

evidence reviews prior to discussing and making recommendations on preventive services, drafting final recommendation documents, and participating in workgroups on specific topics or methods.

AHRQ particularly encourages nominations of women, members of minority populations, and persons with disabilities. Interested individuals can self nominate. Organizations and individuals may nominate one or more persons qualified for membership on the USPSTF.

**Qualification Requirements:** The mission of the USPSTF is to produce evidence-based recommendations on the appropriate screening, counseling, and provision of preventive medication for asymptomatic patients seen in the primary care setting. Therefore, in order to qualify for the USPSTF, an applicant or nominee must demonstrate the following:

1. Knowledge and experience in the critical evaluation of research published in peer reviewed literature and in the methods of evidence review;
2. Understanding and experience in the application of synthesized evidence to clinical decision-making and/or policy;
3. Expertise in disease prevention and health promotion;
4. Ability to work collaboratively with peers; and,
5. Clinical expertise in the primary health care of children and/or adults, and/or expertise in counseling and behavioral interventions for primary care patients.

Some USPSTF members without primary health care clinical experience may be selected based on their expertise in methodological issues such as medical decision making, clinical epidemiology, behavioral medicine, and health economics.

Consideration will be given to individuals who are recognized nationally for scientific leadership within their field of expertise. Applicants must have no substantial conflicts of interest that would impair the scientific integrity of the work of the USPSTF including financial, intellectual, or other conflicts.

**DATES:** All nominations submitted in writing or electronically, and received by Friday, June 20, 2008, will be considered for appointment to the USPSTF.

Nominated individuals will be selected for the USPSTF on the basis of their qualifications (in particular, those that address the required qualifications, outlined above) and the current expertise needs of the USPSTF. It is

anticipated that three individuals will be invited to serve on the USPSTF beginning in January, 2009. All individuals will be considered; however, strongest consideration will be given to individuals with expertise in family medicine, behavioral medicine, and obstetrics/gynecology. AHRQ will retain and consider for future vacancies the nominations of those not selected during this cycle.

**ADDRESSES:** Submit your responses either in writing or electronically to: Gloria Washington, ATTN: USPSTF Nominations, Center for Primary Care, Prevention, and Clinical Partnerships, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland 20850, [Gloria.Washington@ahrq.hhs.gov](mailto:Gloria.Washington@ahrq.hhs.gov).

#### Nomination Submissions

Nominations may be submitted in writing or electronically, but must include (1) the applicant's current curriculum vitae and contact information, including mailing address, e-mail address, and telephone number and (2) a letter explaining how this individual meets the qualification requirements and how he/she would contribute to the USPSTF. The letter should also attest to the nominee's willingness to serve as a member of the USPSTF.

AHRQ will later ask persons under serious consideration for membership to provide detailed information that will permit evaluation of possible significant conflicts of interest. Such information will concern matters such as financial holdings, consultancies, and research grants or contracts.

#### Nomination Selection

Nominations for the USPSTF will be selected on the basis of qualifications as outlined above (see Qualification Requirements) and the current expertise needs of the USPSTF.

#### Arrangement for Public Inspection

Nominations and applications are kept on file at the Center for Primary Care, Prevention, and Clinical Partnerships, AHRQ, and are available for review during business hours. AHRQ does not reply to individual responses, but considers all nominations in selecting members. Information regarded as private and personal, such as a nominee's social security number, home and e-mail addresses, home telephone and fax numbers, or names of family members will not be disclosed to the public. This is in accord with AHRQ confidentiality policies and Department of Health and Human Services regulations (45 CFR 5.67).

**FOR FURTHER INFORMATION CONTACT:** Gloria Washington at [Gloria.washington@ahrq.hhs.gov](mailto:Gloria.washington@ahrq.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### Background

Under Title IX of the Public Health Service Act, AHRQ is charged with enhancing the quality, appropriateness, and effectiveness of health care services and access to such services. 42 U.S.C. 299(b). AHRQ accomplishes these goals through scientific research and promotion of improvements in clinical practice, including prevention of diseases and other health conditions, and improvements in the organization, financing, and delivery of health care services. See 42 U.S.C. 299(b).

The USPSTF is a panel of outside experts that makes independent evidence-based recommendations regarding the provision of clinical preventive services. The USPSTF was first established in 1984 under the auspices of the U.S. Public Health Service. Currently, the USPSTF is convened by the Director of AHRQ, and AHRQ provides ongoing administrative, research and technical support for the USPSTF's operation. The USPSTF is charged with rigorously evaluating the effectiveness, cost-effectiveness and appropriateness of clinical preventive services and formulating or updating recommendations for primary care clinicians regarding the appropriate provision of preventive services. See 42 U.S.C. 299b4(a)(1). Current USPSTF recommendations and associated evidence reviews are available on the Internet (<http://www.preventiveservices.ahrq.gov>).

Dated: May 8, 2008.

**Carolyn M. Clancy,**  
*Director.*

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Centers for Disease Control and Prevention

##### Board of Scientific Counselors, National Center for Public Health Informatics

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 committee meetings:

*Name:* Board of Scientific Counselors, National Center for Public Health Informatics.

*Times and Dates:* 10 a.m.–5 p.m., June 5, 2008. 8:30 a.m.–12:30 p.m., June 6, 2008.

*Place:* Auditorium A, Global Communications Center, Building 19, 1600 Clifton Road, NE., Atlanta, Georgia 30333.

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

**Please Note:** Due to current security measures, a valid government issued identification card with photo is required for admittance into the Roybal facility. Non-U.S. citizens wishing to attend should contact: Thomas G. Savel, M.D., telephone, (404) 498–2475. The deadline for notification of attendance is May 22, 2008.

*Purpose:* The board provides advice to the Secretary, HHS, and the Director, CDC, on strategies and goals for the programs and research within the national center; conducts peer-review of scientific programs; and monitors the overall strategic direction and focus of the national center. The board also performs second-level peer review of applications for grants-in-aid for research and research training activities, cooperative agreements, and research contract proposals relating to the broad areas within the national center.

*Matters to be Discussed:* The agenda will include an overview of the National Center for Public Health Informatics (NCPHI), including its mission, scope and goals. Participants will give detailed presentations of select intramural and extramural NCPHI activities. NCPHI intramural activity topics include biosurveillance, electronic laboratory reporting, and health information exchanges; extramural NCPHI activities include those involving its five Centers of Excellence in Public Health Informatics. Discussions focusing on future NCPHI program activities are also planned.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Thomas G. Savel, M.D., Designated Federal Official, National Center for Public Health Informatics, CDC, 1600 Clifton Road, NE.,

Mail Stop E–78, Atlanta, Georgia 30333; Telephone, (404) 498–2475.

The Director, Management Analysis and Services Office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: May 9, 2008.

**Elaine L. Baker,**

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

[OMB No.: 0970–0288]

**Proposed Information Collection Activity; Comment Request**

*Proposed Projects:* Title: Evaluation of the Improving Child Welfare Outcome through Systems of Care Grant Program.

*Description:* The 1994 Amendments to the Social Security Act (SSA) authorize the U.S. Department of Health and Human Services to review State child and family service programs to ensure conformance with the requirements in titles IV–B and IV–E of SSA. Under the Final Rule, which took effect March 25, 2000, States are assessed for substantial conformity with certain Federal requirements for child-welfare services. The Child and Family Service Reviews (CFSR), administered by the Children’s Bureau, are designed

to ensure conformity with Federal child-welfare requirements and, ultimately, to help States improve child-welfare services and outcomes, specifically safety, permanency and well-being outcomes for child-welfare-involved children and their families. States determined not to have achieved substantial conformity in any of the areas assessed are required to develop and implement Program Improvement Plans (PIP) addressing the areas of nonconformity.

The Systems of Care grant cluster, from which these data are proposed to be collected, is designed to encourage public child-welfare agencies to address the issues identified in their State’s CFSR. The data collected from these demonstration sites will allow the Children’s Bureau to test whether this approach can help States reach the goals stated in their PIP and explore how child welfare can benefit from being part of a system of care. Data will be collected via interviews, forms completed by project staff, surveys, focus groups and case-file reviews. Data also will be collected to determine the extent to which the Technical Assistance (TA) provided, brokered or contracted by the TA and Evaluation Center is meeting the needs of the grantees, and how.

*Respondents:* Systems of Care Project Directors (members of the Systems of Care collaborative may include representatives from mental health, juvenile justice, education, health, among others); child-welfare agency supervisors and caseworkers; partner agency caseworkers; and families who have been involved with the child-welfare system.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Stakeholder Survey .....	270	1	.5	135
Child-Welfare Agency Survey .....	600	1	1	600
Supervisor Interviews .....	90	1	1	90
Stakeholder Interviews .....	90	1	1	90
Project Director Interviews .....	23	1	1	23
Case Study Interviews .....	25	1	1.5	37.5
Focus Group with Family Members .....	102	1	1.5	153
Parent Partner Interviews .....	24	1	1	24
Child-Welfare Agency and Partner Agency Focus Groups .....	280	1	1.5	420
Community Description Form .....	9	1	2.5	22.5
Organizational Structure Form for Case Study Sites .....	3	1	2	6
Organizational Structure Form for Non-Case Study Sites .....	20	1	1	20
Collaborative Membership Form .....	23	1	1.5	34.5
Major Activities Form .....	23	1	1.5	34.5
Training and Technical Assistance Quality Assurance Assessment .....	23	1	1	23
Training and Technical Assistance Conference Call Feedback Forms .....	10	12	.25	30