

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services announces the following advisory committee meeting.

*Name:* National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Populations.

*Time and Date:* 8:30 a.m. to 3 p.m., October 26, 2004.

*Place:* Hubert H. Humphrey Building, Room 705A, 200 Independence Avenue, SW., Washington, DC 20201.

*Status:* Open.

*Purpose:* The purpose of the meeting is to discuss and plan future population-based data activities of the Subcommittee on Populations.

*For Further Information Contact:* Additional information about this meeting as well as summaries of past meetings and a roster of committee members may be obtained from Audrey L. Burwell, Office of Minority Health, 1101 Wootton Parkway, 6th Floor, Room 600, Rockville, Maryland 20852, telephone: (301) 443-9923, e-mail [alburwell@osophs.dhhs.gov](mailto:alburwell@osophs.dhhs.gov); or Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, Room 2413, 3311 Toledo Road, Hyattsville, Maryland 20782, telephone: (301) 458-4245. Information also is available on the NCVHS home page of the HHS Web site: <http://www.ncvhs.hhs.gov/> where an agenda and more details about participation in the meeting or Subcommittee deliberations will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458-4EEO (4336) as soon as possible.

Dated: October 6, 2004.

**James Scanlon,**

*Acting Deputy Assistant Secretary for Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.*

[FR Doc. 04-23414 Filed 10-19-04; 8:45 am]

**BILLING CODE 4151-05-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary/Administration on Aging; Performance Review Board Members

Title 5, U.S.C. Section 4314(c)(4) of the Civil Service Reform Act of 1978, Public Law 95-454, requires that the appointment of Performance Review Board Members be published in the **Federal Register**.

The following persons will serve on the Performance Review Boards or Panels, which oversee the evaluation of

performance appraisals of Senior Executive Service members of the Department of Health and Human Services, Office of the Secretary/Administration on Aging: Evelyn White, Chair; David Cade; Robinsue Frohboese; George Strader; Edwin L. Walker; Ann Marie Lynch; John Jarman.

Dated: October 12, 2004.

**Evelyn White,**

*Principal Deputy Assistant Secretary for Administration and Management.*

[FR Doc. 04-23415 Filed 10-19-04; 8:45 am]

**BILLING CODE 5150-04-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30 Day-05-0448]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498-1210 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

#### Proposed Project

The Minority HIV/AIDS Research Initiative: Access to HIV Care and Testing in the Rural South—New—The National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

#### Background

CDC is requesting from the Office of Management and Budget (OMB) a 2-year approval to administer a survey to local health departments and testing sites. As part of the Minority HIV/AIDS Research Initiative (MARI), CDC is funding a study that examines access to HIV care and testing in the rural South. The objectives of the study are twofold: (1) Determine the local availability of HIV counseling and testing, and identify HIV treatment venues (HIV doctor or clinic) in non-urban counties in the South, and (2) provide information to improve the availability of testing and treatment in the South.

Identifying barriers to accessing care in the South is relevant to selected goals and objectives in the CDC's "HIV Prevention Strategic Plan Through 2005." This plan identifies the goal to increase from the current estimated 70% to 95% the proportion of HIV-infected people in the United States who know they are infected through voluntary counseling and testing. CDC plans to meet this goal by: (1) Increasing the motivation of at-risk individuals to know their infection status and decrease real and perceived barriers to HIV testing; and (2) improve access to voluntary, client-centered counseling and testing (VCT) in high seroprevalence communities and populations at risk, focusing particularly on populations with high rates of undiagnosed infection. This study is relevant to the goals of CDC's Strategic Plan for 2005 and the Advancing HIV Prevention Initiative (AHP) to reduce barriers to HIV testing that impede those at risk from receiving HIV prevention services. Moreover, this study complements the AHP by providing the local service systems with a current visual depiction of HIV testing barriers in rural counties that will help address programming concerns to ultimately improve access to HIV testing and prevention services.

A sample from 325 counties will be selected from ten U.S. Southern states (Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia). Census Bureau Statistical Area data were used to identify 325 rural counties within the 10 Southern states that meet the definition of a non-metropolitan statistical area and/or cluster with a population of less than 50,000. There will be two phases to the survey of the rural counties. The first phase will be based on quantitative survey design, while the second will use qualitative face-to-face, one-on-one interviewing techniques.

During the initial phase, the following will be contacted and surveyed from each county: (a) Local Health Department; (b) two HIV testing & counseling venues; and (c) two HIV treatment sites. This will result in a total of 2,275 contacts over a 2-year period. To help reduce burden, respondents will be interviewed by survey over the telephone using a Computer Assisted Telephone Interview (CATI) technology. Telephone surveys will take approximately 30 minutes to complete, and will be limited to the absolute minimum number of questions required for the intended use of the data.

CDC has contracted this study to an Alliance Quality Education organization

to provide support costs for data collection and analysis. There is no cost to respondents except for their time.

The estimated annualized burden is 570 hours.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden response (in hrs.)
(1) Health Department Workers .....	163	1	30/60
(2) HIV Counseling and Testing Site .....	488	1	30/60
(3) HIV Treatment Site Workers .....	488	1	30/60

Dated: October 12, 2004.

**Alvin Hall,**

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

[FR Doc. 04-23434 Filed 10-19-04; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**National Program to Promote Diabetes Education Strategies in Minority Communities: The National Diabetes Education Program-Amendment**

A notice announcing the availability of fiscal year (FY) 2005 funds for RFA 05014 "National Program to Promote Diabetes Education Strategies in Minority Communities: The National Diabetes Education Program" was published in the **Federal Register** on October 4, 2004, Volume 69, Number 191, pages 59231-59237. The notice is amended as follows: On page 59231, Column 1, under Key Dates, amend dates to reflect Letter of Intent Deadline: November 1, 2004 and Application Deadline: December 6, 2004, and in, Column 3, Section "I. Funding Opportunity Description," under the purpose, at the end of the last paragraph, add "This announcement is only for non-research activities supported by CDC/ATSDR. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address: <http://www.cdc.gov/od/ads/opspoll1.htm>", and under Activities, at the beginning of the first paragraph add "The activities below should be implemented in multiple states to be consistent with the purpose and eligibility sections of this program announcement." On page 59233, Columns 1 and 2, Section "III.1. Eligible Applicants," replace this section with the following language "Applications may only be submitted by

national, regional, or multi-state institutions/organizations that are private health, education or social service organizations (professional or voluntary, have non-profit 501(c)(3) status; have affiliate offices or chapters at the national, regional or multi-state level in five or more geographically diverse communities serving a high concentration of the targeted population and have the capacity and experience to assist their affiliate offices and chapters. This also includes faith-based organizations that are 501(c)(3) entities and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations that are considered national, regional or multi-state. Geographically diverse communities must be located in different states. Applicants should consider available resources when determining the population size and the number of geographically diverse communities to include in their proposal. Affiliate and chapter offices may not apply in lieu of or on behalf of their parent national office, institution or organization. However, this does not exclude affiliates from assisting with the development of the application." On page 59237 Column 1, Section "VII. Agency Contacts," Change the contact information for the financial, grant management, or business assistance, contact: add "Tracy Sims, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, telephone (770) 488-2739, e-mail: [atu9@cdc.gov](mailto:atu9@cdc.gov) and remove "Tiffany Esslinger, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, telephone (770) 488-2686, e-mail: [tesslinger@cdc.gov](mailto:tesslinger@cdc.gov)."

Dated: October 14, 2004.

**William P. Nichols,**

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

[FR Doc. 04-23435 Filed 10-19-04; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Guide to Community Preventive Services (GCPS) Task Force**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

*Name:* Task Force on Community Preventive Services.

*Times and Dates:* 8:30 a.m.-6 p.m., October 20, 2004. 8:30 a.m.-1 p.m., October 21, 2004.

*Place:* The Crowne Plaza Ravinia, 4355 Ashford Dunwoody Road, Atlanta, Georgia 30346-1521, telephone (770) 395-7700.

*Status:* Open to the public, limited only by the space available.

*Purpose:* The mission of the Task Force is to develop and publish a Guide to Community Preventive Services, which is based on the best available scientific evidence and current expertise regarding essential public health and what works in the delivery of those services.

*Matters To Be Discussed:* Agenda items include: briefings on administrative information, dissemination and partnerships, and reactions to previously completed reviews on home visiting for violence prevention; discussions of method issues including how better to communicate findings of insufficient evidence and ways to link systematic review findings to "How to" materials that will make it easier for users to implement effective interventions; and progress on reviews of evidence on school based nutrition, folic acid fortification and supplementation, prevention of HIV in men who have sex with men, worksite health promotion, and alcohol use prevention.

Agenda items are subject to change as priorities dictate.

*Contact Person or Additional Information:* Peter Briss, M.D., Chief, Community Guide Branch, Division of Prevention Research and Analytic Methods, Epidemiology Program Office, CDC, 1600 Clifton Road, M/S: E90, Atlanta, GA 30333, Phone 404-498-6292, email [pbriss@cdc.gov](mailto:pbriss@cdc.gov).

Persons interested in reserving a space for this meeting should call 404-498-6180 by close of business on October 18, 2004.