

family history tool and a questionnaire that includes an assessment of risk factors, preventive behaviors, use of medical services, and perception of risk. The patients will be provided with an assessment of their familial risk (average, above average, much above average) for each of the six diseases and information about preventive measures (e.g., diet, exercise, screening tests) that is tailored to their level of familial risk for each of the six diseases. After 6 months, the patients will be asked to complete a questionnaire that assess

their risk factors, use of medical services, interest in modifying health behaviors, and changes in risk perception. In group 2, patients will complete the questionnaire only (not the family history tool) and will be given standard public health messages about preventing the six diseases of interest (messages will not be tailored to risk level). After 6 months, the patients in group 2 will also complete the same post intervention questionnaire and will also complete the family history tool.

The purpose of having patients in group 2 complete the family history tool post intervention is so that the analysis can be stratified by familial risk level in both patient groups. The hypothesis to be tested in this study is that patients who are provided with personalized prevention messages based on an assessment of their family history of disease will be more motivated to make behavior changes and use preventive health services. There is no cost to respondents participating in this study.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Group 1—healthy persons between the ages of 35 and 65	3,750	12	45/60	5,625
Group 2—healthy persons between the ages of 35 and 65	3,750	12	45/60	5,625
Total				11,250

¹ Pre-test and post-test.

Dated: January 26, 2004.

Alvin Hall,

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-04-25]

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 Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: The National Centers for Autism and Developmental Disabilities Research and Epidemiology (CADDRE) Study—New—National Center for Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

The Children's Health Act of 2000 mandated CDC to establish autism surveillance and research programs to address the number, incidence, correlates, and causes of autism and related disabilities. Under the provisions of this act, CDC funded 5 CADDRE centers including the California Department of Health and Human Services, Colorado Department of Public Health and Environment, John Hopkins University, the University of

Pennsylvania, and the University of North Carolina at Chapel Hill. CDC National Center for Birth Defect and Developmental Disabilities will participate as the 6th site. The multi-site, collaborative study will be an epidemiological investigation of possible causes for the autism spectrum disorders.

Data collection methods will consist of the following: (1) Medical and educational record review of the child participant; (2) medical record review of the biological mother of the child participant; (3) a packet sent to the participants with self-administered questionnaires and a buccal swab kit; (4) a telephone interview focusing on pregnancy-related events and early life history (biological mother and/or primary caregiver interview); (5) a child development interview (for case participants only) administered over the telephone or in-person; (6) a developmental and physical exam of the child participant; (7) biological sampling of the child participant (blood and hair); and, (8) biological sampling of the biological parents of the child participant (blood only). OMB clearance is requested for the self administered questionnaires and buccal swab kit, the primary caregiver interview, and the child development interview. There is no cost to respondents.

Survey	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Cases:				
—Self administered questionnaires and buccal swab kit	644	1	3	1932
—Primary caregiver interview	644	1	40/60	429
—Child development interview	644	1	3	1932
Controls:				
—Self administered questionnaires and buccal swab kit	1288	1	3	3864
—Primary caregiver interview	1288	1	40/60	859
—Child development interview	1288	1	1	1288
Total				10,304

Dated: January 27, 2004.

Alvin Hall,

*Director, Management Analysis and Services
Office, Centers for Disease Control and
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Resource Center on Sexual Violence Prevention

Announcement Type: New.

Funding Opportunity Number: 04067.

Catalog of Federal Domestic

Assistance Number: 93.136.

Key Dates

Letter of Intent Deadline: February 18,
2004.

Application Deadline: April 5, 2004.

I. Funding Opportunity Description

Authority: This program is authorized under section 317(k), 392, and 393 of the Public Health Service Act, [42 U.S.C. section 247b(k), 280b-1, and 280b-1a] as amended.

Purpose: The purposes of this program are to:

1. Provide national leadership in the prevention of sexual violence.
2. Provide comprehensive information and resources on sexual violence (e.g. sexual violence across the lifespan, the continuum of prevention, etc.) through a central resource library and Web site.
3. Provide technical assistance and professional consultation to State sexual assault coalitions and local sexual assault programs; local, state, national and tribal agencies and organizations (including public health agencies and organizations), and the media designed to enhance the prevention of and community response to sexual violence.

For the purposes of this program announcement the following definitions apply:

Intervention: services, policies and actions provided after sexual violence has occurred and that may have the advantageous effect of preventing a re-occurrence of violence.

Prevention: population-based and/or environmental/system level services, policies and action that prevent sexual violence from initially occurring. Prevention efforts work to modify and/or entirely eliminate the event, conditions, situations, or exposure to influences (risk factors) that result in the initiation of sexual violence and associated injuries, disabilities, and deaths. Additionally, prevention efforts seek to identify and enhance protective factors that may prevent sexual violence not only in at-risk populations but also in the community at large.

This program addresses the "Healthy People 2010" focus area of Injury and Violence Prevention.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Injury Prevention and Control (NCIPC): Increase the capacity of injury prevention and control programs to address the prevention of injuries and violence.

Activities

Awardee activities for this program are as follows:

- a. Collaborate with CDC on the implementation and evaluation of the resource center, which includes establishing mutually agreed upon goals and objectives, and participating in strategic planning.
- b. Provide national leadership in the prevention of sexual violence.
- c. Work with the media to respond to emerging issues and proactively communicate sexual violence prevention messages.
- d. Collaborate with research and academic experts to provide statistics, fact sheets, specialized information packets, and original informational materials addressing a range of sexual violence issues including, but not limited to: sexual violence across the

lifespan; sexual violence in unserved and/or underserved communities; and sexual violence as a public health issue.

e. Identify areas where additional research and evaluation is needed to complement policy and practice.

f. Maintain a central resource library to compile and disseminate information on statistics, research and evaluation findings, promising prevention strategies and intervention programs.

g. Maintain a website to communicate information about the resource center, resources and services available, and other information on emerging issues.

h. Provide a toll-free information line and an e-mail request box which allows the public access to information on sexual violence prevention and intervention tools; research and evaluation findings; and practice standards.

i. Provide a customized service available by phone, fax, mail, or electronic mail whereby programs, agencies, professionals, and the media may receive information packets, newsletters, bibliographies, policy papers, fact sheets, etc. This service should be designed and implemented in such a way as to meet the needs of programs, agencies and allied professionals residing in multiple time zones.

j. Provide a full-time manager and other staff as appropriate.

k. Establish and maintain collaborative relationships with national, state, local and tribal sexual violence prevention organizations, public health agencies and organizations, the recipient of the national online resource to support violence against women prevention cooperative agreement, and other CDC grantees and partners.

l. Actively market the resource center to a broad range of constituents (including researchers and practitioners in the sexual violence field as well as public health researchers and practitioners).

m. Establish and maintain an advisory board with professional experience and