

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Office of the National Coordinator for Health Information Technology; American Health Information Community Personalized Healthcare Workgroup Meeting****ACTION:** Announcement of meeting.**SUMMARY:** This notice announces the 13th meeting of the American Health Information Community Personalized Healthcare Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. No. 92-463, 5 U.S.C., App.).**DATES:** March 17, 2008, from 1 p.m. to 4 p.m. [Eastern Time].**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/healthcare/>.**SUPPLEMENTARY INFORMATION:** The Workgroup will discuss possible common data standards to incorporate interoperable, clinically useful genetic/genomic information and analytical tools into Electronic Health Records (EHRs) to support clinical decision-making for clinician and consumer.The meeting will be available via Web cast. For additional information, go to: http://www.hhs.gov/healthit/ahic/healthcare/phc_instruct.html.

Dated: January 30, 2008.

Judith Sparrow,*Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.*

[FR Doc. 08-624 Filed 2-12-08; 8:45 am]

BILLING CODE 4150-45-M**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Office of the National Coordinator for Health Information Technology; American Health Information Community Consumer Empowerment Workgroup Meeting****ACTION:** Announcement of meeting.**SUMMARY:** This notice announces the 24th meeting of the American Health Information Community Consumer Empowerment Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. No. 92-463, 5 U.S.C., App.).**DATES:** March 18, 2008, from 1 p.m. to 4 p.m. [Eastern].**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/consumer/>.**SUPPLEMENTARY INFORMATION:** The Workgroup will continue its discussion on how to encourage the widespread adoption of a personal health record that is easy-to-use, portable, longitudinal, affordable, and consumer-centered.The meeting will be available via Web cast. For additional information, go to: http://www.hhs.gov/healthit/ahic/consumer/ce_instruct.html.

Dated: January 30, 2008.

Judith Sparrow,*Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.*

[FR Doc. 08-625 Filed 2-12-08; 8:45 am]

BILLING CODE 4150-45-M**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention****[60Day-08-08AO]****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 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS-D74, 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

Children's Peer Relations and the Risk for Injury at School—New—National Center for Injury Prevention and Control (NCIPC), Coordinating Center for Environmental Health and Injury Prevention (CCEHIP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Injuries are responsible for more deaths than all other causes combined for people under 19. In 2003, the Centers for Disease Control and Prevention (CDC) estimated that, annually, one in four children sustain an injury severe enough to warrant medical care, school absence, or bed rest. An investigation of modifiable risk factors for childhood injuries is necessary to improve the health of children.

The Division of Unintentional Injury Prevention at the CDC will investigate the relation between children's social behaviors and experiences at school and school injuries. Peer nominated and teacher rated social behaviors will be collected and compared to injury rates measured in the school health room of 3rd-5th graders at one public elementary school with an ethnically diverse and lower socioeconomic status student body. From this data, a behavioral risk profile for injury will be derived. By learning which children are at risk based on various behavioral characteristics, successful secondary injury prevention strategies may be targeted when resources do not allow universal prevention. The main hypothesis of the study is that children with maladaptive behaviors and social experiences (e.g., aggression, bullying, social withdrawal, peer rejection) will be more at risk for injury than their well-adapted peers.

Information collected will include one-time peer nominations of social behaviors and peer relationships and one-time teacher report data of children's behavior that will reflect children's behavior across a school year as well as injury event reports from that school year as determined by school health room visits for injury. Injury event reports will be compiled by the school health room aide. By learning

about risk factors for injuries at school, interventions may be created, which can reduce the burden of injuries to children and the disruption to children's

classroom time, and may even impact the amount of time parents must take off from work to pick up their children.

There is no cost to respondents except for their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Teachers	11	1	3	33
School Health Room Aide	1	1	30	30
Students	276	1	45/60	207
Total	270

Dated: February 5, 2008.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E8-2585 Filed 2-12-08; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number NIOSH-126]

Notice of Public Meeting and Availability for Public Comment

AGENCY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the following meeting and request for public comment on the Emergency Preparedness and Response Research Portfolio. The document and instructions for submitting comments can be found at <http://www.cdc.gov/niosh/review/public/126/>. Comments may be given orally at the following meeting, as well as provided to the NIOSH Docket Office.

Public Meeting Time and Date: 8:30 a.m.-5 p.m., March 25, 2008.

Place: Hyatt Regency Crystal City, 2799 Jefferson Davis HWY, Arlington, Virginia 22202.

Purpose of Meeting: NIOSH has developed strategic goals to address important issues surrounding the health and safety of emergency responders. The full list of goals can be accessed through the NIOSH Web site at: <http://www.cdc.gov/niosh/programs/epr/goals.html>.

The eight overarching goals are:

1. **SAFETY CLIMATE:** Improve the organization of emergency response work to reduce exposure to risks and to enhance the health and safety of emergency responders.

2. **PERSONAL PROTECTIVE EQUIPMENT (PPE):** Improve PPE assortment, proper selection and wear, and decontamination.

3. **ENGINEERING/TECHNOLOGICAL INTERVENTIONS AND CONTROLS:** Improve engineering controls, technology, and tools to minimize responders' exposures to hazards associated with chemical, biological, radiation or nuclear (CBRN), toxic industrial compound (TIC), and other hazardous materials.

4. **CHARACTERIZATION/ASSESSMENT OF POTENTIAL HAZARDS:** Develop methods to evaluate the spatial and temporal distribution of gases, vapors, and aerosols, as well as liquids or particulates associated with surface contamination.

5. **SUBGROUP-SPECIFIC STRATEGIES:** Improve subgroup awareness, develop targeted messages, and expand subgroup-preferred channels.

6. **SURVEILLANCE:** Develop surveillance reporting systems to improve emergency responder safety and health through the systematic collection, analysis, and interpretation of exposure, hazard, injury, and illness data.

7. **ENVIRONMENTAL MICROBIOLOGY:** Improve the understanding of environmental microbiology of threat agents, including environmental factors that influence the introduction, spread, and control of these agents.

8. **ENVIRONMENTAL AND BIOLOGICAL MONITORING OF TERRORISM AGENTS:** Improve the identification and characterization of

terror agents to reduce exposures to response and remediation workers.

Stakeholders are encouraged to review the strategic goals on the NIOSH Web site (<http://www.cdc.gov/niosh/programs/epr/goals.html>) in order to prepare their comments/feedback around the following topics to be discussed. Written responses can be submitted in person at the meeting or by emailing nioshdocket@cdc.gov. Please reference Docket Number NIOSH-126 in your response.

- Give your opinion about the top three goals needed to improve the safety and health of emergency responders.

- Discuss why these are the top goals. Address any obstacles in achieving these goals.

- Talk about how research can help the nation address the top goals that you have identified. Provide a couple of examples of research ideas for each of your top goals identified.

- Discuss opportunities you see on the horizon that could lead to improvements in emergency responder safety and health.

Please include as much information as might be useful for understanding the safety or health research priority you identify. Such information could include characterization of the frequency and severity with which the injury, illness, or hazardous exposure is occurring and of the factors you believe might be causing the health or safety issue. Input is also requested on the types of research that you believe might make a difference and which partners (e.g., specific industry associations, labor organizations, research organizations, government agencies) should be involved in informing research efforts and solutions.

Status: The public meeting is open to everyone, including all workers, professional societies, organized labor, employers, researchers, health professionals, government officials, and elected officials. The public meeting