

Dated: November 2, 2004.

Robert E. Polson,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-05-030DX]

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 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

Intimate Partner Violence (IPV) Measurement—New—The National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Intimate Partner Violence (IPV) is considered by many to be a serious problem that cuts across cultures, socioeconomic status and gender. CDC considers IPV to be a "substantial public health problem for Americans that has serious consequences and costs for individuals, families, communities and society." The past twenty years have witnessed an extraordinary growth in research on the prevalence, incidence, causes and effects of IPV. Various disciplines have contributed to the development of research on the subject including psychology, epidemiology, criminology and public health.

Still, there is a lack of reliable information on the extent and prevalence of IPV. Estimates vary widely regarding the magnitude of the problem. This variance is due in large part to the different contexts,

instruments, and methods that are used to measure IPV. Thus, the CDC is engaged in work to improve the quality of data, and hence knowledge about violence against women. Part of this process includes identifying the strengths and limitations of different scales used to measure IPV and determine the appropriateness of each of these scales for use with individuals of different racial/ethnic backgrounds.

The purpose of this project is to administer and test the statistical properties of four scales, via telephone interviews, that measure both victimization from and perpetration of IPV. The scales will be administered to a random sample of women ages 18-50 from five racial/ethnic backgrounds: African-American, American Indian, Asian, White and Hispanic.

The four scales are the (1) Sexual Experiences Survey (SES), (2) Conflict Tactics Scale 2 (CTS2), (3) Index of Spouse Abuse (ISA), and (4) Women's Experience with Battering (WEB) scale. The survey instrument will contain each of these scales and introductory and transitional text developed specifically for this study.

The overall benefit of this project is to increase knowledge about the reliability and validity of these scales, which have been used in previous studies. Ultimately, this knowledge will assist CDC in establishing an on-going data collection system for monitoring IPV. CDC intends to contract with an agency to conduct the survey. The only cost to the respondents is the time involved to complete the survey.

Survey IPV measurement	Type of respondent	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)	Total burden hours
African-American	Female	500	1	30/60	250
Asian	Female	500	1	30/60	250
White	Female	500	1	30/60	250
Hispanic	Female	500	1	30/60	250
Total	2,500	1,250

Dated: November 5, 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

Advisory Committee for Injury Prevention and Control; Notice of Recharter

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the Advisory Committee for Injury Prevention and Control, National Center

for Injury Prevention and Control, of the Department of Health and Human Services, has been renewed for a 2-year period extending through October 28, 2006.

FOR FURTHER INFORMATION CONTACT:

Louise Galaska, Executive Secretary, ACIPC, CDC, 4770 Buford Hwy, M/S K02, Atlanta, Georgia 30333. Telephone (770) 488-4694, fax (770) 488-4422.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of