Discussion of issues in the proposed rules to establish more uniform standards for providing disclosures for: Regulation B, which implements the Equal Credit Opportunity Act; Regulation E, which implements the Electronic Fund Transfer Act; Regulation M, which implements the Consumer Leasing Act; Regulation Z, which implements the Truth in Lending Act; and Regulation DD, which implements the Truth in Savings Act.

General Accounting Office (GAO) Study on Predatory Lending: Discussion of GAO's findings, conclusions, and recommendations.

Committee Reports: Council committees will report on their work.

Other matters initiated by Council members also may be discussed.

Persons wishing to submit views to the Council on any of the above topics may do so by sending written statements to Ann Bistay, Secretary of the Consumer Advisory Council, Division of Consumer and Community Affairs, Board of Governors of the Federal Reserve System, Washington, DC 20551. Information about this meeting may be obtained from Ms. Bistay, 202–452–6470.

Board of Governors of the Federal Reserve System, March 5, 2004.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. 04–5452 Filed 3–10–04; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–04–30]

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 the CDC Reports Clearance Officer on (404) 498–1210.

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. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Health Hazard Evaluations/Technical Assistance and Emerging Problems, OMB No. 0920–0260–EXTENSION–National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background

In accordance with the mandates of the Occupational Safety and Health Act of 1970 and the Federal Mine Safety and Health Act of 1977, the National Institute for Occupational Safety and Health (NIOSH) responds to requests for health hazard evaluations to identify chemical, biological or physical hazards in workplaces throughout the United States.

To comprehensively evaluate hazards in response to a request for a health hazard evaluation, NIOSH frequently conducts an on-site evaluation. The main purpose of an on-site evaluation is to help employers and employees identify and eliminate occupational health hazards. The interview and questionnaires are specific to each workplace and its suspected disease(s) and hazards. The questionnaires are composed of items that were developed from standard medical and epidemiologic techniques.

NIOSH distributes interim and final reports of health hazard evaluations (excluding personal identifiers) to requesters, employers, employee representatives, the Department of Labor; and as appropriate to the Occupational Safety and Health Administration or Mine Safety and Health Administration, and other state and federal agencies.

NIOSH administers a followback program to assess the effectiveness of its health hazard evaluation program in reducing workplace hazards. This program entails the mailing of followback questionnaires to employer and employee representatives in the workplace and, in some instances, to a followback on-site evaluation. Due to the large number of investigations conducted each year, as well as the diverse and unpredictable nature of these investigations, and the need to respond quickly to requests for assistance, NIOSH requests consolidated clearance for data collection of its health hazard evaluations. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs)	Total burden hours
Employees (interview)	4000	1	15/60	1000
Employees (questionnaire)	4000	1	30/60	2000
Employees (followback)	300	2	30/60	300
Employers (followback)	300	2	30/60	300
Total				3600

Dated: March 4, 2004.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04–5516 Filed 3–10–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Participatory Research on Community Interventions To Increase the Utilization of Effective Cancer Preventive and Treatment Services

Announcement Type: New.

Funding Opportunity Number: PA 04087.

Catalog of Federal Domestic Assistance Number: 93.945.

Key Dates:

Letter of Intent Deadline: March 26, 2004.

Application Deadline: May 10, 2004.

Executive Summary: None.

I. Funding Opportunity Description

Authority: Public Health Service Act, sections 301(a) and 317(k)(2), as amended.

Purpose: The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2004 funds for a grant program from the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Division of Cancer Prevention and Control (DCPC) and the Public Health Practice Program Office (PHPPO) Office of Science and Extramural Research. This announcement supports research to evaluate the effectiveness of community interventions to increase the use by health plans, health insurers, and/or health care providers of evidence-based cancer screening and treatment services in the following three areas: (1) To increase provision of colorectal cancer screening; (2) to increase use of shared decision making for prostate cancer screening; or (3) to increase use of systematically developed guidelines for the diagnosis and treatment of ovarian cancer. Applicants may submit separate applications for one or more of the three above areas of research. Findings from the funded projects will contribute to reductions in cancer morbidity and mortality, improvements in the quality of life for cancer patients, and increases in the use of public health and prevention research in everyday health practice.

This program announcement addresses the United States Department of Health and Human Services (DHHS) Strategic Plan Goal to improve the quality of health care services; the HealthierUS Initiative ''Prevention: Getting Preventive Screening; and ''Healthy People 2010'' focus areas of Cancer, Access to Quality Health Services, Educational and Community-Based Programs, and Public Health Infrastructure.

Measurable outcomes of the program will be in alignment with the following performance goal for NCCDPHP: Support prevention research to develop sustainable and transferable community-based behavioral interventions: The following performance goal will be in alignment with PHPPO: Strengthen the public health infrastructure by stimulating extramural prevention research to discover how to apply the latest biomedical research at the local level and how to supply frontline public health workers with evidence of what works.

Research Objectives: The specific research objective for this program announcement is to stimulate investigator-initiated, participatory research to evaluate the effectiveness of community interventions to: (1) Increase provision of colorectal cancer screening; (2) increase use of shared decision making for prostate cancer screening; or (3) increase use of systematically developed guidelines for the diagnosis and treatment of ovarian cancer.

This objective addresses research gaps identified in recent reviews conducted by the Institute of Medicine (IOM), the Cochrane Effective Practice and Organization of Care group, and the Agency for Healthcare Research and Quality (AHRQ). In Fulfilling the Potential of Cancer Prevention and Early Detection, the IOM identified the possibility of substantial near term reductions in cancer incidence and mortality if health plans, health care providers, and health insurers implemented evidence-based cancer screening services. The report also illustrated problems for insurers, plans, providers and patients that result from implementing new screening technologies when evidence on the balance of benefits and harms from screening is uncertain. In Ensuring Quality Cancer Care, the IOM concluded that for many cancer patients, a wide gap exists between patients' experiences with cancer care and the evidence-based quality diagnostic and treatment services that are recommended. In The Unequal Burden of Cancer, the IOM provided evidence that the cancer burden was greater and the provision of services was less for many racial, ethnic and underserved populations.

Although a Cochrane systematic review of research on the effectiveness of interventions to change health care systems or health care provider practices found that some interventions are effective in certain circumstances, a recent systematic review for AHRQ that focused specifically on interventions to increase the use of evidence-based cancer control practices found that evidence was insufficient to make recommendations. In addition, interventions found to be efficacious in research may not be translated into practice because the research often does not involve the communities of interest in the research and does not address community needs. Therefore, additional research is needed on the effectiveness of community interventions to increase use of evidence-based cancer screening and treatment services. This research should also involve the affected communities of health plans, providers, and insurers in the research process to increase the likelihood that resulting interventions can be adopted into practice.

Activities: Awardee activities for this program are as follows:

(1) Conduct studies to evaluate the effectiveness of community interventions to increase use of evidence-based cancer screening and treatment services, specifically to:

(a) Increase provision of colorectal cancer screening.

(b) Increase use of shared decision making for prostate cancer screening.

(c) Increase utilization of systematically developed guidelines for the diagnosis and treatment of ovarian cancer.

(2) Involve the affected communities, *i.e.*, health plans, health care providers, and health insurers in the research process.

For purposes of this announcement the following definitions are used:

Community refers to health plans, health care providers, and/or health insurers, *i.e.*, the people, organizations or networks (including faith-based) that would be affected by the community interventions and/or that would implement such interventions. The investigator for each research proposal must define the relevant community or communities using a set of tangible criteria. The criteria can include a common interest, identity, or characteristic. These communities need not be defined geographically.

Community interventions can include any of a variety of activities implemented to change health system or