

TABLE I—Continued

Populations or areas to be served	Number of competing grants to be awarded	FY99 funding	Appl. due date	Grant funding date
Republic of Palau	1	57,971	03/01/00	07/01/00
Federated States of Micronesia	1	220,564	03/01/00	07/01/00
Gila River, Arizona	1	172,582	03/01/00	07/01/00
Region X:				
Columbia, Willamette Counties, Oregon	1	561,485	03/01/00	07/01/00
Idaho	1	961,979	03/01/00	07/01/00
Seattle, Washington	1	123,800	05/30/00	09/30/00
Total	32	83,748,838	.....	.....

Dated: August 27, 1999.

Denese O. Shervington,

Deputy Assistant Secretary for Population Affairs.

[FR Doc. 99-22819 Filed 9-1-99; 8:45 am]

BILLING CODE 4160-17-M

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).

Times and Dates: 9:00 a.m.–5:30 p.m., September 27, 1999; 10:15 a.m.–3:30 p.m., September 28, 1999.

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

Status: Open.

Purpose: The meeting will focus on a variety of health data policy and privacy issues. Department officials will update the Committee on recent activities of the HHS Data Council and the status of HHS activities in implementing the administrative simplification provisions of Pub. L. 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Committee also will discuss its forthcoming report on Medicaid managed care data issues, as well as a report to the Secretary concerning standards for computer-based patient records, and plans for a November, 1999 workshop at the National Academy of Sciences on Health Statistics for the 21st Century. The Committee also will receive briefings on quality of care data issues and the revision of the U.S. Standard Certificates for Live Birth and Death for 2002. In addition, Subcommittee breakout sessions and reports to the full Committee are planned.

All topics are tentative and subject to change. Prior to the meeting, please check the NCVHS web site, where a detailed agenda will be posted when available.

Contact Person for More Information:

Substantive information as well as summaries of NCVHS meetings and a roster of committee members may be obtained by visiting the NCVHS website (<http://aspe.os.dhhs.gov.ncvhs>) where an agenda for the meeting will be posted when available. Additional information may be obtained by calling James Scanlon, NCVHS Executive Staff Director, Office of the Assistant Secretary for Planning and Evaluation, DHHS, Room 440-D, Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201, telephone (202) 690-7100, or Marjorie S. Greenberg, Executive Secretary, NCVHS, NCHS, CDC, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone 301/436-7050.

Note: In the interest of security, the Department has instituted stringent procedures for entrance to the Hubert H. Humphrey Building by non-government employees. Thus, individuals without a government identification card may need to have the guard call for an escort to the meeting room.

Dated: August 26, 1999.

James Scanlon,

Director, Division of Data Policy.

[FR Doc. 99-22821 Filed 9-1-99; 8:45 am]

BILLING CODE 4151-04-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO-99-28]

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 the CDC Reports Clearance Officer on (404) 639-7090.

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 for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

Translating Research Into Action for Diabetes (TRIAD)—New—The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Diabetes Translation. Diabetes exerts a huge public health burden, and there are several efficacious interventions to combat the effects of this disease. Yet, the quality of care and quality of life among people with diabetes remain sub-optimal in the United States. The Centers for Disease Control and Prevention, Division of Diabetes Translation, intends to conduct a multi-center study called Translating Research Into Action for Diabetes (TRIAD). This study will assess quality of diabetes care and identify effective means of applying existing knowledge to improve care and quality of life. Data provided from TRIAD will be critical to the Division of Diabetes Translation's ongoing efforts to reduce the burden of diabetes.

Data will be collected through cooperative agreements with six

Managed Care Organizations (MCOs). Each MCO will provide data on organization of care, details of diabetes interventions, and efforts to improve diabetes care collected from interviews of health plan and provider group directors. Each MCO will also provide

data from random samples of its diabetic members collected via computer-assisted telephone interviews (CATIs). Information from plan members will include demography, quality of diabetes care, quality of life, satisfaction with care, diabetes severity

and duration, and barriers to care. Each MCO will collect data from directors and diabetic members at baseline and after two years of follow-up. The total cost to respondents is estimated at \$1,620,000.

Respondent	Number of respondents	Number of responses/respondent	Avg. burden of response (In hrs.)	Total burden (In hrs.)
Managed Care Organizations (MCOs)	6 MCOs—(each respondent MCO will provide information from an average of 3,000 plan members and directors).	2	0.75	27,000
Total .....	.....	.....	.....	27,000

Dated: August 24, 1999.

Nancy Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99-22860 Filed 9-1-99; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO-99-30]

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 the CDC Reports Clearance Officer on (404) 639-7090.

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 for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

II. Disease Summaries (0920-0004)—Reinstatement—National Center for Infectious Diseases (NCID), National Disease Surveillance Program. Surveillance of the incidence and distribution of disease has been an important function of the U.S. Public Health Service (PHS) since 1878. Through the years, PHS/CDC has formulated practical methods of disease control through field investigations. The CDC Surveillance program is based on the premise that diseases cannot be diagnosed, prevented, or controlled until existing knowledge is expanded and new ideas developed and implemented. Over the years, the mandate of CDC has broadened to include preventive health activities and the surveillance systems maintained have expanded.

Data on disease and preventable conditions are collected in accordance with jointly approved plans by CDC and the Council of State and Territorial Epidemiologists (CSTE). Changes in the surveillance programs and in reporting methods are effected in the same manner. At the onset of this surveillance program in 1968, the CSTE and CDC decided on which diseases warranted surveillance. These diseases are reviewed and revised based on variations in the public health. Surveillance forms are distributed to the State and local health departments who voluntarily submit these reports to CDC on variable frequencies, either weekly or monthly. CDC then calculates and publishes weekly statistics via the Morbidity and Mortality Weekly Report (MMWR), providing the states with timely aggregates of their submissions.

The following diseases/conditions are included in this program: Influenza Virus, Respiratory and Enterovirus, Arboviral Encephalitis, Rabies, Salmonella, Campylobacter, Shigella, Foodborne Outbreaks, Waterborne Outbreaks, and Enteric Virus. This request is for extension of the data collection for three years with minor revisions.

These data are essential on the Local, State, and Federal levels for measuring trends in diseases, evaluating the effectiveness of current preventive strategies, and determining the need for modifying current preventive measures. The total cost to the respondent is 0.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden of response (in hrs.)	Total burden (in hrs.)
State and Local Health Officials in 50 states/territories	864	28	.25	6048
Table .....	.....	.....	.....	6048