

B. Annual Reporting Burden

Respondents: 2000.

Responses Per Respondent: 1.

Hours Per Response: .1.

Total Burden Hours: 200.

Obtaining Copies of Proposals:

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (VPR), 1800 F Street, NW., Room 4035, Washington, DC 20405, telephone (202) 501-4755. Please cite OMB Control No. 3090-0080, Final Payment Under Building Services Contract, in all correspondence.

Dated: May 30, 2008.

Al Matera,

Director, Office of Acquisition Policy.

[FR Doc. E8-12490 Filed 6-5-08; 8:45 am]

BILLING CODE 6820-61-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Call for Collaborating Partners for the National Bone Health Campaign**

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science, Office on Women's Health.

ACTION: Notice.

SUMMARY: The U.S. Department of Health and Human Services (HHS), Office on Women's Health (OWH) announces its new leadership of the National Bone Health Campaign and invites public and private sector bone health- and girls' health-related organizations to participate as collaborating partners to provide advice on the development and dissemination of the campaign materials and messages.

DATES: Representatives of bone health and girls' health organizations should submit expressions of interest by June 28, 2008.

ADDRESSES: Expressions of interest, comments, and questions may be submitted by electronic mail to *Calvin.Teel@hhs.gov* <mailto:Calvin.Teel@hhs.gov>; or by regular mail to Calvin Teel, M.S., Public Health Advisor, Office on Women's Health, Department of Health and Human Services, 5600 Fishers Lane, Parklawn Building, Room 16A-55, Rockville, Maryland 20857, or via fax to (301) 443-1384.

FOR FURTHER INFORMATION CONTACT: Calvin Teel, M.S., Public Health Advisor, Office on Women's Health, Department of Health and Human Services, 5600 Fishers Lane, Parklawn Building, Room 16A-55, Rockville,

Maryland 20857, (301) 443-4422 (telephone), (301) 443-1384 (fax).

SUPPLEMENTARY INFORMATION: The OWH was established in 1991 to improve the health of American women by advancing and coordinating a comprehensive women's health agenda throughout HHS. This program has two goals: development and implementation of model programs on women's health; and leading education, collaboration, and coordination on women's health. The program fulfills its mission through competitive contracts and grants to an array of community, academic, and other organizations at the national and community levels. National educational campaigns provide information about the important steps women and girls can take to improve and maintain their health.

In addition to *womenshealth.gov*, OWH produces *girlshealth.gov*, a Web site dedicated to providing relevant, trustworthy, and commercial-free health information for girls ages 10-16. The Web site gives girls reliable information on the health issues they will face as they become young women. Under the purview of OWH, the Web site for the National Bone Health Campaign, *girlshealth.gov/bones*, will be accessible through the *girlshealth.gov* site to reach girls ages 9 to 14 with the goal of increasing calcium and vitamin D consumption and weight-bearing physical activity.

In 2004, the Surgeon General exhorted public, private, nonprofit, academic, and scientific stakeholders to increase awareness about bone health. The Surgeon General stated that, by 2020, half of all Americans older than age 50 will be at risk for fractures from osteoporosis. His report emphasized prevention of osteoporosis in adolescence through increased calcium and vitamin D consumption and weight-bearing physical activity.

Osteoporosis has been called a "pediatric disease with geriatric consequences." Though the disease most often strikes later in life, the stage is set during adolescence, when almost one-half of the adult skeleton is formed. In addition some groups, such as those with anorexia nervosa, can develop osteoporosis much earlier. Sadly, only 15 percent of adolescent girls get enough calcium, according to the National Osteoporosis Foundation. The Surgeon General's Report also cited one study that found only half of the participants ages 12-21 exercise vigorously on a regular basis and 25 percent report no exercise at all.

The National Bone Health Campaign is intended to help girls adopt healthy

habits, specifically increased calcium and vitamin D consumption and weight-bearing physical activity, to build strong bones. The campaign will plan, develop, implement, and evaluate a national social marketing campaign to increase awareness of bone-healthy habits and affect behavior change. The campaign will target the girls, their parents, and healthcare providers.

In order to implement the National Bone Health Campaign, OWH is interested in establishing partnerships with private and public bone health- and girls' health-related organizations. As partners with HHS, these health organizations can bring their ideas and expertise, administrative capabilities, and resources that are consistent with the goals of the National Bone Health Campaign.

Given the National Bone Health Campaign's objectives, entities that have similar goals and consistent interests, appropriate expertise and resources, and would like to pursue bone health awareness activities in collaboration with OWH are encouraged to reply to this notice. Working together, these partnerships will provide innovative opportunities to promote an increased national awareness of positive bone-healthy behaviors, with the end goal of increased calcium and vitamin D consumption and weight-bearing physical activity.

Dated: May 28, 2008.

Wanda K. Jones,

Deputy Assistant Secretary for Health (Women's Health).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[60 Day-08-0740]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 or send comments to Maryam Daneshvar, CDC

Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance 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. Written comments should be received within 60 days of this notice.

Proposed Project

Medical Monitoring Project—Revision—National Center for HIV, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Medical Monitoring Project (MMP) is a nationally representative, population-based surveillance system to assess clinical outcomes, behaviors, and the quality of HIV care. The primary objectives of MMP are to obtain data from a national probability sample of

HIV-infected persons receiving care in the U.S. to: (a) Describe the clinical status of recruited patients; (b) describe HIV care and support services being received and the quality of those services; (c) describe the prevalence and occurrence of co-morbidities related to HIV disease; (d) determine prevalence of ongoing risk behaviors, as well as the access to and use of prevention services among persons living with HIV; and (e) identify met and unmet needs for HIV care and prevention services in order to inform community and care planning groups, health care providers, and other stakeholders. In order to meet these objectives, patients will be recruited to the project from randomly selected HIV care providers (e.g., physicians and other care providers) in the U.S.

MMP was implemented in 2005 and is currently being conducted in 26 project areas. The methods for the project remain the same; however, data collection instruments have been revised based on experience in previous data collection cycles. An estimated 8,320 patients will participate in MMP each data collection cycle.

As part of this current revision to MMP, CDC is requesting the addition of a survey of randomly selected HIV care providers (e.g., physicians, nurse practitioners and physician's assistants) in the U.S. regarding their training history, areas of specialization, ongoing

sources of training and continuing education about HIV care, and awareness of HIV treatment guidelines and resources.

In order to understand factors associated with access to and quality of care, it is necessary to understand the characteristics of the HIV care providers randomly selected for inclusion in the project. This information will be obtained by conducting a provider survey. All HIV care providers who are sampled into MMP—about 1440 in all—will be asked to participate in the survey, whether or not the provider's patients participate in MMP. Participation is voluntary. Those who consent will be asked to complete a self-administered survey which will include questions about training history, areas of specialization, ongoing sources of training and continuing education about HIV care, and awareness of HIV treatment guidelines and resources.

The information collected in the MMP Provider Survey will be used in conjunction with other MMP data to assess who is providing HIV care, to examine the impact of provider characteristics on the quality and standard of care being provided to patients with HIV, and to determine opportunities to improve resources available to HIV care providers. There is no cost to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (hours)
Patients interviewed with standard interview	7,988	1	45/60	5,991
Patients interviewed with short interview	166	1	20/60	55
Patient Proxies interviewed with proxy interview	166	1	20/60	55
Facility staff pulling medical records	7,488	1	3/60	374
Facility staff providing Estimated Patient Loads	936	1	2	1,872
Facility staff providing patient lists	1,030	1	30/60	515
Patients approached by facility staff for enrollment	3,120	1	5/60	260
Providers completing a survey	1,440	1	20/60	480
Total				9,602

Dated: May 30, 2008.
Maryam I. Daneshvar,
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.
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BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): CDC Grants for Public Health Research Dissertation (Panel B), Program Announcement (PAR) 07-231

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 aforementioned meeting:

Time and Date: 8:30 a.m.–5:00 p.m., July 8, 2008 (Closed).

Place: Hyatt Regency Atlanta, 265 Peachtree Street, NE., Atlanta, GA 30303, Telephone (404) 577-1234.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.