Request for Comments

In accordance with the above cited legislation, comments on the above described systematic grant oversight information collection are requested with regard to any of the following:

(a) Whether the proposed collection of information is necessary for the proper performance of functions of AHRQ, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and cost) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: May 27, 2004.

Carolyn M. Clancy,

Director.

[FR Doc. 04–12656 Filed 6–4–04; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04093]

International Initiatives Related to Chronic Disease Prevention and Health Promotion; Notice of Intent To Fund Single Eligibility Award

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2004 funds for a cooperative agreement program to promote health, disseminate information, and provide expertise to prevent and control: Non-communicable diseases; mental health problems; and leading causes of death, disease, and disability through effective community health programs. This is an international program. The Catalog of Federal Domestic Assistance number for this program is 93.283.

B. Eligible Applicant

Assistance will be provided only to The World Health Organization. WHO is the only international/intergovernmental agency qualified to conduct and coordinate surveillance and programmatic activities under this program announcement because:

1. WHO has a unique position among the world's health agencies as the technical agency for health within the United Nations.

2. WHO has access to all national health promotion and disease prevention programs and potential surveillance sites through its six regional offices located in Washington, DC; Copenhagen, Denmark; Cairo, Egypt; Congo; Delhi, India; Harare, Zimbabwe and Manila, Philippines. No other organization has this access.

3. WHO is uniquely qualified to conduct and coordinate the surveillance activities, policy and programmatic initiatives that have specific relevance to the objectives of this program announcement and which have the potential to advance knowledge that benefits the United States (U.S.).

4. WHO collaborates with other international organizations and works to accomplish its mission by coordinating programmatic and surveillance initiatives, disseminating information related to chronic disease program needs and services, recommending and advocating improved policies and programs. They provide consultation and guidance at the international, national, and local level for systems of coordinated care for persons with chronic or disabling conditions.

5. WHO also collaborates with other international organizations and works to accomplish its mission by coordinating surveillance initiatives, and by disseminating information and expertise at the international, national, and local level for effective health programs.

6. WHO offers special opportunities for furthering surveillance programs through the use of unique talent resources, populations, or environmental conditions in other countries that are not readily available in the United States or that provide augmentation of existing U.S. resources.

7. WHO works to accomplish its mission by coordinating monitoring and programmatic initiatives, and disseminating information and expertise related to effective community-based interventions that help to reduce the leading causes of death, disease and disability among adults (*i.e.,* cardiovascular disease, diabetes, tobacco use, physical inactivity, and poor dietary habits). It recommends and advocates for improved national and local health policies and programs, and provides consultation and guidance to address serious health problems among adults.

C. Funding

Approximately $1,610,000 is available in FY 2004 to fund this award. It is expected that the award will begin on or before August 15, 2004, and will be made for a 12-month budget period within a project period of up to 5 years. Funding estimates may change.

D. Where to Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341–4146, Telephone: 770–488–2700.

For technical questions about this program, contact: Mary Hall, MS K40, 4770 Buford Hwy, NE., Atlanta, GA 30341, Telephone: 770–488–5644, E-mail: *moh4@cdc.gov.*

Dated: June 1, 2004.

William P. Nichols,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 04–12781 Filed 6–4–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Obstetrician-Gynecologists' Knowledge and Practice Patterns With Regard to Hormone Therapy

Summary: Under the provisions of Section 3507(a)(1)(D) 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 Office of Research on Women's Health (ORWH), the National Institutes of Health (NIH) and the Health Resources and Services Administration (HRSA) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. The proposed information collection was previously published in the **Federal Register** on November 12, 2003, page 64111 and allowed 60 days for public comment. A public comment was received from Wyeth Ayerst Pharmaceuticals. No other public comment was received. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB number.

Proposed Collection: Title: Obstetrician-Gynecologists' Knowledge and Practice Patterns with Regard to Hormone Therapy. *Type of Information Collection Request:* New. *Need and Use of Information Collection:* This study will evaluate and track the effect of results from the Federally-funded Women's Health Initiative (WHI) trials of estrogen plus progestin and estrogen alone, and of updated guidelines provided by Federal agencies and professional bodies, on the knowledge, attitudes and prescription behavior of members of the American College of Obstetricians and Gynecologists (ACOG) in regard to the use of postmenopausal hormone threapy. The publication of the WHI trial findings for estrogen plus progestin in 2002 generated massive media coverage and revisions to the guidelines for the use of hormones, including revisions of the package insert by the Food and Drug Administration (FDA). The findings for estrogen alone published in April 2004 further contributed to the revised view of the value of hormone therapy to prevent chronic diseases. The WHI findings led to a marked decrease in the prescriptions for hormone therapy on a national level. They are thought to have had a major impact on obstetrician-gynecologists, who are among the principal health care providers for women and who prescribe hormones more frequently than any other health care provider specialty group. However, the impact obstetrician-gynecologists have not been studied systematically. The investigators propose to survey fellows of ACOG over a four and a half year period starting in 2004. Objectives of the study are to evaluate the extent to which the WHI findings for estrogen alone and for estrogen plus progestin have been accepted by ACOG members, what the effect has been on their prescription patterns, and to track changes over time as new guuidelines continue to appear. The initial survey will provide valuable information concerning ACOG members' knowledge of current and past research findings regarding hormone therapy, their awareness of ACOG and Federal guidelines for the use of hormone therapy, their own current practice and changes for past practice, their concerns and informational and educational needs. Two subsequent annual will allow the investigators to track changes in knowledge, attitudes, and practice over a period of evolving knowledge among a representatiave sample of obstetrician-gynecologists. The findings will assist the Government and professional bodies in evaluating the degree of translation of research findings into practice, and with developing educational materials for physicians to assist with translation. *Frequency of Response:* On occasion. *Affected Public:* Individuals or households; Businesses or other for-profit. *Type of Respondents:* Physicians. The annual reporting burden is as follows: *Estimated Number of Respondents:* 1875; *Estimated Number of Responses Per Respondent:* 1; *Average Burden Hours Per Response:* .33, and *Estimated Total Annual Burden Hours Requested:* 619. The annualized costs to respondents is estimated at: $46,425. There are no Capitol Costs to report. There are no Operating or Maintenanace Costs to report.

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 informatijon on those who are to respond including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503. Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Jacques E. Rossouw, Project Officer, Women's Health Initiative, NIH, NHLBI, 6101 Rockledge Drive Ste 8204 MSC 7935, Bethesda, MD 20892–7935, or call (301) 435–6669 (not a toll-free number) or E-mail your request, including your address to: *rossouwj@nih.gov.*

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

Dated: May 18, 2004.

Barbara Alvin,

Director, Women's Health Initiative, National Institutes of Health.

[FR Doc. 04–12789 Filed 6–4–04; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Research Resources; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Center for Research Resources Special Emphasis Panel Clinical Centers in Research Excellence (CCRE).

Date: June 17–18, 2004.

Time: June 17, 2004, 8 a.m. to Adjournment.

Agenda: To review and evaluate grant applications.

Place: Marriott Gaithersburg, Washington Center, 9751 Washingtonian Blvd., Gaithersburg, MD 20878.

Contact Person: Mohan Viswanathan, PhD, Deputy Director, Office of Review, NCRR, National Institutes of Health, 6701 Democracy Blvd., Room 1084, MSC 4874, 1 Democracy Plaza, Bethesda, MD 20892–4874, 301–435–0829, *mv10f@nih.gov.*

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: National Center for Research Resources Special Emphasis Panel Centers for Interdisciplinary Research (01).

Date: June 20–21, 2004.

Time: June 20, 2004, 8 a.m. to Adjournment.

Agenda: To review and evaluate grant applications.

Place: Hyatt Regency Bethesda, One Bethesda Metro Center, 7400 Wisconsin Avenue, Bethesda, MD 20814.

Contact Person: Carol Lambert, PhD, Scientific Review Administrator, Office of Review, National Institutes of Health, NCRR, 6701 Democracy Blvd., 1 Democracy Plaza, Room 1076, MSC 4874, Bethesda, MD 20892, (301) 435–0814, *lambert@mail.nih.gov.*