tools for all appropriate users in participating jurisdictions and organizations, and (3) collection of already existing healthcare encounter data submitted to the cloud via electronic record transmission from participating public health jurisdictions' non-federal hospitals, VA, DoD, two national-level private sector clinical laboratories, and a private sector health information exchange firm. Though a large number of electronic records are transmitted from each entity each year, once the automated interfaces are set up for transmission (choosing sharing permissions), there is no human burden for record transmission.

Recruitment is estimated at 1 hour per respondent. This encompasses the unstructured conversation between the contractor and the respondent. Estimated annualized burden hours for public health jurisdictions, federal government, and private sector are 20, 2, and 3 hours respectively. The public health jurisdiction number is an average divided over three years. We expect it to be highest for the first year then decrease in subsequent years with an estimated total of 60 jurisdictions over 3 years.

Applying for access to the BioSense 2.0 application is estimated at 5/60th of an hour per respondent. This involves a onetime completion of an online questionnaire. Estimated annualized burden hours for public health jurisdictions, federal government, and private sector are 17, 3, and 4 hours respectively.

Data collection (administering sharing permissions) is estimated at 5/60th of an hour per respondent. This activity entails accessing a submenu of the BioSense 2.0 cloud-enabled, Web-based platform and choosing with whom to share data and at what level of aggregation from a series of drop-down lists. Estimated annualized burden hours for public health jurisdictions is 2 hours.

VA, DoD, the two national clinical laboratory corporations, and the private sector health information exchange company (federal government and private sector) automatically chose to share with CDC when they were recruited to submit data to the BioSense 2.0 cloud environment. This entails 0 annualized burden hours per respondent, because the data is shared directly with the CDC BioSense Program.

This request is for a 3-year approval. There are no costs to survey respondents other than their time to participate. The estimated total annualized burden hours for this data collection is 51 hours.

ESTIMATES OF ANNUALIZED BURDEN HOURS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Recruitment			
State, Local, and Territorial Public Health Jurisdictions	20	1	1
Federal Government	2	1	1
Private Sector (national clinical laboratory corporations, and a private sector health information exchange company)	3	1	1
Access to BioSense 2.0 Application			
State, Local, and Territorial Public Health Jurisdictions	200	1	5/60
Federal Government	30	1	5/60
Private Sector	50	1	5/60
Data Collection: Administrator Sharing Permissions			
State, Local, and Territorial Public Health Jurisdictions	20	1	5/60
Federal Government	2	0	0
Private Sector (national clinical laboratory corporations, and a private sector health information exchange company)	3	0	0

Dated: August 21, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-12–0822]

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 Officer at (404) 639–7570 or send an email to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Intimate Partner and Sexual Violence Survey (OMB No. 0920–0822, exp. 09/30/2012)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The health burden of Intimate Partner Violence (IPV), Sexual Violence (SV) and stalking are substantial. To address

this important public health problem, in 2010, CDC implemented the National Intimate Partner and Sexual Violence Survey (NISVS) which produces national and state level estimates of IPV, SV and stalking on an annual basis.

NISVS uses a dual-frame sampling strategy that includes both landline and cell phone. In 2010, approximately 45.2% of interviews were conducted by landline telephone and 54.8% of interviews were conducted using respondent's cell phone. The overall weighted response rate for 2010 data collection was 27.5%. The weighted cooperation rate was 81.3%. The cooperation rate reflects the proportion who agreed to participate in the interview among those who were contacted and determined eligible. The cooperation rate obtained for 2010 data collection suggests that, once contact was made and eligibility was determined, the majority of respondents chose to participate in the interview.

In the first year of data collection, NISVS data indicated that approximately 6.9 million women and 5.6 million men experienced rape, physical violence and/or stalking by an intimate partner within the last year. NISVS data also suggested that 18.3% of women and 1.4% of men in the U.S. experienced rape in their lifetime. In addition, 44.5% of women and 22.2% of men experienced sexual violence other than rape during their lifetime. Approximately 5 million women and 1.4 million men in the United States were stalked in the 12 months prior to the survey.

There are also overlaps between stalking and other forms of violence experienced in intimate relationships; approximately 14% of females who were stalked by an intimate partner in their lifetime also experienced physical violence. Approximately 12% of female victims experienced rape, physical violence and stalking by a current or former intimate partner in their lifetime. Furthermore, 76% of female victims of intimate partner homicides were stalked by their partners before they were killed.

The lifetime impact of these types of violence on victims is extensive. Nearly 1 in 3 women and 1 in 10 men in the United States have experienced rape, physical violence and/or stalking by an intimate partner and reported at least one impact related to experiencing these or other forms of violent behavior within the relationship (e.g., fear, concern for safety, post-traumatic stress disorder (PTSD) symptom, injury, crisis hotline consult, at least one day of work or school missed, and needs for health care, housing, victim advocate, and legal services.)

CDC proposes to continue collecting national data that will provide more detailed and timely information on intimate partner violence, sexual violence and stalking victimization in the U.S. The proposed revision to the National Intimate Partner and Sexual Violence Survey (NISVS) involves no longer collecting data on special sub-populations (i.e. military, American Indian/Alaskan Native, elderly) and thus focusing the scope of data collection to the general population. The overarching purpose of the information collected has not changed.

A total of 73,318 eligible households will be screened annually; out of the households screened, approximately 58,318 will not consent or agree to participate and 15,000 will complete the survey each year. The survey will be conducted among English and/or Spanish speaking male and female adults (18 years and older) living in the United States.

There are no costs to respondents other than their time.

The total estimated annual burden hours are 9,916.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of responses	Number of responses per respondent	Average burden per response (in hours)
Households	Screened	73,318	1	3/60
	Surveyed	15,000	1	25/60

Dated: August 21, 2012.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science, Office of the Directors, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Safety and Occupational Health Study Section (SOHSS), National Institute for Occupational Safety and Health (NIOSH)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting of the aforementioned committee:

Times and Dates

8 a.m.–5 p.m., October 16, 2012 (Closed).

8 a.m.–5 p.m., October 17, 2012 (Closed).

Place: Embassy Suites, 1900 Diagonal Road, Alexandria, Virginia 22314, Telephone: (703) 684–5900, Fax: (703) 684–0653.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c) (4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Purpose: The Safety and Occupational Health Study Section will review, discuss, and evaluate grant application(s) received in response to the Institute's standard grants review and funding cycles pertaining to research issues in occupational safety and health, and allied areas.

It is the intent of NIOSH to support broad-based research endeavors in keeping with the Institute's program goals. This will lead to improved understanding and appreciation for the magnitude of the aggregate health burden associated with occupational injuries and illnesses, as well as to support more focused research projects, which will lead to improvements in the delivery of occupational safety and health services, and the prevention of work-related injury and illness. It is anticipated that research funded will promote these program goals.

Matters To Be Discussed: The meeting will convene to address matters related to the conduct of Study Section business and for the study section to