estimated annual burden of hours to complete the survey.

Annualized Burden Table:

Title	Number of respondents	Number of responses/ respondent	Average burden/response (in hrs.)	Total burden hours
Assessment of healthcare-associated adverse events	2,500	1	10/60	417
Total	2,500			417

Dated: June 7, 2004.

Bill J. Atkinson,

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–04–64]

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 Sandra Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.* Written comments should be received within 60 days of this notice.

Proposed Project

Comprehensive Cancer Control (CCC) Capacity Assessment—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

While much has been learned about the development of the Comprehensive Cancer Control (CCC) plans, little is known about: (1) CCC grantee activities; (2) organizational capacity to plan, implement, or evaluate CCC efforts; and (3) essential elements of implementing CCC plans. CDC, through an evaluation contract will assess these three components of the CCC Program. This assessment focuses on the second component of the evaluation. The purpose of the capacity assessment is to ascertain the capacity of states, territories and tribal organizations to plan, implement and evaluate CCC efforts.

A Web-based survey will be used to collect descriptive information from all 50 states, the District of Columbia, 8 territories, and 15 tribes on six critical areas of capacity (funding, staffing, data, partnerships, leadership and organizational support.) CCC Program Managers or chronic disease Directors will complete the survey, with assistance from other staff or partner organizations as needed. A total of 74 managers or directors will be asked to complete the survey, which is expected to take an average of 2 hours to complete. Other staff or partner organizations assisting respondents in completing the survey will spend 15 minutes, on average, providing information. Respondents who indicate that particular CCC activities are not in place will be contacted by telephone to explore issues, barriers, and future plans. We estimate that these telephone calls will be made to one-third of respondents and will take an average of 30 minutes to complete. The only cost to respondents is their time. This is a one-time data collection effort.

Form	Respondents	Number of respondents	Number of responses/respondents	Average burden per response (in hrs.)	Total burden hours
1	State and Territory managers or directors	66	1	2	132
1	State and Territory staff or partners	132	1	15/60	33
2	Tribal managers or directors	8	1	2	16
2	Tribal staff or partners	16	1	15/60	4

Form	Respondents	Number of respondents	Number of responses/respondents	Average burden per response (in hrs.)	Total burden hours
3	State, tribe and territory follow-up respondents	24	1	30/60	12
Total					197

Dated: June 7, 2004.

Bill Atkinson,

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–04–65]

Proposed Data Collections Submitted for Public Comment and Recommendations

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Proposed Project

Intimate Partner Violence (IPV) Media Campaign—Choose Respect—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC). Intimate partner and sexual violence is a significant problem in the United States.

Background

According to the National Violence against Women Survey, an intimate partner physically assaults or rapes approximately 1.5 million women and 850,000 men in the United States each year. Many more individuals are subjected to threats of violence and psychological and emotional abuse. Alarmingly, IPV behaviors are manifested in youth populations. The literature suggests that attitudes and behaviors can be shaped and reinforced more easily and more effectively as they are developing in youth than after they have been firmly established. To begin to address IPV and sexual violence in youth populations, the CDC's NCIPC has developed a media campaign entitled, ''Choose Respect.'' The campaign targets prevailing norms that support victimization and perpetration of violence against women. Because attitudes and behaviors related to IPV begin to manifest early on, CDC will focus its efforts on early adolescents, and on the people who influence them. The goal of CDC's Media Campaign, *Choose Respect,* is to increase the social norm among adolescents that any form of violence between intimate partners, whether physical, verbal or sexual is considered inappropriate and unacceptable.

This project will implement and evaluate a pilot version of the *Choose Respect* Campaign. The pilot campaign will target youth as the primary audience. Parents, teachers, and counselors will be targeted as secondary audiences in three market areas: Washington, DC; Austin, Texas; and Kansas City, Missouri. A baseline and post-campaign survey will be conducted with adolescents, their parents and their teachers or counselors to determine attitudes, beliefs and intended behaviors toward IPV and sexual violence both before and after implementation of the campaign. The baseline information collected prior to the campaign launch will assist CDC in tailoring the communication materials to each of the middle schools and community groups selected from the target markets. The evaluation will then utilize these baseline measures along with the information collected following implementation to assess the campaign's success at decreasing IPV-tolerant attitudes, increasing the identification of appropriate ways to respond in situations that could lead to IPV, and increasing the awareness of resources to help facilitate discussions about appropriate dating behavior.

The pre-post research design of this campaign evaluation will aid CDC in assessing the changes in attitudes, beliefs and behaviors associated with the pilot campaign and will inform revision of the campaign materials for a future launch nationwide. There is no cost to respondents for any of these surveys.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden hours
Teachers Baseline Survey	75	1	1.5	113
Parents Baseline Survey	1000	1	15/60	250
Adolescents Baseline Survey	1000	1	45/60	750
Teachers Post-campaign Survey	75	1	1.5	113
Parents Post-campaign Survey	1000	1	15/60	250
Adolescents Post-campaign Survey	1000	1	45/60	750