

Title	No. of re-spond-ents	No. of re-sponses per re-spond-ent	Aver-age burden per re-sponse	Burden
AFC-4680 Estimated Total Annual Burden: 432.	54	2	4.0	432

Dated: July 24, 1995.
Roberta Katson,
Acting Director, Office of Information Resource Management.
 [FR Doc. 95-18864 Filed 7-31-95; 8:45 am]
 BILLING CODE 4184-01-M

Agency for Health Care Policy and Research

Health Care Policy and Research Special Emphasis Panel Meeting

In accordance with section 10(a) of the Federal Advisory Committee Act (5 U.S.C., Appendix 2) announcement is made of the following special emphasis panel scheduled to meet during the month of August 1995:

Name: Health Care Policy and Research Special Emphasis Panel.

Date and Time: August 14, 1995, 10 a.m.

Place: Holiday Inn Washington National Airport, 1489 Jefferson Davis Highway, Borman Room, Arlington, VA 22202.

Open August 14, 10 a.m. to 10:15 a.m.

Closed for remainder of meeting.

Purpose: This Panel is charged with conducting the initial review of grant applications submitted in response to a request for applications proposing health services research on advance directives.

Agenda: The open session of the meeting on August 14, from 10:00 a.m. to 10:15 a.m., will be devoted to a business meeting covering administrative matters. During the closed session, the committee will be reviewing and discussing grant applications dealing with health services research issues. In accordance with the Federal Advisory Committee Act, 5 U.S.C., Appendix 2 and 5 U.S.C., 552b(c)(6), it has been determined that this latter session will be closed because the discussions are likely to reveal personal information concerning individuals associated with the grant applications. This information is exempt from mandatory disclosure.

Anyone wishing to obtain a roster of members or other relevant information should contact J. Terrell Hoffeld, D.D.S., Ph.D., Agency for Health Care Policy and Research, Suite 400, 2101 East Jefferson Street, Rockville, Maryland 20852, Telephone (301) 594-1449.

Agenda items for this meeting are subject to change as priorities dictate.

Dated: July 25, 1995.
Clifton R. Gaus,
Administrator.
 [FR Doc. 95-18748 Filed 7-31-95; 8:45 am]
 BILLING CODE 4160-90-M

Agency for Toxic Substances and Disease Registry

[ATSDR-98]

Policy on Government-to-Government Relations With Native American Tribal Governments

AGENCY: Agency for Toxic Substances and Disease Registry (ATSDR), Public Health Service (PHS), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: This notice announces a draft policy that ATSDR proposes to conduct a government-to-government relationship with federally recognized tribal governments. The public is invited to comment on this draft policy statement.

DATES: Comments must be received on or before August 31, 1995.

ADDRESSES: Submit written comments relating to the draft policy statement to: Office of Federal Programs, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, NE., Mailstop E-28, Atlanta, Georgia 30333, telephone (404) 639-0730.

FOR FURTHER INFORMATION CONTACT: Dr. Mark M. Bashor, Associate Administrator for Federal Programs, ATSDR, telephone (404) 639-0730.

SUPPLEMENTARY INFORMATION: The mission of ATSDR is to prevent exposure and adverse human health effects and diminished quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment. In carrying out its programs, ATSDR works with other Federal, State, and local government agencies, and tribal organizations to protect public health.

The U.S. Government has a unique government-to-government relationship with tribal governments as established by the U.S. Constitution, by treaties, by statute, by court decisions, and by

Executive Orders. ATSDR is strongly committed to building a more effective day-to-day working relationship with tribal governments. This relationship respects their rights of self-government because of their sovereign status.

In fulfilling the commitment to establish and maintain government-to-government relations with federally recognized tribal governments, ATSDR will be guided by:

(1) Section 126 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and the principles set forth in the President's "Memorandum for the Heads of Executive Departments and Agencies; Subject: Government-to-Government Relations with Native American Tribal Governments" (April 29, 1994). In particular, ATSDR will

- In a manner consistent with the protection of public health, consult with tribal governments to ensure that tribal rights and concerns are considered before ATSDR takes actions, makes decisions, or implements programs that may affect tribes; and

- Establish procedures to work directly and effectively with tribal governments on ATSDR programs.

(2) The needs and culture of individual tribal governments;

(3) ATSDR's prior and ongoing experience with tribal governments, and recognized organizations associated with such governments; and

(4) A recognized need to enhance coordination with other agencies with related areas of responsibility.

Dated: July 26, 1995.

Claire V. Broome,
Deputy Administrator, Agency for Toxic Substances and Disease Registry.
 [FR Doc. 95-18826 Filed 7-31-95; 8:45 am]
 BILLING CODE 4163-70-P

Centers for Disease Control and Prevention

[INFO-95-01]

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 study materials on the proposed project, call the CDC Reports Clearance Officer on (404) 639-3453.

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 for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. Emergency Department Prevention of Alcohol-related Injuries—New—The contribution of alcohol to injuries due to motor vehicle crashes, violence, and other causes has been a public health concern for many years. Because the emergency department(ED) is the primary source of treatment for many individuals with alcohol-related injuries, the ED visit provides a unique opportunity for early recognition and initial clinical management of a major injury risk factor, excessive alcohol consumption. The field of alcohol treatment is evolving rapidly and therapeutic attention is increasingly directed toward persons with mild or moderate drinking problems who do not require specialized treatment. Controlled studies in outpatient primary care settings have demonstrated that interventions consisting of as little as a single brief interview and feedback session can decrease alcohol consumption in 40% to 47% of excessive drinkers at 6 months followup. The purpose of this study is to design, implement, and evaluate the effectiveness of an ED-based prevention program for injured patients with alcohol problems that incorporates promising new screening methods and a brief intervention.

Respondents	No. of re-spond-ents	No. of re-sponses/respond-ent	Avg. bur-den/re-sponse (in hours)
Patients	1750	2	0.2

2. HIV Prevention Programs in Minority and other Community-Based Organizations Project Reports (0920-0249)—Reinstatement—In FY 1994, CDC awarded approximately \$8,400,000 to national/regional organizations for HIV/STD prevention programs. In FY 1996 the President's budget includes a request of \$15.8 million to continue this program. CDC is responsible for monitoring and evaluating HIV/STD prevention activities conducted with these funds. These reports allow CDC to measure the progress of activities and services supported with these funds which in turn assures quality programming. This is a request to continue to require quarterly progress reports from national/regional minority organizations funded by CDC.

Respondents	No. of re-spond-ents	No. of re-sponses/respond-ent	Avg. bur-den/re-sponse (in hours)
Organization ...	90	4	1

3. Applied Research for Traumatic Brain Injury (TBI) Follow-Up Registry—New—The purpose of this data collection is to plan, implement, and support a population-based registry of persons sustaining TBI to better define the outcomes and secondary conditions associated with the injury. One grant recipient will develop population-based follow-up and data collection methods statewide or in a population defined by a geo-political jurisdiction of 1.5 million or more persons to define the long-term public health impacts of TBI. Tracking mechanisms to follow-up persons with TBI will be developed, a minimal data set will be defined to include demographic and cost data and information about primary and secondary conditions, injury severity, impairments, disabilities, services needed and used, and community reintegration.

Respondents	No. of re-spond-ents	No. of re-sponses/respond-ent	Avg. bur-den/re-sponse (in hours)
TBI patients	1000	2	0.5

4. Epidemiology of Fatiguing Illness in Wichita: A Population-Based Study—New—In 1994, OMB approved the information collection "Epidemiology of Fatiguing Illness in Wichita: A Population-Based Study" under OMB Number 0920-0336. Data from this cross-sectional, point prevalence, random-digit-dial survey of prolonged fatiguing illness in San Francisco, CA concluded that CFS continues to exist and that prolonged fatigue occurs in over five percent of the population in San Francisco.

The proposed study replicates the San Francisco study using identical methodology and data collection instruments. Beginning with a random-digit-dial telephone survey to identify fatigued individuals, followed by a case-control study where surveillance interview instruments will be used to obtain comparative data on fatigued individuals and matched health (non-fatigued) controls. Study objectives remain to refine estimates of CFS in Wichita, identify similarities and differences among cases and controls, and to evaluate the merits of a physician-based surveillance conducted by the Wichita department of health.

Respondents	No. of re-spond-ents	No. of re-sponses/respond-ent	Avg. bur-den/re-sponse (in hours)
Individuals screened	13,000	1	0.083
Individuals interviewed ..	1,200	1	0.25

5. Refinement of an Instrument on Teen Pregnancy and Contraceptive Use—New—The University of Alabama School of Public Health, through a cooperative agreement with CDC, will develop an instrument that can be used to obtain information about contraceptive decision making and unintended pregnancy among teens. The CDC instrument is to identify factors associated with (1) Early initiation of contraception for sexually active teens; (2) use of effective contraceptive methods; (3) attitudes and beliefs about different methods; (4) timing status of pregnancy and whether an unintended pregnancy resulted from no use or ineffective use; (5) the influence of alcohol and other drugs on contraceptive use; and, (6) the impact of an unintended pregnancy on subsequent contraceptive use. To develop the new instrument, UAB will first conduct and use data from focus groups with teens. Second, the new instrument will be administered by trained interviewers to

a sample of teens pregnant for the first time and sexually active nonpregnant adolescents aged 15–17 in Birmingham, Alabama. Once all of the interviews are completed, data from the questionnaires will be analyzed to determine: (1) The average length of the interview; (2) the reactions of the respondents to the interview questions; (3) questions that were difficult for the respondents and interviewers; and (4) the actual responses to the interview questions. Based on the above analyses, UAB will prepare a report for CDC which will include a revised questionnaire, and recommendations for future use of this type of instrument.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Pregnant adolescents	100	1	0.75
Sexually active nonpregnant adolescents .	100	1	0.75

6. Functional Outcome and Use of Services Following Firearm Injuries—New—Patients admitted to an urban hospital for treatment of a firearm injury will be followed in order to: (1) Examine the nature and extent of functional limitations and disability following a firearm injury, (2) examine the factors that influence patient recovery, and (3) document the use of post-acute services and barriers to receiving those services. The following data will be collected: (1) Patients will be interviewed in person prior to discharge and by phone at 3 months and 9 months after discharge; (2) the medical record will also be abstracted.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Patients with firearms injuries	320	3	0.60

7. Ciguatera Fish Poisoning Study—New—Approximately 100 patients with acute ciguatera fish poisoning and matched controls who provide written consent before entry into the study will be surveyed about their fish consumption practices, history of ciguatera fish poisoning and symptoms experienced. Objectives of the study will be to examine risk factors for illness, including fish exposure and demographic characteristics of patients.

The study will also attempt to identify distinct or characteristic symptom complexes and responses of patients to various treatments. The study will permit systematic collection of toxic fish specimens for further development of fish screening tests. Respondents will be patients over age 18 presenting to emergency rooms and diagnosed with ciguatera fish poisoning.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Diagnosed patients	200	2	0.75

8. A Case-Control Study to Determine if College Attendance is a Risk Factor for Development of Invasive Meningococcal Disease (0920–0321)—Reinstatement—The frequency of reports of fatal or life-threatening meningococcal disease in previously healthy college students raises the possibility that college students are at increased risk of meningococcal disease. Potential similarities between college students and military recruits, for whom increased risk has been clearly established and who are routinely vaccinated against meningococcal disease upon entry, suggest the need to clarify the role of college attendance in the occurrence of meningococcal disease. To determine if college attendance is a risk factor for meningococcal disease NCID hopes to conduct a retrospective, case-control study based on cases identified by state health departments. (0920–0321)

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
Infected college students	400	1	0.355

9. Nationally Sexually Transmitted Disease morbidity Surveillance system—Continuation—The purpose of these reports is to collect STD morbidity surveillance data from state health departments nationwide. The data are used by health care planners at the national, state, and local levels to develop and evaluate STD prevention and control programs. In addition there are many other users of the data including scientist, researchers, educators, students and the media.

Respondents	No. of respondents	No. of responses/respondent	Avg. burden/response (in hours)
State and large city health departments	60	4	2
State and large city health departments	60	12	0.583
State and large city health departments	60	2	3

Dated: July 20, 1995.

Joseph R. Carter,

Acting Associate Director for Management And Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 95–18827 Filed 7–31–95; 8:45 am]

BILLING CODE 4163–18–P

Disabilities Prevention Program Project Workshop

The National Center for Environmental Health (NCEH) of the Centers for Disease Control and Prevention (CDC) announces the following meeting.

Name: Disabilities Prevention Program Project Workshop.

Times and Dates: 4 p.m.–6 p.m., August 29, 1995, 8:30 a.m.–4:30 p.m., August 30, 1995, 8:30 a.m.–12 noon, August 31, 1995.

Place: Marriott Pavilion Hotel, One South Broadway, St. Louis, Missouri 63102, telephone 314/421–1776.

Status: Open to the public for observation, participation, comment, and is limited only by space available. The meeting room will accommodate approximately 100 people.

Purpose: The meeting will provide a forum for presentations and discussions on the surveillance of secondary conditions associated with primary disabilities, current and future program priorities, and future Federal funding policies. In addition, individualized technical assistance related to project issues will be available to State grantees.

Matters To Be Discussed: Topics to be discussed will include: Updates on the National Disabilities Prevention Program and National legislation; background and concepts of International Classification of Impairment, Disabilities, and Handicap and how secondary conditions fit; state of the art and practical illustrations of secondary conditions; defining the role of the States in disability prevention; and a question and answer session.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Jack Stubbs, Project Officer, Disabilities Prevention Program, NCEH, CDC, 4770 Buford Highway, NE, Mailstop F–29, Chamblee, Georgia 30341–3724, telephone 404/488–7080, FAX 404/488–7075.