

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology; American Health Information Community Quality Workgroup

ACTION: Announcement of meeting.

SUMMARY: This notice announces the second meeting of the American Health Information Community Quality Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. No. 92-463, 5 U.S.C., app.)
DATES: October 4, 2006 from 1 p.m. to 4 p.m.

ADDRESSES: Mary C. Switzer Building (330 C Street, SW., Washington, DC 20201), Conference Room 4090 (you will need a photo ID to enter a Federal building).
FOR FURTHER INFORMATION CONTACT: <http://www.hhs.gov/healthit/ahic/workgroups.html>.

SUPPLEMENTARY INFORMATION: During the meeting, the Workgroup will continue their discussion on a core set of quality measures and an environmental scan.
The meeting will be available via Internet access. Go to http://www.hhs.gov/healthit/ahic/quality_instruct.html for additional information on the meeting.

Dated: September 19, 2006.
Judith Sparrow,
Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.
[FR Doc. 06-8192 Filed 9-25-06; 8:45 am]
BILLING CODE 4150-24-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology; American Health Information Community Electronic Health Record Workgroup Meeting

ACTION: Announcement of meeting.

SUMMARY: This notice announces the tenth meeting of the American Health Information Community Electronic Health Record Workgroup in accordance

with the Federal Advisory Committee Act (Pub. L. No. 92-463, 5 U.S.C., App.).
DATES: October 13, 2006 from 1 p.m. to 4 p.m.
ADDRESSES: Mary C. Switzer Building (330 C Street, SW., Washington, DC 20201), Conference Room 4090 (please bring photo ID for entry to a Federal building).

FOR FURTHER INFORMATION CONTACT: http://www.hhs.gov/healthit/ahic/ehr_main.html.
SUPPLEMENTARY INFORMATION: The workgroup discussion will include, but not be limited to, “financial incentives” as one critical component to electronic health records, including cost implications, maintenance and training, etc.
The meeting will be available via Web cast at <http://www.eventcenterlive.com/cfm/ec/login/login1.cfm?BID=67>.
Dated: September 20, 2006.

Judith Sparrow,
Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.
[FR Doc. 06-8243 Filed 9-25-06; 8:45 am]
BILLING CODE 4150-24-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention
[30Day-06-05BS]

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) 639-5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project
Human Behavior in Fire Study—New—National Center for Injury

Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description
This project will characterize the behaviors of individuals who were involved in a residential fire and determine which behaviors are associated with injuries sustained in the fire incident. Behaviors related to fire escape planning and practice, smoke alarm installation and maintenance, physical and visual access to escape routes, etc. will be studied.

In the United States each year, there are approximately 400,000 residential fires, with 14,000 non-fatal and 3,000 fatal civilian injuries. In line with “Healthy People 2010” objectives, NCIPC works to reduce and eliminate non-fatal and fatal injuries from residential fires. In order to develop effective fire-related injury prevention programs, a better understanding of human behavior in fires is needed.

The design of this study will be a matched-pair, case-control study. Cases will be defined as individuals who were injured in a residential fire and controls will be individuals who were involved in a residential fire, but were not injured. Fire incidents involving a fatality will be excluded from this study. Local fire departments throughout the United States will submit fire incident reports to contract personnel, who will select incidents based on geographical location and then screen further for eligibility using a brief telephone interview. For those selected, interviewers will conduct in-depth, computer-assisted face-to-face interviews with participants. The sequence of events surrounding the fire and the behaviors of interviewees will be ascertained using the Behavioral Sequence Interview Technique (BSIT); (Keating & Loftus, 1984). In addition, information on the nature of injuries sustained; characteristics of the fire and home structure; other occupants present; previous fire experiences; safety training; and demographics on the persons interviewed will be collected. The only cost to the respondents is their time. The total annual burden hours are 552.

Estimate of Annualized Burden Hours

Respondents	No. of respondents	No. of responses per respondent	Average burden per response
Adults—screened and eligible	434	1	15/60
Adults—screened but are ineligible or refused	109	1	5/60