

and Health Promotion, Office of Public Health and Science, U.S. Department of Health and Human Services, at [hp2010@osophs.dhhs.gov](mailto:hp2010@osophs.dhhs.gov).

#### SUPPLEMENTARY INFORMATION:

**Background:** HHS has led a nationwide process to formulate and monitor national disease prevention and health promotion objectives since 1979. The Healthy People initiative began in 1979 with Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention, which presented general goals for reducing preventable death and injury in different age groups by 1990. These general goals were followed in 1980 by the publication of Promoting Health/Preventing Disease: Objectives for the Nation, which identified five overarching goals supported by a set 226 objectives organized in 15 strategic areas to be achieved by 1990. The five goals targeted mortality and morbidity for five distinct age groups.

In 1990, HHS published Healthy People 2000, which established three overarching goals and contained 319 objectives in 22 priority areas. The Healthy People 2000 goals were (1) increase the span of healthy life, (2) reduce health disparities, and (3) provide access to preventive health services.

Building on the experiences of the first two decades of objectives, public hearings, and a public comment process that generated more than 11,000 public comments, in January 2000, HHS issued Healthy People 2010, the third generation of 10-year disease prevention and health promotion objectives for the Nation. Healthy People 2010 is a comprehensive set of national health objectives, based on science, for the first decade of the 21st century. It identifies two overarching goals (*i.e.*, increase the quality and years of healthy life, and eliminate health disparities) that are supported by 467 objectives in 28 focus areas. For more information about Healthy People 2010 and its history, visit the Healthy People 2010 Internet Web site at <http://www.healthypeople.gov>.

Through the Healthy People 2010 Midcourse Review, the lead agencies for the 28 Healthy People 2010 focus areas have proposed revisions to the Healthy People 2010 objectives that are now available for public review and comment. Public comment on the objectives will be considered by the appropriate lead agencies. ODPHP, within the OPHS, serves as the overall coordinator for the dissemination and processing of the public comments.

A new HHS report entitled Healthy People 2010 Midcourse Review, featuring the revisions and a status report on progress from 2000 to 2005 toward achieving the targets for the year 2010, is scheduled for publication in 2006.

**Electronic Comments:** By this notice, on behalf of HHS and its lead agencies, ODPHP is soliciting the submission of electronic comments for consideration on changes and revisions proposed to the Healthy People 2010 objectives as a result of the Midcourse Review process. The public is invited to comment through the Internet Web site on: Objectives and subobjectives that are moving from developmental to measurable objective status; objectives and subobjectives with revisions to their overall language; the deletion of objectives and subobjectives; the addition of new subobjectives; the establishment of new baselines, targets, and target setting methods; and changes to data sources. Written comments received in response to this notice will be reviewed and considered by the lead agencies for the objectives to which they pertain.

Dated: August 12, 2005.

**Penelope S. Royall,**

*CAPT, USPHS, Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion).*

[FR Doc. 05-16047 Filed 8-11-05; 8:45 am]

BILLING CODE 4150-32-U

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting of the Advisory Committee on Blood Safety and Availability

**AGENCY:** Department of Health and Human Services, Office of the Secretary.

**ACTION:** Notice of meeting.

**SUMMARY:** The Advisory Committee on Blood Safety and Availability will meet to review progress and solicit additional comments from the Committee regarding numerous recommendations made over the past year. Specifically, the Committee will hear updates of previous recommendations. In addition, the Committee will be asked to continue its deliberation on strategies for vigilant detection and management of emerging or re-emerging infectious diseases, since it is a necessary first step toward the goal of reducing the risk of transfusion-transmitted diseases as well as disease transmission through other vital products such as bone marrow, progenitor cells, tissues, and organs.

**DATES:** The meeting will take place Monday, September 19, 2005 and

Tuesday, September 20, 2005 from 9 a.m. to 5 p.m. The meeting will be open to the public after 9 a.m.

**ADDRESSES:** Bethesda North Marriott Hotel and Conference Center, 5701 Marinelli Road, North Bethesda, Maryland 20852 (301-984-0004).

**FOR FURTHER INFORMATION CONTACT:** Jerry A. Holmberg, PhD, Executive Secretary, Advisory Committee on Blood Safety and Availability, Office of Public Health and Science, Department of Health and Human Services, 1101 Wootton Parkway, Room 250, Rockville, MD 20852, (240) 453-8809, FAX (240) 453-8456, e-mail [jholmberg@osophs.dhhs.gov](mailto:jholmberg@osophs.dhhs.gov)

**SUPPLEMENTARY INFORMATION:** Public comment will be solicited at the meeting and will be limited to five minutes per speaker. Anyone planning to comment is encouraged to contact the Executive Secretary at his/her earliest convenience. Those who wish to have printed material distributed to Advisory Committee members should submit thirty (30) copies to the Executive Secretary prior to close of business September 15, 2005. Likewise, those who wish to utilize electronic data projection to the Committee must submit their materials to the Executive Secretary prior to close of business September 15, 2005.

Dated: August 5, 2005.

**Jerry A. Holmberg,**

*Executive Secretary, Advisory Committee on Blood Safety and Availability.*

[FR Doc. 05-16048 Filed 8-11-05; 8:45 am]

BILLING CODE 4150-41-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting of the Chronic Fatigue Syndrome Advisory Committee

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science.

**ACTION:** Notice.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services is hereby giving notice that the Chronic Fatigue Syndrome Advisory Committee (CFSAC) will hold a meeting. The meeting will be open to the public.

**DATES:** The meeting will be held on Monday, September 12, 2005 from 9 a.m. to 5 p.m.

**ADDRESSES:** Department of Health and Human Services; Room 705A Hubert A. Humphrey Building; 200 Independence Avenue, SW.; Washington, DC 20201

**FOR FURTHER INFORMATION CONTACT:** Dr. Howard Zucker, Executive Secretary, Chronic Fatigue Syndrome Advisory Committee; Department of Health and Human Services; 200 Independence Avenue, SW., Room 716G; Washington, DC 20201; (202) 690-7694.

**SUPPLEMENTARY INFORMATION:** CFSAC was established on September 5, 2002. The Committee was established to advise, consult with, and make recommendations to the Secretary, through the Assistant Secretary for Health, on a broad range of topics including (1) The current state of knowledge and research about the epidemiology and risk factors relating to chronic fatigue syndrome, and identifying potential opportunities in these areas; (2) current and proposed diagnosis and treatment methods for chronic fatigue syndrome; and (3) development and implementation of programs to inform the public, health care professionals, and the biomedical, academic, and research communities about chronic fatigue syndrome advances.

The agenda for this meeting is being developed. The agenda will be posted on CFSAC Web site, <http://www.hhs.gov/advcomcfs>, when it is finalized.

Public attendance at the meeting is limited to space available. Individuals must provide a photo ID for entry into the meeting. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person. Members of the public will have the opportunity to provide comments at the meeting. Pre-registration is required for public comment by September 6, 2005. Any individual who wishes to participate in the public comment session should call the telephone number listed in the contact information to register. Public comment will be limited to five minutes per speaker. Any members of the public who wish to have printed material distributed to CFSAC members should submit materials to the Executive Secretary, CFSAC, whose contact information is listed above prior to close of business September 7, 2005.

Dated: August 8, 2005.

**Howard A. Zucker,**

*Executive Secretary, Chronic Fatigue Syndrome Advisory Committee.*

[FR Doc. 05-16049 Filed 8-11-05; 8:45 am]

**BILLING CODE 4150-42-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement AA048]

#### Cooperative Agreement for Promoting Disease Prevention and Health Policy; Notice of Intent To Fund Single Eligibility Award

##### A. Purpose

The purpose of the program is to develop and promote national health promotion and disease prevention strategies, with comprehensive prevention policy development and promotion addressing and involving multiple sectors as a premiere strategy, and to assist state and local health departments, and local, state, regional, and national health care organizations, businesses, and other nonprofit organizations in the implementation of prevention policies and programs to promote prevention, improve health care quality, and improve the public's health.

**Authority:** This program is authorized under Section 317(k)(2) of the Public Health Service Act (42 U.S.C. 247b(k)(2)) as amended.

The Catalog of Federal Domestic Assistance number for this program is 93.283.

##### B. Eligible Applicant

Assistance will be provided only to Partnership for Prevention. Partnership for Prevention is a truly cross-cutting organization involving representation from business, health care delivery, and community organizations, and involving multiple sectors and target groups in health prevention as compared with numerous other organizations who are single purpose or serve one particular target group or audience. Partnership for Prevention embraces the range of organizations and sectors necessary to impact the broad field of prevention and health promotion. It is a national nonprofit, nonpartisan organization dedicated to improving people's health by preventing disease and injury. Partnership's science-based policy tools and recommendations leverage America's investments in disease and injury prevention by ensuring that they make the greatest impact. Partnership represents prevention leaders in every sector committed to using prevention resources most effectively to improve health and control health costs through informed policy and practice. Partnership is a nonprofit organizations whose members and boards include

public (public health, health nonprofits, academia) and private sector (businesses and for profit entity) representatives. The unique characteristics of Partnership for Prevention are (1) A mission focus on comprehensive prevention and prevention policy as a strategy to produce health impact; (2) a mission focus of engaging all sectors in prevention policy development and implementation and to make prevention policy relevant to all sectors; (3) a mission focus to engage all sectors in prevention policy; (4) extensive knowledge and experience in developing both comprehensive and categorical prevention policy; (5) extensive knowledge and experience in providing assistance in policy development and implementation with all sectors (health, business, education, government, etc.), and public, private, and nonprofits; (6) current, working knowledge of the evidence base on which to base comprehensive and categorical prevention policy; (7) knowledge of and current and extensive experience in working with the governmental sector at the national level as well as the State and Community level in developing and providing assistance for the implementation of policy; (8) established relationships with all sectors to convene stakeholders from sectors to work collaboratively on health policy and its implementation; (9) knowledge and skills to help multiple sectors understand health promotion and prevention to be the principal solution to many of their most pressing problems and to assist them in developing policies appropriate to their sector to find solutions through health promotion and prevention policies; (10) Experience and established relationships to connect policy to programs with a wide understanding of prevention programs and model programs available to support policy. (11) Opportunity to maximize resources for the long-term because mission is comprehensive prevention policy is linked to networks of cross-cutting leaders and stakeholders.

##### C. Funding

Approximately \$1,500,000 is available in FY 2005 to fund one award. It is expected that the award will begin on or before September 15, 2005, and will be made for a 12-month budget period within a project period of five years. Funding estimates may change.

##### D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management