

of DHHS in addressing the major causes of death and disability among women in the United States of all racial, ethnic and socioeconomic backgrounds. In particular, this framework focuses on the behavioral elements of risk while acknowledging the complexity introduced by genetic or environmental risks, which individuals often cannot control.

Accomplishing the goals of WLLLW entails three key strategies:

- Taking what we know and applying it better;
- Generating new knowledge; and
- Partnering with communities across the nation to improve the health of women.

To refine and focus the Department's activities for 2001 and beyond, and to ensure an effective response, consultation with various key constituencies and stakeholders is critical. The WLLLW framework is intended to serve as the basis for discussion and input from the community. Feed-back on the following objectives will assist us in this process to identify:

1. The three most significant means to reach and maintain the goal of a long, healthy life for a woman and the barriers to reaching this goal.
2. The critical prevention and intervention point in each stage of life that promotes good health in subsequent stages.
3. The single most important activity the Department needs to undertake, in partnership with communities, to address these issues.
4. A primary gap in women's health activities within the Department, and the two or three specific strategies to address this gap.
5. Innovative activities in which the Department should be involved.
6. In what ways women's health should be organized and incorporated into the structure of the Department.

#### **Purpose of Public Comment**

The WLLLW framework seeks to support and enhance the efforts of DHHS in addressing the major causes of death and disability among women in the United States of all racial, ethnic and socioeconomic backgrounds. To refine and focus the Department's activities for 2001 and beyond, and to ensure an effective response, consultation with various key constituencies and stakeholders is critical. The WLLLW framework is intended to serve as the basis for discussion and input from the community.

We invite your general comments and feedback, and we are especially

interested in your comments on the six specific subject areas (above). You may: (1) comment where indicated on the web site; or (2) mail us your comments, in the format of your choice.

Dated: February 3, 1999.

**Wanda K. Jones,**

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

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Administration on Aging**

#### **Public Information Collection Requirement to Be Submitted to the Office of Management and Budget (OMB) for Clearance**

**AGENCY:** Administration on Aging, HHS.

The Administration on Aging (AoA), Department of Health and Human Services, proposes to submit to the Office of Management and Budget (OMB) the following proposal for the collection of information in compliance with the Paperwork Reduction Act of 1995 (Pub. L. 96-511):

*Title of Information Collection: State Performance Report (SPR): Reporting Requirements for Titles III and VII of the Older Americans Act.*

*Type of Request: Extension.*

*Use:* To extend the expiration date of the currently approved information collection form without any change in substance or the method of collection. This form conforms to the requirements of the Older Americans Act, as amended.

*Frequency: Annual.*

*Respondents:* State Agencies on Aging.

*Estimated Number of Respondents:* 57.

*Total Estimated Burden Hours:* 141,132.

*Additional Information or Comments:* The Administration on Aging proposes to submit to the Office of Management and Budget for approval an extension of the existing information collection form for the state programs administered under the Older Americans Act. The AoA last announced reporting specifications for the current form in the **Federal Register** on February 13, 1996.

The Office of Management and Budget approved use of the current collection instrument subject to two conditions. First, that the Administration on Aging should be flexible in providing state-specific extensions of the compliance deadline for the FY 1997 SPR. The Administration on Aging has complied

with that request. Secondly, OMB requested that the next submission for review include an analysis of state compliance with the November 30, 1996 deadline. This analysis has been prepared and will be submitted to OMB.

For copies of the reporting requirements and/or a copy of the analysis of states' compliance with the November 30, 1996 deadline call the Administration on Aging, Office of State and Community Programs at (202) 619-0011. Written comments and recommendations for the information collection requirements should be sent within sixty days of the publication of this notice directly to the following address: Edwin L. Walker, Director, Office of Program Operations and Development, Administration on Aging, 330 Independence Avenue S.W., Washington, DC 20201.

Dated: February 4, 1999.

**Jeanette C. Takamura,**

*Assistant Secretary for Aging.*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Disease Control and Prevention**

#### **Study Team for the Los Alamos Historical Document Retrieval and Assessment Project**

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) announce the following meeting.

*Name:* Initial Public Meeting of the Study Team for the Los Alamos Historical Document Retrieval and Assessment Project.  
*Time and Date:* 5 p.m.—7 p.m., February 23, 1999.

*Place:* Los Alamos Inn, 2201 Trinity Drive, Los Alamos, New Mexico 87544. Telephone 505/662-7211, Fax 505/661-7714.

*Status:* Open to the public, limited only by the space available. The meeting room accommodates approximately 100 people.

*Background:* Under a Memorandum of Understanding (MOU) signed in December 1990 with DOE and replaced by an MOU signed in 1996, the Department of Health and Human Services (HHS) was given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production use. HHS delegated program responsibility to CDC.

In addition, an MOU was signed in October 1990 and renewed in November 1992 between ATSDR and DOE. The

MOU delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or "Superfund"). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other health-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research, emergency response, and preparation of toxicological profiles.

**Purpose:** This Study Team is charged with locating, evaluating, cataloguing, and copying documents that contain information about historical chemical or radionuclide releases from facilities at the Los Alamos National Laboratory since its inception. The purpose of this meeting is to introduce the goals, methods, and schedule of the project; provide a forum for community interaction; and serve as a vehicle for members of the public to express concerns to CDC.

**Matters To Be Discussed:** Agenda items include presentations from the National Center for Environmental Health (NCEH) and/or its contractor regarding the information gathering project that is beginning, and the National Institute for Occupational Safety and Health and ATSDR regarding the progress of current studies. There will be time for public input, questions, and comments.

**CONTACT PERSON FOR ADDITIONAL INFORMATION:** Paul G. Renard, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 4770 Buford Highway, NE, M/S F-35, Atlanta, Georgia 30341-3724. Telephone 770-488-7040, Fax 770-488-7044.

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: February 5, 1999.

**Carolyn J. Russell,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC); Meeting.

**Name:** Meeting to discuss "Developing a National Occupational Research Agenda for Prevention of Musculoskeletal Disorders."

**Time and Date:** 9 a.m.-4:30 p.m., March 8, 1999.

**Place:** Houston Marriott Westside, 13210 Katy Freeway, Houston, TX 77079. Telephone 281/558-8338.

**Status:** Open to the public, limited only by the space available. The meeting room accommodates approximately 70 people. Seating will be limited to approximately 50 people.

**Purpose:** To request public assistance in identifying research gaps in the area of work-related musculoskeletal disorders. NIOSH and its partners are developing a plan to establish a National Occupational Research Agenda on work-related musculoskeletal disorders. The working team includes members from NIOSH, other government agencies, industries, and academia. In order to obtain maximum input from practitioners, academic and corporate researchers, and organizations sponsoring research, the team adopted a multi-phase approach for seeking input on the national research agenda. The first phase, which has recently been completed, involved three public meetings with industrial practitioners and was performed in Chicago, Seattle, and Washington, D.C. The meetings included representatives from diverse industry sectors, including light and heavy manufacturing; warehouse and transportation; office environments; acute and long-term health care; forest products; construction and maritime; and agriculture and food processing. A list of research gaps was identified. The working team is moving into the second phase and is seeking individual input from academicians, researchers, and others on which research gaps could be completed within five years and if any gaps have been missed.

**Contacts for More Information:** Thomas Waters, Ph.D., NIOSH, CDC, M/S P03/C24, 4676 Columbia Parkway, Cincinnati, OH 45226. Telephone 513/533-8510. Hongwei Hsiao, Ph.D., NIOSH, CDC, M/S P119, 1095 Willowdale Road, Morgantown, WV 26505. Telephone 304/285-5910.

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: February 5, 1999.

**Carolyn J. Russell,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[Document Identifier: HCFA-R-0255, HCFA-R-0260, and HCFA-R-0274]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Health Care Financing Administration, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. Type of Information Collection Request: New collection; Title of Information Collection: Suggestion Program on Methods to Improve Medicare Efficiency and Supporting Regulations in 42 CFR 420.410; Form No.: HCFA-R-0255 (OMB# 0938-new); Use: The HCFA-4000 regulation establishes a program to encourage individuals to submit suggestions that could improve the efficiency of the Medicare program. Suggestions must contain a description of an existing problem or need; a suggested method for solving the problem or filling the need; and, if known, an estimate of the