

variables contained in the Uniform Hospital Discharge Data Set (UHDDS) in addition to two data items (admission type and source) which are identical to those needed for billing of inpatient services for Medicare patients. In the 2003 NHDS, 426 hospitals participated.

Data for approximately forty-four percent of the responding hospitals (186) are abstracted from medical records. The remaining hospitals supply data through in-house tapes or printouts (80 hospitals) or are hospitals that belong to commercial abstract service

organizations or state data systems (160 hospitals) from which electronic data files are purchased. There is no actual cost to respondents since hospital staff who actively participate in the data collection effort are compensated by the government for their time.

| Medical record abstracts                  | Number of respondents (hospitals) | Number of responses/respondent | Average burden/response (in hrs.) | Total burden hours |
|-------------------------------------------|-----------------------------------|--------------------------------|-----------------------------------|--------------------|
| Primary Procedure Hospitals .....         | 62                                | 250                            | 5/60                              | 1,292              |
| Alternate Procedure Hospitals .....       | 124                               | 250                            | 1/60                              | 517                |
| In-House Tape or Printout Hospitals ..... | 80                                | 12                             | 12/60                             | 192                |
| Induction Forms .....                     | 15                                | 1                              | 2                                 | 30                 |
| Non-response Study .....                  | 50                                | 1                              | 2                                 | 100                |
| Total .....                               | .....                             | .....                          | .....                             | 2,131              |

Dated: November 12, 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-05AH]

**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 Sandi Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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**

A Comprehensive Evaluation of an Approach to Self-Management: "Diabetes: Living My Best Life"—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description:* African-American women are more than twice as likely as white women to be diagnosed with diabetes, and two and one-half times as likely to die from diabetic complications. The onset of type 2 diabetes in African-American adults is attributable not only to a genetic link, but also to an unhealthy lifestyle. The vast number of African-American women with type 2 diabetes report having a sedentary lifestyle and eating a diet high in fat. In addition to taking medications, lifestyle modifications, such as changes in diet, weight loss and participating in a low-impact exercise program, can significantly reduce the complications experienced by women with type 2 diabetes. Unfortunately, there is a scarcity of training and educational materials on type 2 diabetes targeting the African-American woman. The limited availability of targeted educational materials has undoubtedly contributed to an inability to manage and control this disease in this population and has resulted in a higher prevalence of disease-related comorbidities. There is a need for innovative interventions that can be used in a variety of settings and which

feature culturally appropriate information that will engage African-American women with type 2 diabetes in a proactive role in the treatment and management of their disease.

The proposed project is the evaluation of a CD-ROM educational program: "Diabetes: Living My Best Life." This product has been developed to teach African American women with type 2 diabetes self-management skills. Social Learning Theory (SLT) was used in the development of the product and the selection of the media elements. Selection of the information and tools was guided by input from an advisory board composed of professionals in the field and African American women with type 2 diabetes.

To evaluate this program there will be two questionnaires: a pre-test and a post-test. The two questionnaires will include questions on:

- Respondent demographic information (pre-test only).
- Respondent use of computers (pre-test only).
- Knowledge of diabetes.
- Self-efficacy in addressing diabetes self-management issues.
- Diabetes self-care activities.
- Feeling of empowerment around diabetes self-management.
- Social learning theory elements (post-test only).

Pre and post intervention data will be collected by computer. Burden estimates are based on observation of African-American women with type 2 diabetes who completed a formal pilot test of the pre and post-test forms. There are no costs to respondents except their time to participate in the survey.

## ANNUALIZED BURDEN TABLE

| Respondent                                                 | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden (in hours) |
|------------------------------------------------------------|-----------------------|------------------------------------|----------------------------------------|-------------------------|
| African American women with Type 2 diabetes—Pre-test ..... | 66                    | 1                                  | 20/60                                  | 22                      |
| African American women with Type 2 diabetes—Posttest ..... | 66                    | 1                                  | 20/60                                  | 22                      |
| Total .....                                                | .....                 | .....                              | .....                                  | 44                      |

Dated: November 18, 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

### Administration for Children and Families

#### Submission for OMB Review; Comment Request

*Title:* Refugee Resettlement Program  
Estimates: CMA, ORR-1.

*OMB No.:* 0970-0030.

*Description:* The Office of Refugee  
Resettlement (ORR) reimburses, to the  
extent of available appropriations,

certain non-Federal costs for the  
provision of cash and medical  
assistance to refugees, along with  
allowable expenses in the  
administration of the Refugee  
Resettlement Program. ORR needs  
sound State estimates of likely  
expenditures for refugee cash, medical,  
and administrative (CMA) expenditures  
so that it can anticipate Federal costs in  
upcoming quarters. If Federal costs are  
anticipated to exceed budget  
allocations, ORR must take steps to  
reduce Federal expenses, such as  
limiting the number of months of  
eligibility for Refugee Cash Assistance  
and Refugee Medical Assistance.

To meet the need for reliable State  
estimates of anticipated expenses, ORR  
has developed a single-page form in  
which States estimate the average  
number of recipients for each category  
of assistance, the average unit cost over

the next 12 months, and the expense for  
the overall administration of the  
program. This form, the ORR-1, must be  
submitted prior to the beginning of each  
Federal fiscal year. Without this  
information, ORR would be out of  
compliance with the intent of its  
legislation and otherwise unable to  
estimate program costs adequately.

In addition, the ORR-1 serves as the  
State's application for reimbursement of  
its CMA expenses. Submission of this  
form is thus required by section  
412(a)(4) of the Immigration and  
Nationality Act, which provides that  
"no grant or contract may be awarded  
under this section unless an appropriate  
proposal and application \* \* \* are  
submitted to, and approved by, the  
appropriate administering official."

*Respondents:* State governments.

## ANNUAL BURDEN ESTIMATES

| Instrument  | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|-------------|-----------------------|------------------------------------|-----------------------------------|--------------------|
| ORR-1 ..... | 48                    | 1                                  | .5                                | 24                 |

*Estimated Total Annual Burden  
Hours:* 24.

*Additional Information:* Copies of the  
proposed collection may be obtained by  
writing to the Administration for  
Children and Families, Office of  
Information Services, 370 L'Enfant  
Promenade, SW., Washington, DC  
20447, Attn: ACF Reports Clearance  
Officer. All requests should be  
identified by the title of the information  
collection. E-mail address:  
grjohnson@acf.hhs.gov.

*OMB Comment:* OMB is required to  
make a decision concerning the  
collection of information between 30  
and 60 days after publication of this  
document in the **Federal Register**.  
Therefore, a comment is best assured of  
having its full effect if OMB receives it  
within 30 days of publication. Written  
comments and recommendations for the  
proposed information collection should

be sent directly to the following: Office  
of Management and Budget, Paperwork  
Reduction Project, 725 17th Street, NW.,  
Washington, DC 20503, Attn: Desk  
Officer for ACF,  
Katherine T. Astrich@omb.eop.gov.

Dated: November 17, 2004.

**Robert Sargis,**

Reports Clearance Officer.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

Proposed Projects:

*Title:* Developmental Disabilities  
Protection and Advocacy Statement of  
Goals and Priorities.

*OMB No.:* 0980-0270.

*Description:* As required by Federal  
statute and regulation, each State  
Protection and Advocacy System must  
prepare and submit to public comment  
a Statement of Goals and Priorities  
(SGP). The final version of this SGP for  
the coming fiscal year is submitted to  
the Administration on Developmental  
Disabilities (ADD). The information in  
the SGP will be aggregated into a  
national prospective profile of where  
Protection and Advocacy Systems are  
going. It will provide ADD with a tool  
for monitoring the public input  
requirement. Further, it will provide an  
overview of program direction, and  
permit ADD to track accomplishments  
against goals/targets, permitting the  
formulation of technical assistance and