

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.

Proposed Project: 1. Leading Health Indicators Survey—NEW—The Office of Public Health and Science's Office of Disease Prevention and Health Promotion (ODPHP) proposes to conduct a survey of the Leading Health Indicators (LHIs). The survey seeks to measure how the LHIs are viewed by the public and explore what actions the public needs to take to improve their health and that of the community and the Nation.

Respondents: Individuals.

Number of Respondents: 8,000.

Estimated Burden per Response: 15 minutes.

Total Burden: 2,000 hours.

Send comments via e-mail to Geerie.Jones@HHS.gov or mail to OS Reports Clearance Office, Room 503H, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC, 20201. Comments should be received within 60 days of this notice.

Dated: December 19, 2002.

Kerry Weems,

Deputy Assistant Secretary, Budget.

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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.

Proposed Project: 1. Monitoring the United States Blood Supply—New—The Office of Public Health and Science will monitor the nation's blood supply by gathering daily supply status information from 29 select sites including 26 sentinel transfusion services and three community-wide blood banks.

Respondents: hospitals or blood banks.

Number of Respondents: 29.

Number of Responses: 5,800.

Average Burden per Response: one hour.

Total Burden: 5,800 hours.

Send comments via e-mail to Geerie.Jones@HHS.gov or mail to OS Reports Clearance Office, Room 503H, Humphrey Building, 200 Independence Avenue SW., Washington, DC, 20201. Written comments should be received within 60 days of this notice.

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Deputy Assistant Secretary, Budget.

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vaccination programs, update on the development of vaccines, and discussions of the role of academic health centers in local/regional public health preparedness.

Name of Committee: Secretary's Council on Public Health Preparedness.

Date: January 14-15, 2003.

Time: January 14, 10 a.m.-5:30 p.m., January 15, 9 a.m. to 3:30 p.m.

Place: Marriott Key Bridge, 1401 Lee Highway, Arlington, Virginia 22209, 703-524-6400.

Contact Person: Lily Engstrom, Executive Director, Secretary's Council on Public Health Preparedness, Office of the Assistance Secretary for Public Health Emergency Preparedness, 200 Independence Avenue, SW., Room 638G, Washington, DC 20201, 202-690-6629.

SUPPLEMENTARY INFORMATION: The Secretary's Council on Public Health Preparedness was established on October 22, 2001, by the Secretary of Health and Human Services under authorization of Section 319 of the Public Health Service Act (42 U.S.C. § 247d); Section 222 of the Public Health Preparedness will be to advise the Secretary on appropriate actions to prepare for and respond to public health emergencies including acts of bioterrorism. The function of the Council is to advise the Secretary regarding steps that the U.S. Department of Health and Human Services can take to (1) improve the public health and health care infrastructure to better enable Federal, State, and local governments to respond to a public health emergency and, specifically, a bio-terrorism event; (2) ensure that there are comprehensive contingency plans in place at the Federal, State, and local levels to respond to a public health emergency and, specifically, a bio-terrorism event; and (3) improve public health preparedness at the Federal, State, and local levels.

Public Participation

The meeting is open to the public with attendance limited by the availability of space on a first come, first served basis. Members of the public who wish to attend the meeting may register by emailing publichealth@iqsolutions.com no later than close of business, Monday, January 6, 2003. All requests should include the name, address, telephone number, and business or professional affiliation of those registering.

Opportunities for oral statements by the public will be provided on January 14 at 4:30 p.m. (Time approximate). Oral comments will be limited to five minutes, three minutes to make a

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Agency Information Collection

Activities: Proposed Collections; Comment Request

The Department of Health and Human Services, Office of the Secretary will periodically publish summaries of proposed information collections projects and solicit public comments in compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995. To request more information on the project or to obtain a copy of the information collection plans and instruments, call the OS Reports Clearance Office at (202) 619-2118 or e-mail Geerie.Jones@HHS.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Secretary's Council on Public Health Preparedness; Notice of Meeting

Pursuant to Section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is given of a meeting of the Secretary's Council on Public Health Preparedness.

The purpose of this public meeting is to convene the Council to discuss issues related to preparing the nation to respond to public health emergencies in general and bioterrorism in particular. Major areas to be considered by the Council at this meeting may include but are not restricted to the following: a status report on the CDC and HRSA cooperative agreements awarded to states and other jurisdictions for bioterrorism preparedness and response programs, overview of states' smallpox