

Following the joint Councils meeting on September 14, COGME will meet independently for two hours to discuss COGME's fifteenth report. The meeting is open to the public. Anyone requiring further information regarding this two-hour meeting should contact Stanford M. Bastacky, D.M.D., M.H.S.A., Executive Secretary, Council on Graduate Medical Education, Division of Medicine, Bureau of Health Professions, Room 9A-27, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, telephone (301) 443-6326.

Dated: August 15, 2000.

**James J. Corrigan,**  
Associate Administrator for Management and Program Support.

[FR Doc. 00-21254 Filed 8-21-00; 8:45 am]

BILLING CODE 4160-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Advisory Council; Notice of Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of September 2000.

*Name:* National Advisory Council on Migrant Health.

*Date and Time:* September 27-28, 2000; 9:00 a.m.-5:00 p.m.

*Place:* Sacramento Radisson Hotel, 500 Leisure Lane, Sacramento, California 95815; Phone: 916-922-2020, Fax: 916-920-7312.

The meeting is open to the public.

*Agenda:* This will be a meeting of the Council. The agenda includes an overview of general Council business activities and priorities. Topics of discussion will include the Year 2000 Recommendations, the health status of farmworkers in California, updates on Council Member activities, and other

general business of the Council. Agenda items are subject to change as priorities indicate.

The Council meeting is being held in conjunction with the California Primary Care Association Annual Meeting, which is taking place at the same time in the same hotel. The Council will meet independently on Wednesday, September 27, 2000. Thursday, September 28, 2000, the Council will meet independently from 8:30-10:30 a.m. and from 3:30-5:00 p.m. On September 28, from 10:30 a.m.-3:30 p.m. Council members will participate in workshops being offered through the California Primary Care Association Annual Meeting.

Anyone requiring information regarding the subject Council should contact Judy Rodgers, Migrant Health Program, staff support to the National Advisory Council on Migrant Health, Bureau of Primary Health Care, Health Resources and Services Administration, 4350 East-West Highway, Bethesda, Maryland 20814; Telephone 301-594-4304.

Dated: August 15, 2000.

**James J. Corrigan,**  
Associate Administrator for Management and Program Support.

[FR Doc. 00-21252 Filed 8-21-00; 8:45 am]

BILLING CODE 4160-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Heart, Lung, and Blood Institute; Proposed Collection; Comment Request; The Atherosclerosis Risk in Communities Study (ARIC)**

**SUMMARY:** In compliance with the requirement of Section 350(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Heart, Lung, and Blood

Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

**Proposed Collection**

*Title:* The Atherosclerosis Risk in Communities Study (ARIC). *Type of Information Collection Request:* Revision of a currently approved collection (OMB NO. 0925-0281). *Need and Use of Information Collection:* This project involves annual follow-up by telephone of participants in the ARIC study, review of their medical records, and interviews with doctors and family to identify disease occurrence. Interviewers will contact doctors and hospitals to ascertain participants' cardiovascular events. Information gathered will be used to further describe the risk factors, occurrence rates, and consequences of cardiovascular disease in middle aged and older men and women. *Frequency of Response:* The participants will be contacted annually. *Affected Public:* Individuals or households; Businesses or other for profit; Small businesses or organizations. *Type of Respondents:* Middle aged and elderly adults; doctors and staff of hospitals and nursing homes. The annual reporting burden is as follows: *Estimated Number of Respondents:* 15,113; *Estimated Number of Responses per Respondent:* 1.0; *Average Burden Hours per Response:* 0.2479; and *Estimated Total Annual Burden Hours Requested:* 3,746. The annualized cost to respondents is estimated at \$37,460, assuming respondents time at the rate of \$10 per hour. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

**ESTIMATE OF ANNUAL HOUR BURDEN**

Type of response	Number of respondents	Frequency of response	Average time per response	Annual hour burden
Participant Follow-up .....	14,488	1.0	0.2500	3,622
Physician, hospital, nursing home staff <sup>1</sup> .....	245	1.0	0.2500	61
Participant's next-of-kin <sup>1</sup> .....	380	1.0	0.1667	63
<b>Total</b> .....	<b>15,113</b>	<b>1.0</b>	<b>0.2479</b>	<b>3,746</b>

<sup>1</sup> Annual Burden is placed on doctors, hospitals, nursing homes, and respondent relatives/informants through requests for information which will help in the compilation of the number and nature of new fatal and nonfatal events.

**Request for Comments**

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is

necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information,

including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information