

the combined influence of shift work and overtime on health and safety in the current registered nurse workforce. The study will provide data for work schedule design recommendations. Potential secondary benefits to society will be improved patient outcomes.

*Specific Aim 1.*—Examine if certain characteristics of shift work schedules, such as shift length (*i.e.* 12-hour, 8-hour shifts), night work, and rotating work schedules are associated with increased health and safety risks.

*Specific Aim 2.*—Examine how shift work and overtime interact to influence health and safety risks.

*Specific Aim 3.*—Examine if disturbances of sleep, family life, and social life mediate effects of work schedules on health and safety.

The study is based on the theoretical model by Barton *et al.* (1995) who propose that shift work exerts a negative effect on health and safety outcomes by disturbing sleep, family life, and social life. The study will use a cross-sectional design to survey 1,000 registered nurses who will be randomly selected from 10 large hospitals. Participants will be asked to complete a survey, complete a 7-day sleep/activity diary, provide one set of blood pressure readings, and provide a copy of their work schedule from their hospital records for the previous 3-month period.

The survey includes items for personal characteristics such as age and weight; health history; lifestyle factors such as smoking and alcohol use; sleep characteristics and problems; factors at work and other responsibilities such as

child care; work schedule factors; musculoskeletal discomfort; gastrointestinal and cardiovascular symptoms; mood; automobile crashes and near misses; needlestick injuries; and job satisfaction. The study will compute a list of work characteristics based on the actual work start and end times. Statistical modeling will be used to examine characteristics of work schedules associated with increased risk while controlling for demographic, health history, lifestyle, and work-related risk factors. A base model will be developed with significant control variables for each outcome. Work schedule variables will then be added to the base model to test for significant relationships while controlling for co-variants. The annualized burden for this data collection is 1,667 hours.

Form name	Number of respondents	Number of responses/respondent	Avg. burden/re-sponses (in hours)
3 month overtime diary .....	1000	6	5/60
7-day sleep/activity diary .....	1000	7	5/60
Survey .....	1000	1	35/60

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
  
**Centers for Disease Control and Prevention**  
  
**[30Day-01-04]**  
  
**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) 498-1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503; or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

*Proposed Project:* Assessing the Linkages between Dating Violence,

Other Peer Violence, and Suicide—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Violence is an important public health problem, particularly among our youth. In the United States, homicide and suicide are the second and third leading causes of death, respectively, for youth aged 15-19 years. There has been a tremendous growth in research on the prevalence, incidence, causes and effects of dating violence, peer violence, and suicide among youth. Various disciplines have contributed to the development of research on the subject including psychology, epidemiology, criminology and public health.

Still, considerable gaps remain in our understanding of the extent to which youth who engage in one type of violent behavior are more likely to engage in other types of violent behavior. Existing research on the linkages across different forms of violent behavior among youth are limited. Research with adults suggests that dating violence and other peer violence are strongly linked, however the strength of this association among adolescents and the degree to which it changes by developmental stage remain unclear. Similarly, regarding the linkages with suicidal behavior, gaps remain in our understanding of the extent to which suicidal behavior varies for those who

engage in dating violence versus other peer violence or both types of violence, and how this association varies by age. Also, the extent to which risk for participation in single versus multiple types of violence varies for adolescent males and females is generally not well understood.

Gaps in our understanding of how different types of violent behavior are linked and whether they share common risk factors have limited the ability to design violence prevention and intervention efforts that could address multiple types of violence. Additional information on the linkages among dating violence, other peer violence, and suicidal behavior and how these linkages differ by gender and age is needed to guide the selection, timing, and focus of prevention strategies. This study will increase the knowledge and understanding of the linkages among different types of violence. As a result, CDC will work with a contractor to identify a school district in a high-risk community, identify a sample of students to participate in the study, and develop a questionnaire that will be administered to male and female students at different developmental stages (*i.e.*, 6th, 9th and 12th grade).

The goals of the study are to examine the extent (a) youth engage in multiple types of violence (*i.e.*, dating violence, other peer violence, and suicidal behavior); (b) risk and protective factors

for different types of violence that are unique or shared; (c) linkages across types of violence varied by gender and developmental stage; and (d) other socio-environmental factors which buffer or exacerbate risk for violence. The questionnaires include information about aggressive and violent behaviors (e.g., verbal, coercive, physical, and sexual) that youth use against dating partners and peers; and suicidal

thoughts, plans, and attempts. Additionally, the questionnaires will include information about psycho-social and behavioral factors that may buffer or exacerbate risk for violent behavior. The scales used in the questionnaire are original or modified versions of established scales that were developed for use with adolescents.

A better understanding of the linkages among dating violence, other peer

violence, and suicidal behavior, and how these linkages differ by gender and age is needed to guide the selection, timing, and focus of prevention strategies. Ultimately, this information will guide CDC in designing programs that reduce multiple forms of violence among adolescents and young adults. The estimated annualized burden is 4624 hours.

Respondents	Number of respondents	Number or responses/respondent	Average burden/response (in hrs.)
Students (recruitment, students <18 years) .....	5,882	1	5/60
Parents (permission, students <18 years) .....	5,882	1	5/60
Students participants .....	4,500	1	45/60
School administrators .....	29	1	1
Classroom teachers .....	240	1	1

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30 Day-81-03]

#### Public Comment and Recommendations 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) 498-1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503; or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

*Proposed Project:* Willingness to Pay Project—NEW—Epidemiology Program Office (EPO), Centers for Disease Control and Prevention (CDC). The mission of the Prevention Effectiveness Branch is to provide information and training to build internal and external capacity in economic and decision sciences. We are requesting clearance for a package that was submitted

previously and withdrawn from the program. This pilot project will use quantitative research to develop use informational approaches (educational materials or product labeling) to educate consumers about food safety issues, develop and test survey instruments and test experimental protocols to be used in the main quantitative data collection; the main data collection will be used to provide nationally-representative estimates of consumers' willingness to pay for (a) Publicly-provided reductions in the probability of contracting foodborne illnesses; (b) reductions in severity of symptoms associated with foodborne illnesses, and (c) materials that facilitate private, defensive precautions against foodborne illness during home food preparation (e.g., meat thermometers, antibacterial soaps and cutting boards). The main data collection will also be used to estimate the effect of education programs and product labeling on willingness to pay for the reductions; compare the empirical estimates of the above mentioned consumer willingness to pay derived from a conjoint analysis instrument and a simulated marketplace experiment. Public awareness and stated concern regarding foodborne illnesses have increased rapidly over the past decade. The general public while seemingly well informed and concerned about some relevant food safety issues appears unknowledgeable or ill-informed about emerging issues. The Food Safety Survey data suggest that information provided to consumers at the point of purchase may be a fruitful means of educating the public about food safety, and analyses of consumer purchase data indicate that health-related information provided at the

point of purchase can make significant long-term changes in purchasing behavior. While providing health-related information about food has been the focus of major policy initiatives in the last few years, little empirical economic research has attempted to understand the market and welfare effects of different health information policies. In addition, previous research does not address the distribution of effects across different consumers. Policy makers and food manufacturers cannot provide labels that satisfy everyone's information desires while simultaneously catering to consumers' cognitive and time constraints. As a result, policy makers need to understand how different sectors of the consumer population will be affected, particularly those members of the population who face relatively high food safety risks. The lack of information hinders policy makers from making informed decisions on the proper allocation of resources in this area since the benefits or reducing the risk of illness are not well known. Not having the information readily available makes cost-effectiveness and cost-benefit analyses difficult to do as well as resource-intensive. This data collection effort then will reduce this burden by making data available to researchers for use in program and policy evaluation. If this data collection effort were not to take place, agencies will either have to continue to piece together data when conducting economic analyses of food safety policies and regulations, or they will fund a large-scale effort like the one being proposed. Another large-scale effort would be a waste of public funds. Providing consumers information about