DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–05–05AU]

Proposed Data Collections Submitted for Public Comment and Recommendations

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) 371–5983 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) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Fire Fighter Fatality Investigation and Prevention Program (FFFIPP)—NEW—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description:

The Fire Fighter Fatality Investigation and Prevention Program (FFFIPP) addresses an important public health need to protect the lives of America's front line emergency responders, those whose job is to save lives and protect property. FFFIPP was established in fiscal year 1998 in order to investigate the deaths and severe injuries that occur to fire fighters for the purpose of identifying high risk situations and to develop recommendations for prevention.

The purpose of this project is to evaluate the impact of the Fire Fighter Fatality Investigation and Prevention Program (FFFIPP), and the effects of FFFIPP recommendations and information products which are periodically distributed to the nation's 30,000 fire departments. This study will examine career and volunteer; large and small size; and urban and rural fire departments to determine the extent to which firefighter reports, recommendations and other information products are being implemented by fire departments. This evaluation will also measure the effects of FFFIPP on the knowledge, behavior, attitudes, and safety practices of fire department management.

This study will consist of a mail survey given to 1,140 fire departments to obtain information from the officers (Captain, Safety Officer and Training Officer or Lieutenants) regarding use of FFFIPP information products. There will also be a set of six focus groups for active, front-line firefighters; each focus group will have approximately 9 participants.

FFFIPP investigated approximately 114 injury fatalities and 101 cardiovascular disease fatalities over the first 5 years of operations. Reports based on these investigations are mailed to select fire departments on a regular basis. An evaluation of the program at this time is appropriate because FFFIPP has acquired sufficient data on firefighter fatalities to permit substantial improvements in knowledge, awareness and the practice of fire fighting. FFFIPP information products have been published and disseminated with sufficient time to allow positive changes. An evaluation at this time could ultimately reduce risk for firefighters through elimination of barriers to better knowledge, behavior, attitudes and safety practices for fire department leadership/management and for front-line firefighters. Evaluation provides a means to strengthen the impact of the program through modification or re-direction of the FFFIPP strategy.

CDC proposes to conduct an evaluation survey that will include 1,140 fire departments. A fire department survey and focus groups will be used to collect data for this evaluation. The fire department survey will use a cross-sectional design with restricted random sampling. The sample will include each of the 215 fire departments where investigations were conducted. For comparison, a random sample of 300 fire departments where there were no investigations conducted will be selected and surveyed. The ten largest fire departments will be deliberately included in the sample because of their unique status. The random selection of additional fire departments will be restricted to balance various factors such as the number of volunteer vs. career, rural vs. urban and other considerations. To supplement findings from the Fire Department Survey, the evaluation team will conduct a series of six focus groups with firefighters from across the country. These focus group discussions will serve as avenues for exploring how and why the FFFIPP may have had an impact. Information collected in the focus groups will thus complement the Fire Department Survey by providing rich descriptions of the ways in which FFFIPP may have affected firefighter knowledge, attitudes, behaviors, and safety practices. The focus groups will take place either at a national conference of firefighters or at local venues convenient to the fire departments represented by the participants. Each focus group will take 1½ hours. Questions will address firefighter knowledge, attitudes, behavior, and safety practices. There are no costs to respondents except their time to participate in the survey. The total estimated annualized burden hours are 238.

ESTIMATED ANNUALIZED BURDEN TABLE

Survey instruments	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)
Fire Dept. Survey	570	1	25/60
Focus Group Participants Eligibility Screening Form	81	1	5/60
Focus Group	27	1	1.5

Dated: July 20, 2005.

Betsey Dunaway,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

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Proposed Data Collections Submitted for Public Comment and Recommendations

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Proposed Project

Validating Autism Surveillance Methodology in Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP)—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

MADDSP was established in 1991 as an ongoing active surveillance system for select developmental disabilities (mental retardation, cerebral palsy, vision impairment, and hearing loss) in 3 to 10 year old children. In 1996, autism spectrum disorders (ASD) was added to MADDSP due to growing concern about the prevalence of the condition. MADDSP defines ASD as a constellation of social, communicative, and behavioral impairments consistent with the DSM–IV–TR diagnostic criteria for Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorders not otherwise specified.

MADDSP relies on an extensive review of records to identify children with an ASD. Potential case records are identified from multiple sources which are likely to maintain evaluation or treatment records for children with ASD. Pertinent ICD–9, DSM–IV codes and predetermined behavioral descriptions are used to trigger records for abstraction. Clinical experts then review the abstracted data and determine case status based on a behavioral coding scheme that is in accordance with the DSM–IV–TR definition for Pervasive Developmental Disorders.

This record review methodology for ASD surveillance has been executed and is being used; however, the method is not currently validated by a clinical sample which is considered the gold standard for identifying ASD. For this reason, it is important to validate surveillance methods in a clinical sample in order to determine whether current surveillance methodology accurately captures prevalence estimates for this developmental outcome. The sensitivity and specificity of MADDSP will be measured using judgments from the clinical exam as the gold standard. The results from this study will provide important implications for how ASD surveillance is maintained.

Primary caregivers of children already identified through surveillance methods will be contacted, informed of the study, and asked to participate through telephone contact. Clinic visits will be scheduled for all children whose primary caregiver agrees to take part in the study and who signs a written informed consent; child assent will be obtained at the time of the clinic visit. Data collection methods will consist of: (1) Parental questionnaires, which will focus on questions about their child's behavior and developmental history; and, (2) a developmental evaluation for the child participant, which includes a play based assessment specific to ASD and a measure of cognitive development. There is no cost to respondents other than their time. The total estimated annualized burden hours are 646.

ESTIMATED ANNUALIZED BURDEN TABLE

Survey instruments	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)
Telephone Contact	500	1	10/60
Parental Interviews and Questionnaires	125	1*2.5	
Developmental Evaluation of the Child	125	1	2

*One response per hour for an estimated 2.5 hours of clinic time; estimation of clinic time takes into consideration that parents and children will be encouraged to complete assessment simultaneously and that additional clinic time may be required due to individual differences.

Dated: July 20, 2005.

Betsey Dunaway,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Proposed Data Collections Submitted for Public Comment and Recommendations

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Proposed Project

Internet Survey on Household Drinking Water—New ''National Center