

202.260.0020. E-mail:
mbowers@osophs.dhhs.gov.

VIII. Other Information

Three (3) OWH "Prevention of HIV/AIDS in Women Living in the Rural South" projects are currently funded by the OWH. Information about these programs may be found at the following Web site: <http://www.womenshealth.gov/owh/fund/index.htm>.

Definitions

For the purposes of this cooperative agreement program, the following definitions are provided:

AIDS: Acquired immunodeficiency syndrome is a disease in which the body's immune system breaks down and is unable to fight off certain infections and other illnesses that take advantage of a weakened immune system.

Community-based: The locus of control and decision-making powers is located at the community level, representing the service area of the community or a significant segment of the community.

Community-based organization: Public and private, nonprofit organizations that are representative of communities or significant segments of communities.

Community health center: A community-based organization that provides comprehensive primary care and preventive services to medically underserved populations. This includes but is not limited to programs reimbursed through the Federally Qualified Health Centers mechanism, Migrant Health Centers, Primary Care Public Housing Health Centers, Healthcare for the Homeless Centers, and other community-based health centers.

Comprehensive women's health services: Services including, but going beyond traditional reproductive health services to address the health needs of underserved women in the context of their lives, including recognition of the importance of relationships in women's lives, and the fact that women play the role of health providers and decision-makers for the family. Services include basic primary care services; acute, chronic, and preventive services including gender and age-appropriate preventive services; mental and dental health services; patient education and counseling; promotion of healthy behaviors (like nutrition, smoking cessation, substance abuse services, and physical activity); and enabling services. Ancillary services are also provided such as laboratory tests, X-ray,

environmental, social referral, and pharmacy services.

Culturally competent: Information and services provided at the educational level and in the language and cultural context that are most appropriate for the individuals for whom the information and services are intended. Additional information on cultural competency is available at the following Web site: <http://www.aoa.dhhs.gov/May2001/factsheets/Cultural-Competency.html>.

Cultural perspective: Recognizes that culture, language, and country of origin have an important and significant impact on the health perceptions and health behaviors that produce a variety of health outcomes.

Enabling services: Services that help women access health care, such as transportation, parking vouchers, translation, child care, and case management.

Gender-Specific: An approach which considers the social and environmental context in which women live and therefore structures information, activities, program priorities and service delivery systems to compliment those factors.

Healthy People 2010: A set of national health objectives that outlines the prevention agenda for the Nation. *Healthy People 2010* identify the most significant preventable threats to health and establishes national goals for the next ten years. Individuals, groups, and organizations are encouraged to integrate *Healthy People 2010* into current programs, special events, publications, and meetings. Businesses can use the framework, for example, to guide worksite health promotion activities as well as community-based initiatives. Schools, colleges, and civic and faith-based organizations can undertake activities to further the health of all members of their community. Health care providers can encourage their patients to pursue healthier lifestyles and to participate in community-based programs. By selecting from among the national objectives, individuals and organizations can build an agenda for community health improvement and can monitor results over time. More information on the Healthy People 2010 objectives may be found on the Healthy People 2010 Web site: <http://www.health.gov/healthypeople>.

HIV: The human immunodeficiency virus that causes AIDS.

Holistic: Looking at women's health from the perspective of the whole person and not as a group of different body parts. It includes dental, mental, as well as physical health.

Lifespan: Recognizes that women have different health and psychosocial needs as they encounter transitions across their lives and that the positive and negative effects of health and health behaviors are cumulative across a woman's life.

Prevention education: Accurate information to increase knowledge of methods and behaviors to keep individuals from becoming infected with HIV.

Dated: April 14, 2006.

Wanda K. Jones,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

National Advisory Council for Healthcare Research and Quality: Request for Nominations for Public Members

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Request for nominations for public members.

SUMMARY: 42 U.S.C. 299c, section 931 of the Public Health Service (PHS Act), established a National Advisory Council for Healthcare Research and Quality (the Council). The Council is to advise the Secretary of HHS and the Director of the Agency for Healthcare Research and Quality (AHRQ) on matters related to actions of the Agency to improve the quality, safety, efficiency, and effectiveness of health care for all Americans.

Eight current members' terms will expire in November 2006. To fill these positions in accordance with the legislative mandate establishing the Council, we are seeking individuals who are distinguished: (1) In the conduct of research, demonstration projects, and evaluations with respect to health care; (2) In the fields of health care quality research or health care improvement; (3) In the practice of medicine; (4) In other health professions; (5) In representing the private health care sector (including health plans, providers, and purchasers) or administrators of health care delivery systems; (6) In the fields of health care economics, information systems, law, ethics, business, or public policy; and, (7) In representing the interests of patients and consumers of health care.

Individuals are particularly sought with experience and success in activities specified in the summary above.

DATES: Nominations should be received on or before June 14, 2006.

ADDRESSES: Nominations should be sent to Ms. Deborah Queenan, AHRQ, 540 Gaither Road, Room 3238, Rockville, Maryland 20850. Nominations also may be faxed to (301) 427-1341.

FOR FURTHER INFORMATION CONTACT: Ms. Deborah Queenan, AHRQ, at (301) 427-1330.

SUPPLEMENTARY INFORMATION: 42 U.S.C. 299c, section 931 of the PHS Act, provides that the National Advisory Council for Healthcare Research and Quality shall consist of 21 appropriately qualified representatives of the public appointed by the Secretary of Health and Human Services and, in addition, ex officio representatives from other Federal agencies specified in the authorizing legislation, principally agencies that conduct or support health care research, as well as Federal officials the Secretary may consider appropriate. The Council meets in the Washington, DC, metropolitan area, generally in Rockville, Maryland, approximately three times a year to provide broad guidance to the Secretary and AHRQ's Director on the direction of and programs undertaken by AHRQ.

Eight individuals will be selected presently by the Secretary to serve on the Council beginning with the meeting in the spring of 2007. Members generally serve 3-year terms. Appointments are staggered to permit an orderly rotation of membership.

Interested persons may nominate one or more qualified persons for membership on the Council. Nominations shall include: (1) A copy of the nominee's resume or curriculum vitae; and (2) a statement that the nominee is willing to serve as a member of the Council. Potential candidates will be asked to provide detailed information concerning their financial interests,

consultant positions and research grants and contracts, to permit evaluation of possible sources of conflict of interest.

The Department seeks a broad geographic representation and has special interest in assuring that women, minority groups, and the physically handicapped are adequately represented on advisory bodies, and therefore, extends particular encouragement to nominations for appropriately qualified female, minority, and/or physically handicapped candidates.

Dated: May 2, 2006.

Carolyn M. Clancy,

Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-06-05BQ]

Agency Forms Undergoing Paperwork Reduction Act Review

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) 639-5960 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

Understanding the Community Context of the Diabetes Education in Tribal Schools Project—NEW—National Center for Chronic Disease Prevention

and Health Promotion/Division of Diabetes Translation (NCCDPHP/DDT), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This study is part of a larger evaluation of the multi-year Diabetes Education in Tribal Schools (DETS) project to develop and pilot test a science based diabetes prevention curriculum for Native American school children. As part of the overall evaluation (before the curriculum is pilot tested), it will be important to understand the community context and identify implementation issues. Through a series of qualitative interviews with key informants, the study will obtain information about: (1) The community's experience with diabetes; (2) community readiness to adopt the DETS curriculum; (3) the connection between the DETS project and the community; and (4) the best fit between the curriculum and community schools.

The participants for this study will include key informants in five categories; Community leaders, DETS Advisory Board members, DETS Curriculum Subcommittee members, community teachers, and community parents. Potential participants will be identified by DETS Subcommittee members and invited to participate in this research activity. These individuals will be invited to participate because they are already involved in the project and are familiar with the curriculum.

A maximum of 18 individuals from each category will be interviewed for a total of 90 participants. All participants will be adults, both male and female, over the age of 18. It is expected that approximately 75 percent of participants will be Native American and 25 percent will be non-Native American. There is no cost to respondents other than their time. The total estimated burden hours are 70.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondent	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)
Community Leaders/Elders	18	1	45/60
Parents	18	1	45/60
Teachers	18	1	45/60
DETS Project Subcommittee Members	18	1	45/60
DETS Project Advisory Board Members	18	1	45/60