

of DHHS in addressing the major causes of death and disability among women in the United States of all racial, ethnic and socioeconomic backgrounds. In particular, this framework focuses on the behavioral elements of risk while acknowledging the complexity introduced by genetic or environmental risks, which individuals often cannot control.

Accomplishing the goals of WLLLW entails three key strategies:

- Taking what we know and applying it better;
- Generating new knowledge; and
- Partnering with communities across the nation to improve the health of women.

To refine and focus the Department's activities for 2001 and beyond, and to ensure an effective response, consultation with various key constituencies and stakeholders is critical. The WLLLW framework is intended to serve as the basis for discussion and input from the community. Feed-back on the following objectives will assist us in this process to identify:

1. The three most significant means to reach and maintain the goal of a long, healthy life for a woman and the barriers to reaching this goal.
2. The critical prevention and intervention point in each stage of life that promotes good health in subsequent stages.
3. The single most important activity the Department needs to undertake, in partnership with communities, to address these issues.
4. A primary gap in women's health activities within the Department, and the two or three specific strategies to address this gap.
5. Innovative activities in which the Department should be involved.
6. In what ways women's health should be organized and incorporated into the structure of the Department.

Purpose of Public Comment

The WLLLW framework seeks to support and enhance the efforts of DHHS in addressing the major causes of death and disability among women in the United States of all racial, ethnic and socioeconomic backgrounds. To refine and focus the Department's activities for 2001 and beyond, and to ensure an effective response, consultation with various key constituencies and stakeholders is critical. The WLLLW framework is intended to serve as the basis for discussion and input from the community.

We invite your general comments and feedback, and we are especially

interested in your comments on the six specific subject areas (above). You may: (1) comment where indicated on the web site; or (2) mail us your comments, in the format of your choice.

Dated: February 3, 1999.

Wanda K. Jones,

Deputy Assistant Secretary for Health (Women's Health).

[FR Doc. 99-3308 Filed 2-10-99; 8:45 am]

BILLING CODE 4160-17-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Public Information Collection Requirement to Be Submitted to the Office of Management and Budget (OMB) for Clearance

AGENCY: Administration on Aging, HHS.

The Administration on Aging (AoA), Department of Health and Human Services, proposes to submit to the Office of Management and Budget (OMB) the following proposal for the collection of information in compliance with the Paperwork Reduction Act of 1995 (Pub. L. 96-511):

Title of Information Collection: State Performance Report (SPR): Reporting Requirements for Titles III and VII of the Older Americans Act.

Type of Request: Extension.

Use: To extend the expiration date of the currently approved information collection form without any change in substance or the method of collection. This form conforms to the requirements of the Older Americans Act, as amended.

Frequency: Annual.

Respondents: State Agencies on Aging.

Estimated Number of Respondents: 57.

Total Estimated Burden Hours: 141,132.

Additional Information or Comments: The Administration on Aging proposes to submit to the Office of Management and Budget for approval an extension of the existing information collection form for the state programs administered under the Older Americans Act. The AoA last announced reporting specifications for the current form in the **Federal Register** on February 13, 1996.

The Office of Management and Budget approved use of the current collection instrument subject to two conditions. First, that the Administration on Aging should be flexible in providing state-specific extensions of the compliance deadline for the FY 1997 SPR. The Administration on Aging has complied

with that request. Secondly, OMB requested that the next submission for review include an analysis of state compliance with the November 30, 1996 deadline. This analysis has been prepared and will be submitted to OMB.

For copies of the reporting requirements and/or a copy of the analysis of states' compliance with the November 30, 1996 deadline call the Administration on Aging, Office of State and Community Programs at (202) 619-0011. Written comments and recommendations for the information collection requirements should be sent within sixty days of the publication of this notice directly to the following address: Edwin L. Walker, Director, Office of Program Operations and Development, Administration on Aging, 330 Independence Avenue S.W., Washington, DC 20201.

Dated: February 4, 1999.

Jeanette C. Takamura,

Assistant Secretary for Aging.

[FR Doc. 99-3307 Filed 2-10-99; 8:45 am]

BILLING CODE 4150-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Study Team for the Los Alamos Historical Document Retrieval and Assessment Project

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) announce the following meeting.

Name: Initial Public Meeting of the Study Team for the Los Alamos Historical Document Retrieval and Assessment Project.
Time and Date: 5 p.m.—7 p.m., February 23, 1999.

Place: Los Alamos Inn, 2201 Trinity Drive, Los Alamos, New Mexico 87544. Telephone 505/662-7211, Fax 505/661-7714.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 100 people.

Background: Under a Memorandum of Understanding (MOU) signed in December 1990 with DOE and replaced by an MOU signed in 1996, the Department of Health and Human Services (HHS) was given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production use. HHS delegated program responsibility to CDC.

In addition, an MOU was signed in October 1990 and renewed in November 1992 between ATSDR and DOE. The