

Respondents	Number of respondents	Number of responses/Respondent	Avg. burden/response (in hrs.)
Sample Adult .....	10,037	1	.806

Dated: February 12, 1997.

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### [30DAY-29]

#### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Office on (404) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

The following requests have been submitted for review since the last publication date on February 11, 1997.

#### Proposed Project

1. Feasibility Study of a State and Local Area Integrated Telephone Survey—New—This is a request to conduct a feasibility study in five States of an integrated survey to collect broad State-based health and health-related data using two existing and ongoing

data collection systems, the National Immunization Survey (NIS) and the National Health Interview Survey (NHIS) (0920-0214). The purpose of this project is to demonstrate the potential for using random-digit-dialing (RDD) methods to sample households for Computer Assisted Telephone Interviews (CATI) to produce quick turnaround State-level estimates on issues such as health status, access to care, health insurance coverage, and utilization of services for monitoring and tracking changes in the health care system. As health care markets respond to new incentives and States gain increasing responsibility for administering health and welfare programs, State level data are being recognized as increasingly important to the public health and health policy community. While considerable population-based data are available at the national level, there is a variable amount at the State level.

The proposed strategy of building on two established systems provides several advantages. It is less costly than establishing a new system; the proposed questions have been thoroughly tested; and implementation can occur rapidly. In the NIS, interviews are conducted on a random sample of telephone households to produce vaccination coverage estimates for children 19 to 35 months of age for all 50 states, the District of Columbia, and 27 urban areas. The NIS CATI system offers a mechanism for rapid data collection and for expansion to establish a more broad

based system to monitor and track changes in health status, the health care system, and welfare reform at the State level. In addition, since the design for the NIS requires screening 20 households to identify a single household with an age eligible child, a potential cost effective opportunity exists to make use of the large probability sample of telephone numbers for other emerging health care issues. The NHIS is a continuous general purpose national health survey in which face-to-face interviews are conducted to measure health characteristics of the U.S. civilian noninstitutionalized population. Use of an abbreviated set of questions from the NHIS for the proposed integrated telephone survey will allow for standardization of the questionnaire across States and will allow comparisons with national data. In addition, the quality of the estimates developed from the telephone survey can be improved with adjustments for nontelephone households using information from the NHIS on telephone and nontelephone households.

The long term strategy is to build an integrated and coordinated data collection mechanism that can be both standardized for State and national comparisons and customized for State-specific needs. The total annual burden is 17,000 reflecting an average of the two years assuming coverage of 5 areas in 1997 and 78 areas in 1998.

Respondents	No. of respondents	No. of responses/respondent	Average burden/response (in hrs.)	Total burden (in hrs.)
<b>1997</b>				
Noninstitutionalized household population in 5 States .....	5,500	1	0.33	1,833
<b>1998</b>				
Noninstitutionalized household population in 50 States or substate areas .....	55,000	1	0.33	18,333
Noninstitutionalized household population in 28 substate areas	31,000	1	0.33	10,333

Dated: February 10, 1997.

Wilma G. Johnson,

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#### [Announcement Number 723]

### **Grants for Intimate Partner Violence Prevention Research Notice of Availability of Funds for Fiscal Year 1997**

#### **Introduction**

The Centers for Disease Control and Prevention (CDC) announces applications are being accepted for Intimate Partner Violence Prevention Research Grants for fiscal year (FY) 1997. The CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Violent and Abusive Behavior. (To order a copy of Healthy People 2000, see the section Where to Obtain Additional Information.)

#### **Authority**

This program is authorized under Sections 301, 391, 392, 393 and 394 of the Public Health Service Act, as amended (42 U.S.C. 241, 280b, 280b-1, 280b-1a, and 280b-3). Program regulations are set forth in Title 42 CFR, Part 52.

#### **Eligible Applicants**

Eligible applicants include all non-profit and for-profit organizations. Thus State and local health departments, State and local governmental agencies, universities, colleges, research institutions, and other public and private organizations, including small, minority and/or woman-owned businesses are eligible for these research grants. Current holders of CDC injury control research projects are eligible to apply.

#### **Smoke-Free Workplace**

CDC strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, child care, health care, and early childhood development services are provided to children.

#### **Availability of Funds**

Approximately \$750,000 is expected to be available to fund 3-4 injury research grants in the area of intimate partner violence. The specific program priorities for these funding opportunities are outlined with examples in this announcement under the section, "Programmatic Priorities." It is expected that the awards will begin on or about September 1, 1997, and will be made for a 12-month budget period within a project period of up to three years. Funding may not exceed \$250,000 per year (including both direct and indirect costs). Grant applications that request more than the \$250,000 per year cap will be returned to the investigator as non-responsive. Funding availability may vary and is subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress demonstrated by investigators at work-in-progress monitoring workshops, the achievement of workplan milestones reflected in the continuation application, and the availability of Federal funds. In addition, continuation awards will be eligible for increased funding to offset inflationary costs depending upon the availability of funds.

*Use of Funds:* Prohibition on Use of CDC Funds for Certain Gun Control Activities. The Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1997 specifies that: None of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention may be used to advocate or promote gun control.

Anti-Lobbying Act requirements prohibit lobbying Congress with appropriated Federal monies. Specifically, this Act prohibits the use of Federal funds for direct or indirect communications intended or designed to influence a Member of Congress with regard to specific Federal legislation. This prohibition includes the funding and assistance of public grassroots campaigns intended or designed to influence Members of Congress with regard to specific legislation or appropriation by Congress.

In addition to the restrictions in the Anti-Lobbying Act, CDC interprets the new language in the CDC's 1997 Appropriations Act to mean that CDC's funds may not be spent on political action or other activities designed to affect the passage of specific Federal, State, or local legislation intended to restrict or control the purchase or use of firearms.

#### **Background and Definitions**

##### **A. Background**

Intimate partner violence is a major public health problem. Although men are at much greater risk of fatal injury due to interpersonal violence, women are at much higher risk of nonfatal injuries due to intimate partner violence. National surveys estimate that approximately 2 million women each year are battered by an intimate partner, and crime data from the Federal Bureau of Investigation (FBI) record about 1,500 murders of women by husbands or boyfriends each year. The Bureau of Justice Statistics reports that women sustained about 3.8 million assaults and 500,000 rapes a year in 1992 and 1993: More than 75 percent of these violent acts were committed by an intimate, a husband, ex-husband, boyfriend, or ex-boyfriend. Studies estimate that between 13 and 25 percent of all U.S. women will experience rape in their lifetimes.

These numbers are thought to be underestimates of the actual number of American women assaulted by intimate male partners.

The total extent and severity of violence-related nonfatal injuries is unknown, but an increasing portion of the nation's health care and rehabilitation systems' resources are devoted to attending to victims of violence. Intimate partner violence (including rape, physical battering, and psychological abuse) are associated with a host of both short-and long-term problems, including physical injury and illness, psychological symptoms, and death. The consequences extend far beyond the individual female victims, affecting their children, families, friends, and society as well.

Opportunities to understand and prevent intimate partner violence-related injuries and reduce their effects are available. Maximizing these opportunities for prevention requires a broad approach, incorporating many disciplines that heretofore have not been an integral part of public health efforts. Many of these opportunities and research priorities are discussed in Injury Control in the 1990s: A National Plan for Action. Atlanta: Centers for Disease Control and Prevention, 1993 and Healthy People 2000. Additional background information can be found in the following suggested readings: Understanding Violence Against Women, Violence and the Public's Health, Understanding and Preventing Violence, and Violence in America: A Public Health Approach. (To receive information on these reports see the